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EUROPEAN SOCIAL CHARTER

6th National Report on the implementation of
the European Social Charter

submitted by

THE GOVERNMENT OF HUNGARY

(Articles 3 and 13
for the period 01/01/2005 – 31/12/2007 ;
Articles 11 and 14
for the period 01/01/2004 – 31/12/2007;
Article 12
for the period 22/07/2004 – 31/12/2007)

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CYCLE XIX-2 (2009)

Ministry of Social Affairs and Labour

Sixth National Report

on the implementation of the European Social Charter

Submitted by the Government of the Republic of Hungary
with regard to the period from 01 January 2005 until 31 December 2007

Budapest, September 2009

Under the reporting procedure set out in Article 21 of the European Social Charter the reporting obligation covers the adopted articles of the European Social Charter. On the basis of decision No CM(2006)53 of 03 May 2006 of the Committee of Ministers of the Council of Europe the national report of the year 2008 covers the topics of healthcare, social security and social protection.

In accordance with the above this National Report should cover the implementation of the following articles of the European Social Charter:
Article 3: The right to safe and healthy working conditions
Article 11: The right to protection of health
12. Article 12, paragraph 1: The right to social security
Article 13: The right to social and medical assistance
Article 14: The right to social welfare services

The reporting period expands from 01 January 2005 to 31 December 2007

The Republic of Hungary reports about paragraph (1) of Article 12 of the above articles for the first time, about the other articles the information given in previous national reports are being updated and amended.

This National Report has been prepared based on the questionnaire approved by the Committee of Ministers of the Council of Europe on 26 March in addition, it contains the **replies of the Government** to the **questions asked** by the European Committee of Social Rights in its **Conclusions of No. XVIII-1 of 2006 and No. XVIII-2 of 2007**.

Under Article 23 of the Charter this report should be distributed for consultation to the following organisations:
- Employees' Organizations of the National Council for the Reconciliation of Interests,
- Employers' Organizations of the National Council for the Reconciliation of Interests.

After this distribution the National Council for the Reconciliation of Interests discussed the National Report. Following this discussion Employers' Organizations of the National Council for the Reconciliation of Interests supported the adoption of it. Employees' Organizations of the National Council for the Reconciliation of Interests did not support the adoption of the National Report.

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MOST SIGNIFICANT PIECES OF LEGISLATION REFERRED TO IN THIS NATIONAL REPORT

Constitution: Act XX of 1949 on the Constitution of the Republic of Hungary

Flt.: Act IV of 1991 on the promotion of employment and services to the unemployed

Szoctv.: Act III of 1993 on social administration and social services

Mvt.: Act XCIII of 1993 on occupational safety

Gyvt.: Act XXXI of 1997 on the Protection of Children and on Guardianship Administration

Cst.: Act LXXXIV of 1998 on Family Support

Tbj.: Act LXXX of 1997 on the persons entitled to obtain the services of social insurance and private pension, and the coverage of such services

Tny.: Act LXXXI of 1997 on social security pension provision

Mnytv.: Act LXXXII of 1997 on Private Pension and Private Pension Funds

Ebtv.: Act LXXXIII of 1997 on benefits of the statutory health insurance

Eütv.: Act CLIV of 1997 on health

Szmtv.: Act I of 2007 on the entry and stay of persons entitled to free movement and stay

Tny. vhr.: Governmental decree 168/1997 (Oct 6) about the implementation of Act LXXXI of 1997 on social insurance pensions

Tbj. vhr. Governmental decree 195/1997 (Oct 5) about the implementation of Act LXXX of 1997 on the persons entitled to obtain the services of social insurance and private pension, and the coverage of such services

Ebtv. vhr.: Governmental decree 217/1997 (Dec 1) about the implementation of Act LXXXIII of 1997 on benefits of the statutory health insurance

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:

1. to issue safety and health regulations;

2. to provide for the enforcement of such regulations by measures of supervision;

3. to consult, as appropriate, employers' and workers' organisations on measures intended to improve industrial safety and health."

Information with regard to the reporting period, based on the questionnaire of the Committee of Ministers of the Council of Europe

Paragraph (1)

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.

The basic regulation of occupational safety, Mvt. has been amended twice in the reporting period. The legislative bills about the amendment of the Mvt. have been consulted with the employee and the employer organizations of the representative organisations within the frame of the National Interest Reconciliation Council.

Act CXXIX of 2006 on the amendment of the Mvt. on one hand realized the integrated organisational framework of the unified labour protection inspectorate and on the other hand it established a legal basis for publishing the labour protection penalties in accordance with the data protection regulations. Further, based on the legislation changes, terms that are more up-to-date have been determined and built on the controlling experiences some tasks and procedures have been refined. The amendment created the legal framework of the organizational integration of the two branches of labour protection: labour safety and labour health safety that professionally belong together. It determined the eligibilitys and obligations relevant to the unified labour protection authority that are to be regulated by law, thus eliminating the performance of controlling activities of work conditions not hazardous to health and of safe work by separate organisations and thus in organisational and professional division that is also against the European practice.

By regulating that the labour protection tasks are addressed within a single organisation, the amendment ensures further improvement of the efficiency of the labour protection authority's activity, rationalisation of the personnel and material requirements necessary for performing the activity and as a result the controlling apparatus is simplified, the requirements against the employers and the conducted procedures can appear in a more unified form. Therefore, the amendment determines the performance of the labour protection related tasks in a unified organisation – except for the mine inspectorate and mine security that perform separate tasks as well – within the scope of activity of the National Work Safety and Labour Inspectorate (OMMF).

Besides the modification aiming the professional integration, the amendment contains a few modernizing, refining regulations following the change of the legal regulation and based on the change of the legal regulation among which the following ones are highlighted:

With regard to the work tools, the Mvt. provides having a compliance statement or a compliance certificate as a condition for installation and putting into use. Although it is not stated directly in the Mvt. that the employer should have the document, but it is necessary for

the preliminary inspection of labour safety. In several cases this requirement is hardly feasible, in some cases it is unfeasible. This controversy is solved by the modification of the Mvt., when it determines other documents certifying compliance besides the compliance statement as condition of installation or putting into use.

In the case of personal protective equipment the terms “compliance statement” and “type certificate” are replaced by the terms ”EC compliance statement” and “EC type examination certificate”.

Mvt. obligates the employers to conform their work if the work is carried out at a worksite, where subsequent work procedures are performed and employees employed by different employers are working simultaneously, e.g. in the construction industry. However, the experiences of controls of works requiring coordination show that in many cases neither the employer, prime contractor responsible for the coordination as appointed by the parties in the contract, nor their representative and in some cases not even the person responsible for observing the work safety requirements can be found at the worksite. This controversy is solved by the modification of the Mvt., when the circle of those obliged to coordinate is extended with the person or organization that have the real control with respect to the work and has the main responsibility for the work site.

According to practical experiences, the violation of the employers’ obligations relevant to work coordination – primarily at construction sites – may itself constitute a serious hazard to the life, physical soundness or health of the employees. It is the experience of the labour protection authority inspections that the employers fail to take measures to eliminate the hazards to the life and physical soundness of the employees and those staying within the scope of the work, because the responsibilities of the employer are unclear. In order to prevent such situations the amendment of Mvt. elevates failing the employers’ obligation to coordinate to the level of serious hazard to employees that is a basis for labour protection fines and charges it to the employer, who – in accordance with the contract of the law – should be obliged to perform the task.

During the hazardous work processes – in order to prevent hazards or reduce their harmful effect – the employers have several obligations (e.g. determining the hazard sources, the method of protection against those and the protective equipment). The amendment extends the employers’ scope of obligations with regard to the personal protective equipment with training obligation for the use of these equipment, thus as a guarantee rule, further increasing the employees’ work site safety and protection of their health and physical soundness.

In order to increase the work site safety of the employees, with regard to the employers conducting the most dangerous activities, the amendment of Mvt. further sharpens the regulation of risk management.

The amendment of Mvt. creates the regulatory option for OMMF to record the decisions made in connection with each work safety inspection and data included in those records and transfer or publish data from these records to organisations and persons determined by the law. The practical significance of this for example is that the effective and enforceable fine decisions serve as a basis for the examination of the conditions of use of state aid for employing employees with altered working abilities, because a work safety fine effectively imposed within a determined period may be a fact excluding the aid.

Mvt. entitles the labour protection inspector to qualify the performance of work relation present between the employer and the person performing the work at the time of the inspection as organised work. Using this authority eligibility the inspector can determine the existence of organised work, i.e. the extension of the effect of the labour protection regulation

to the persons performing the work. In accordance with the previous regulation the inspector only had the right to qualify with regard to the legal relationship existing at the time of the start of the inspection and thus not allowing qualifying an accident that occurred before the inspection as work place accident. Examination of serious accidents by the employer or the labour protection authority, determining the responsibility for the accident as the result of the examination, applying labour protection sanction, taking measures becoming necessary in order to protect the employees are only possible if the inspector can qualify the work relationship existing at the time the serious accident occurred as organized work. Therefore, the amendment inserts this right among the eligibilitys of the inspector, with reversing the burden of proof and thus the employer being examined has to prove that the work performed at the occurrence of the accident does not belong to the scope of organized work.

Act CLXI of 2007 about the amendment of Mvt. has been accepted in the reporting period, but came to effect after it, on 01 January 2008, the main elements of which are:

The amendment of the Act involves as a new, prescribed task the obligation of work hygiene examination into the employers' scope of labour protection responsibilities to be performed during the risk evaluation of hazardous materials or products occurring in the applied technologies.

In accordance to the amended regulation work may only be performed within working conditions and duration that does not harm the employee's health and physical soundness.

The list of general requirements to be observed compulsorily by the employer for safe work not hazardous to health is amended by: the employer is obliged to take the human factor into consideration by the formation of the workplace, by the selection of work tools and work processes, with special regard to decreasing the duration of monotonous, bound schedule work and reducing the harmful effect thereof, the allotment of working time, avoidance of the strain caused by psychosocial risks associated with the work.

The amendment of the Act expanded the causes for extraordinary performance of risk evaluation, thus sharpening the regulations relevant to performing risk evaluation.

The scope of facts seriously threatening the employee's life, physical soundness or health and thus serving as basis for applying labour protection fines is amended by cases that present a significant threat form occupational health aspect, thus entitling the labour protection authority to sanction if these facts occur:
- violation of employment prohibition prescribed by the relevant separate legal regulations;
- employment with exposure exceeding the accepted limit values;
- failing to perform the measurements prescribed by the relevant separate legal regulations for activities with carcinogenic exposure.

The labour protection inspector with medical qualification received data managing authorization allowing understanding and management of medical data necessary for the authority inspection, especially for examining the occupational illnesses. Based on this the inspector with medical qualification acting on behalf of the labour protection authority may understand and manage the medical data of the concerned employees – determined in the act on managing and protection of medical data and the connected personal data – may inspect the documents of the employee, may ask for presenting those, may copy those and may call up the employer and the employee on providing data.

The rights of the inspector of the labour protection authority related to the authority inspection have been expanded. The inspector is entitled to:

- in the case of exposure exceeding the limit value, carcinogenic, mutagenic or teratogenic hazard and use of insufficient protective equipment to suspend the operation or use of the hazardous activity, work, workshop, working equipment;
- ask information necessary for the inspection from any person at the workplace and call up such person to identify himself;
- use of police force in the case the performance of the inspection is being inhibited;
- order the performance of work hygienic examinations.

A new rule increasing the efficiency of the authority inspection is that at a workplace, where employees of several employers are employed simultaneously and any of the employers cannot be identified during the labour protection inspection, it is to be presumed that the employer of the concerned employees is the one who effectively manages the activities at the workplace, until proven otherwise.

The regulations of Mvt. related to labour protection representation are refined in the amendment based on the practical experiences. Holding a labour protection representative election is not compulsory at employers employing less than fifty employees, but the unions, the works council or the majority of employers have the right in this case as well to initiate an election and the employer is obliged to hold the election and provide the necessary conditions. Recording this guarantee prescription protects the employees' right to have representative, making the regulation unambiguous for the employers as well. The obligation to provide information about the elected labour protection representative facilitates the exercise of the employees' right to have representation.

The following important **ministerial decrees on labour protection** were accepted in the reporting period:

Decree 22/2005 (Apr 24) by the Ministry of Health about the minimal health and labour safety conditions relevant to employees exposed to vibration transfers Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration) [sixteenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC] to the Hungarian legislation. The decree determines the terms related to vibration, measuring and examination of vibration, the exposure limit values, the requirements of the risk evaluation to be performed by the employer on exposure to vibration, the elimination or reducing to a minimal level of risk resulting from exposure to mechanical vibration at the source, prescriptions about the training and informing of employees and the special rules of medical examination of job-related suitability related to exposure to vibration.

Decree 66/2005 (Dec 22) by the Ministry of Health about the minimal health and labour safety conditions relevant to employees exposed to noise transfers Directive 2003/10/EC of the Parliament and Council of Europe about the minimal health and safety requirements relevant to exposure of employees to risks resulting from the effects of physical factors (noise) [seventeenth individual decree in accordance with paragraph (1) of Article 16 of Directive 89/391/ECC] to the Hungarian legislation. The decree determines, fully in line with the directive:
- the terms related to sound pressure, noise exposure and noise strain,
- noise exposure limit values relevant to the level of noise exposure per day and the maximal sound pressure level and the limit value of noise exposure intervention,
- the rules of noise measurement,
- the rules of risk evaluation to be performed by the employer related to noise strain;
- prescriptions about the elimination or reducing to a minimal level the risk resulting from exposure to noise at the source of the noise,
- prescriptions about the personal hearing protective equipment,

- rules of information and training of the employees and representatives,
- rules of consultation with the employees and labour protection representatives,
- rules of controlling the health condition of employees working at a workplace with a risk to hearing impairment.

Decree 12/2006 (March 23) by the Ministry of Health about the protection of employees exposed to risks related to asbestos serves the compliance with the following European Union directives:
- Council Directive 83/477/EEC of 19 September 1983 on the protection of workers from the risks related to exposure to asbestos at work (second individual Directive within the meaning of Article 8 of Directive 80/1107/EEC) and Council Directive 91/382/ ECC amending it (25 June 1991) and Directive 2003/18/EC of the European Parliament and of the Council **(27** March 2003);
- paragraph (2) of Article 13 of Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work (fourteenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC**);**
- second French paragraph of Article 7 of Council Directive 87/217/EEC of 19 March 1987 on the prevention and reduction of environmental pollution by asbestos.

The decree determines:
- materials to be considered as asbestos,
- rules of risk management related to exposure to asbestos,
- obligation to preliminary written announcement to OMMF should be applied to all activities when the employees are actually or presumably exposed to risks resulting from asbestos, product containing asbestos or activities performed with products containing asbestos (exposure to asbestos) during work, 15 days before the work starts;
exposure limit value and the obligation to reduce the exposure below the limit value;
in the case of exceeding the limit value, the obligatory measures, including rules related to personal protective equipment;
- rules to be applied for demolition of buildings, facilities, structures containing asbestos or products containing asbestos, or for removing asbestos or products containing asbestos buildings, facilities, structures, vehicles (ships);
- rules of training and informing employees actually or presumably exposed to exposure to asbestos and the labour protection representatives;
- rules relevant to the medical examination of job-related suitability of the employee before and during employment under exposure to asbestos;

In order to implement Parliament Resolution 20/2001 (March 30) about the national programme of labour protection the Government prepares a detailed action plan and schedule of the Program broken down to years, determining the tasks, responsible persons and necessary assets and sources.

Paragraph (2)
1. Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extent of any reforms.
2 Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on the following:
- number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers;
- number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections;
- number of breaches to health and safety regulations and the nature and type of sanctions imposed.

Act CXXIX of 2006 on the amendment of the Mvt. transformed the structure of work safety and thus implemented the integrated organisational framework for the uniform work safety inspectorate. The amendment created the legal framework for the organisational integration of the two professionally related branches of work safety: occupational safety and occupational health. It determined the rights and obligations of the uniform work safety authority which are to be regulated by law, thereby eliminating the need for the inspection of safe and non-hazardous working conditions by separate organisations, consequently in organisational and professional division, which is also contrary to the European practice.

By regulating that the work safety tasks are addressed within a single organisation, the amendment ensured further efficiency improvement of the activities of the work safety authority, rationalisation of the personnel and material requirements necessary for the performance of the activity as a result of which the inspection apparatus would be simplified, while the requirements imposed on the employers and the conducted procedures would be more consistent. Pursuant to the amendment of the work safety act, the performance of work safety-related tasks in a uniform organisation - not including the mine inspectorate and mine security that also perform tasks under a special legislation - is assigned to the National Work Safety and Labour Inspectorate (OMMF).

Act CLXI of 2007 on the amendment of the Mvt. was adopted during the reporting period but came into effect on 1 January 2008; in view of the organisational integration, it includes a new specific task: the obligation of the employer to perform a work hygiene examination as one of his work safety responsibilities to be performed during the risk evaluation of hazardous materials or products used in their technologies. The amendment of the Act extended the causes for extraordinary risk assessment and thus tightened the regulations concerning the performance of risk assessment, widened the scope of facts threatening the employees' life, physical integrity or health and giving rise to the payment of work safety fines, thus empowering the work safety authority to impose sanctions in such cases. According to the amendment, a work safety inspector with medical qualification acting on behalf of the work safety authority is allowed to get to know and process the medical data of the particular employees for the purpose of and to the extent necessary for completing the administrative procedure (such information is being defined in the act on the processing and protection of medical data and related personal data), inspect the employee records, require such records to be presented, make copies thereof and require the employer and the employee to supply information.

The amendment extended the rights of the inspector of the work safety authority related to the administrative procedure. The said rules offer a more effective regulation concerning the protection of the employees' occupational safety and health, inspection of the employer's compliance with such rules by the work safety authority and the enforcement of his compliance with the imposition of sanctions.

The statistical data for the reporting period is included in the annex hereto.

Paragraph (3)

1 Please describe the consultation with employers' and workers' organisations in formulating on the national policy on occupational health and safety. Please specify the nature of, reasons for and extent of any reforms.

2 Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the consultation with employers' and workers' organisations.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate. Scope of the provisions as interpreted by the ECSR

The regulation relevant to the tasks of the Work Safety Committee of the National Interest Reconciliation Council as described in the previous National Report is still in effect. The scope of tasks of the Work Safety Committee was amended by the right to make proposals for the use of fines imposed by the work safety authority via grant application schemes and that if necessary, the committee assists the operation of the work safety information system with its own data and opinion.

According to the provisions of the Mvt., the national consultations on safe and non-hazardous working conditions are carried out by the Work Safety Committee operating within the framework of the National Interest Reconciliation Council which consists of the representatives of employers, unions and the Government.

According to the legislative provisions, the Work Safety Committee which represents the organised interests of employers and employees in the area of work safety has the following responsibilities as part of its interest reconciliation activities regarding safe and non-hazardous working conditions:

1. Giving preliminary opinion on the drafts of the Mvt., the implementation regulations thereof, the work safety rules and work safety-related standards, work safety-type requirements and measures as well as on work safety reports and periodic programmes.

2. Pursuant to Parliament Decree 20/2001. (III. 30.), participation in the development, evaluation and review of the annual action plans and schedules prepared as a Government resolution each year with the aim to implement the National Work Safety Programme for the continuous improvement of employee health and safety.

3. Negotiating, formulating positions and recommendations concerning the work safety issues submitted by the negotiating groups and referred to its authority by the National Interest Reconciliation Council.

4. Formulating recommendations on the work safety requirements extending beyond, clarifying or tightening the rules relevant to work safety.

5. Informing the public of its work, also with the aim to promote wide awareness on work safety issues.

6. Making proposals for the annual use of the fines imposed by the work safety authority through the invitation of tenders for the protection of the employees' occupational safety and health and publishing its own data and findings as necessary to promote the operation of the work safety information system for supplying work safety information to the employees and their representatives and the employers and their organisations.

Questions from the Committee of the European Social Rights

It therefore asks what the threshold level for exposure to asbestos is under Hungarian law, in particular if it is equal or lower to the maximum limit value set out in Council Directive 83/477/EEC of
19 September 1983 on the protection of workers against risks connected with exposure to asbestos
during work2, as amended by Directive 2003/18/EC of the European Parliament and of the Council of

27 March 20033. The Committee also asks if Commission Directive 1999/77/EC of 26 July 19994,
which bans the placing on the market and use of products containing asbestos as from 2005, has
been transposed into domestic law and if it is applied.

Within the meaning of Article 8 of Directive 83/477/EEC – amended by Directive 2003/18/EC of the European Parliament and of the Council – on the protection of workers from the risks related to exposure to asbestos at work, the employers should ensure that no employee is exposed to the concentration of asbestos fibres in the air more than 0.1 fibres per cm^3 in relation to an eight-hour time weighed average (TWA).

Article 7 of Decree 12/2006 (March 23) by the Ministry of Health (EüM) about the protection of employees exposed to risks related to asbestos, in accordance with the directives orders that: the employer should ensure that the exposure of the employee to asbestos does not exceeds 0.1 fibres per cm^3 as an eight-hour time-weighted average Within the meaning of Article 2 of the Decree by the Ministry of Health – in accordance with the referred directives – the following fibrous silicates are considered asbestos:
- Asbestos actinolite, CAS No 77536-66-4,
- Asbestos (gruenerite) amosite CAS No 12172-73-5,
- Asbestos anthophyllite, CAS No 77536-67-5,
- Chrysotile Asbestos, CAS No 12001-29-5,
- *Crocidolite Asbestos,* CAS No 12001-28-4,
- Asbestos termolite, CAS No 77536-68-6,

Joint Decree 41/2000 of Ministry of Health and Ministry of Environmental Protection on limitation of activities related to certain hazardous materials and hazardous products fully transposed Commission Directive 1999/77/EC adapting to technical progress for the sixth time Annex I to Council Directive 76/769/EEC on the approximation of the laws, regulations and administrative provisions of the Member States relating to restrictions on the marketing and use of certain dangerous substances and preparations (asbestos) and it is applied in the practice as well.

The report indicates that 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 radiation5 has been transposed into domestic law through a number of laws and regulations, in particular, Decree 16/2000 (VI.8.) of the Ministry of Health implementing certain provisions of the Act CXVI of 1996 on Atomic Energy. This decree contains provisions on the protection of workers in the nuclear power sector. In order to assess compliance with Article 3§1 of the Charter, the Committee requires more detailed information. It therefore asks what are the maximum doses of exposure to ionizing radiation in the workplace, including persons who although may not directly work in a radioactive environment, may be exposed to radiation occasionally, and if such levels have been set in accordance with the levels prescribed by the International Commission on Radiological Protection (ICRP).

Decree 16/2000 (June 8) of EüM on the implementation of provisions of Act CXVI of 1996 on nuclear energy is in full concordance with Council Directive 96/29/Euratom laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionizing radiation, which directive, as it is stated in its preamble, is based on – among others – Recommendation No. 60 of the International Commission on Radiological Protection. Thus, Act CXVI of 1996 on nuclear energy is in accordance with Recommendation No 60 of the International Commission on Radiological Protection.

Supplement 2 of Act CXVI of 1996 on nuclear energy contains the dose limits and action levels for radon concentrations in workplaces. According to this, any radiation exposure to the employee that may occur during working in situations within the scope of responsibility of the employer should be considered occupational exposure. From the term 'any radiation exposure' it is evident that it also extends to cases, where the employee works in a not directly radioactive environment. Further, the supplement of the Decree 16/2000 of EuM on the implementation of Act CXVI of 1996 on nuclear energy contains the dose limits for the population as well.

According to the supplement of the Decree 16/2000 of EuM on the implementation of Act CXVI of 1996, the dose limits and action levels for radon concentrations relevant to the employees are the following:

„1. Dose limits applicable for the employees

1.1. Any radiation exposure to the employee that may occur during working in situations within the sphere of responsibility of the employer should be considered occupational exposure. Occupational exposure does not include doses received from medical diagnostic examinations and therapeutic treatments, as well as from natural sources not falling under the power of this Decree or are exempt from the regulation.

1.2. No persons under the age of 18 years should be subjected to occupational exposure.

1.3. The sum of the external and internal dose received from artificial and/or enhanced natural sources by any employee during the occupation should not exceed the effective dose of 100 mSv dose limit per 5 consecutive years. In any single calendar year the effective dose should not exceed 50 mSv.

Irrespective of the dose limits given above for the effective dose the annual equivalent dose limit for the lens of the eye is 150 mSv. For the skin - averaged over any 1 cm^2 area of its surface - and for the extremities the corresponding annual equivalent dose limit is 500 mSv.

1.4. The prohibition of the employment of pregnant women, nursing mothers and women providing mother milk is regulated in separate legal regulations.

1.5. If under special circumstances of operating or monitoring facilities of radiation hazard - excluding, however, the intervention in emergency - exceeding the dose limits given in Paragraph 1.3 cannot be avoided, the Office of Chief Medical Officer of State, on a case-to-case basis, may authorise special exposure for volunteers, nominated by the licensee. The special exposure should not exceed an annual effective dose of 50 mSv.

Special exposure may be allowed seasonally and only under the following conditions:

1.5.1. special exposure may be allowed only for persons classified A in Paragraph 1.2 of Subsection IV of this Supplement;

1.5.2. special exposure permit may be valid for up to max. 5 years and cannot be repeated for the same person;

1.5.3. the employer or the licensee should justify the special exposure in advance, it should be communicated to the employee and it should be reported to the Office of Chief Medical Officer of State and to the occupational health service, as well as to the "Frédéric Joliot-Curie" National Research Institute for Radiobiology and Radio hygiene;

1.5.4. the employer is obliged to provide all the protective measures required by the operations associated with special exposure, moreover it is the responsibility of the employer to let the affected employee know about the extent of the risk; separate dosimeter may be used for the measurement of the special exposure;

1.5.5. special exposure should not be authorised for women of reproductive capacity, for students, trainees and for apprentices;

1.5.6. receiving special exposure should not be considered as a reason to exclude a person from the original work position and/or to transfer him/her to another position without his approval.

1.6. In case of emergency the dose received by a person taking part in the intervention should not exceed an effective dose of 50 mSv. Exception is made with the person who carries out operation to prevent major exposure of the public or to save lives. In this case all possible measures should be made to keep the exposure under the effective dose of 100 mSv, or under 250 mSv in life saving operation.

1.6.1. The employer is obliged to provide the protective means and measures associated with the emergency interventions.

1.6.2. Women of reproductive capacity, students, trainees and apprentices should not be involved in the emergency interventions.

2. Radon exposure of the employees

2.1. If the employee is unavoidably subjected to exposure from radon during his/her work the dose limits defined in Paragraph 1.3 should be applied by taking the contribution of the radon into account.

2.2. Under conditions differing from those defined in Paragraph 2.1 the occupational exposure from natural sources should be considered as chronic exposure under normal conditions for which the requirements of the long-term interventions apply. The corresponding action level for such cases is 1000 Bqm-3 radon concentration in air, in annual average.

3. Students, apprentices

3.1. For the limitation of the total external and internal exposure of students and apprentices over their age of 18 years the dose limits defined in Paragraph 1.3 should be applied.

For students, trainees and apprentices of 16 to 18 years the limit of the total effective dose received in the consequence of their training is 6 mSv in a year. Irrespective of the dose limits given for the effective dose the annual equivalent dose limit for the lens of the eye is 50 mSv, for the skin - averaged over any 1 cm2 area of its surface - and for the extremities the corresponding annual equivalent dose limit is 150 mSv.

3.2. For the limitation of the exposure of students, trainees and apprentices not listed in 3.1 the annual effective or equivalent dose limits given for the members of the public should be applied.

4. Members of the public:

4.1. The public exposure is the exposure of the members of the public originating from artificial sources, excluding the occupational and medical exposures.

4.2. The total external and internal public exposure originating from artificial sources – except for the doses received from medical diagnostic examinations and therapeutic treatment, by voluntarily supporting and comforting patients or during voluntary participation in medical research - should not exceed the annual effective dose limit of 1 mSv.

Under special conditions, for a single year, the Office of Chief Medical Officer of State may authorise an effective dose limit higher than this, providing that the average individual exposure during the 5 consecutive years following the given year does not exceed the effective dose of 1 mSv.

Irrespective of the annual dose limits given above for the effective (whole body) dose the annual equivalent dose limit for the lens of the eye is 15 mSv, for the skin - averaged over any 1 cm^2 area of its surface - the corresponding annual equivalent dose limit is 50 mSv.

The report does not provide any new information on measures taken for the protection of non permanent workers (fixed-term workers and temporary workers) in matters of health and safety, over and above what was stated in the previous report that regulations on occupational health and safety applied irrespectively of the nature of the contractual relationship. The Committee recalls that appropriate rules should be laid down to take account of the specific nature of these types of employment relationships, namely as regards information, training and medical surveillance of temporary workers (Conclusions XVI-2, Spain, p. 836). The Committee asks the Hungarian authorities to indicate more precisely how the regulations apply the Charter in this regard.

The Mvt. does not contain special provisions for the fixed term contract and casual employees. Pursuant to Article 50 of Mvt., the employees may be assigned only such work for the attendance of which they are suitable in terms of health conditions, as well as they have proper knowledge, skills and experience in safe working procedures that would not jeopardize health. This order results that the suitability of the employee for the work should be ensured in each case. This is reasonably applied to the fixed term contract and casual employees as well.

Following amendments to the Labour Code of Hungary and other employment related acts, the practice of teleworking is now regulated. Teleworking can only be performed in a place that the employer has previously found to be satisfactory from a safety and health at work point of view. The employer must inform the employee of arrangements for safety and health protection, and labour and safety representatives should be able to enter the workplace. The report indicates that given the constitutional right to privacy of the home, from the point of view of labour inspection, a residence from which a person performs telework does not qualify as a workplace. Labour inspection can be performed on the basis of documents, but not by the physical appearance of an inspector at the place. The Committee nevertheless notes the contrary from another source1, where it is mentioned that the Labour Inspectorate may enter the premises used by the teleworker, on three days' notice. The Committee asks the next report to provide a clarification on this point.

Section (7) of Article 86/A of Mvt. provides the following in connection with work safety authority inspection at the real estate used for telework:
The Inspectorate may conduct the work safety authority inspection exclusively between 8 a.m. and 8 p.m., on work days. The work safety authority informs the employer and the employee at least 3 workdays prior to the start of the inspection. The employer obtains the consent necessary to enter the real estate used for work from the employee until the start of the inspection.

The Committee is uncertain if, and to what extent, self-employed workers are covered by Act No. XCIII on Labour Safety. Likewise, it has no information whether specific regulations on health and safety have been adopted for self-employed workers in certain high risk sectors, for example, construction, agriculture, fishing or transport. Given this lack of information, the Committee is unable to make an assessment of which regulations apply to self-employed workers and in which situations they are effectively covered and thus subject to supervision by the labour inspectorate. It therefore asks the next report to provide a clarification on all these points.

The effect of Mvt. covers organized work. The following are considered as organized work: work performed under labour engagement, public service, public employment, juridical engagement judicial employment service, public prosecution service, in the case of co-operative membership in labour engagement-like relation, in professional training schools within the frame of student relation during performance of professional training requirements, further, based on training contract in student relation, during practical training, in penalty relation (in custody or convicted), based on the public administration decision, members of

the Hungarian Army, law enforcement bodies and civil national security services under service relation, voluntary relation and social work organized (initiated, managed or approved) by the employer.
Further, work performed by the personal involvement of the natural person member of a company not employing employees, at a worksite, where employees of different employers are employed simultaneously should be considered as organized work.
In view of the forgoing, the effect of Mvt. does not cover self-employed persons.

According to the above-mentioned report, the total number of inspection visits made by the inspection system during 2004 was 29 773 (this includes the number of inspections and preventive administrative procedures). The Committee wishes to receive an explanation for the divergent figures presented in the report and those submitted to the European Commission, for example on the number of premises inspected (29 773 and 45 692, respectively). The Committee asks the next report to indicate, if available, the number of employees covered by inspections in relation with the total workforce.

As regards measures taken for breaches of health and safety regulations, in 2004 the number of improvement notices which were issued was 1 969 (these are orders made with a view to improving working conditions). No cessation of work activities was ordered, and the number of fines imposed was 663. There were no cases presented to the public prosecutor, and therefore no cases leading to a conviction. The Committee notes from an ILO survey on safety and health conditions at the workplace3 that in a number of industries a large percentage of respondents answered that although health and safety regulations existed, penalties were not imposed for violation of regulations. For example, in the health industry, 81.8 % of respondents said that regulations were put into practice, but only 45.4% said that penalties were imposed. On the basis of the above information, in particular the low number of penalties imposed for breaches of health and safety regulations, the Committee considers that supervision by the Labour Inspectorate is not effective.

The data used by the European Committee of Social Right are based on the misunderstanding that in 2004 the authority inspection of work safety belonged to the scope of activities of two organizations. The above data contain exclusively the data of the work and health authority inspections conducted by the National Public Health and Medical Officer Service. The measures taken in 2004 by the OMMF as the work safety authority of the time were left out. It can be stated that the rate of measures taken following inspections by the OMMF exceeds significantly the data used by the Committee. The number of decisions issued aiming the improvement of worksite safety is ten times higher than the number in the report. The number of immediate measures taken is a total of 12128 instead of the null in the report. Instead of the 663 fines a total of 7978 fines were issued by the work safety authority, the total value of these is HUF 668,252,000

The measures taken in 2004 in details:

Type of measure	Number of resolution	Number of measures
Decision eliminating a deficiency	20 177	107 889 [measures]
Number of decisions prohibiting employment	3071	9230 [persons]
Number of decisions prohibiting use	9057	19 534 [work equipment]
Labour safety fine	**2 669**	HUF 612,055,000
Number of decisions imposing violation fine	**673**	HUF 20,378,000
Number of fines at the site	**4636**	HUF 35,819,000

The amendment of regulations made in the reporting period, in order to make the inspecting system more efficient and the data of the authority inspections are presented above in our response given with regard to paragraph (1).

ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH[1]

"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:
1 to remove as far as possible the causes of bad health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases.

Information with regard to the reporting period, based on the questionnaire of the Committee of Ministers of the Council of Europe[2]

Paragraph (1)
1 Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
2 Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
3 Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).

Paragraph (2)
1 For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
2 Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
3 Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

Paragraph (3)
1 For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
2 Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
3 Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

MOST IMPORTANT REGULATIONS ACCEPTED IN THE REPORTING PERIOD[3]

Within the legislation of the reporting period in the field of health laws related to the healthcare reform are the most significant ones:

- Act XCVII of 2006 on the professional chambers in healthcare

[1] When presenting the Hungarian situation the ministries are named as effective from 01 January 2005 to 31 December 2007
[2] Answers relevant to paragraphs 1-3 of Article 11 are given summarized and not separately for each paragraph, because this structure seems more transparent considering the connected content of those.
[3] Besides the acts listed we mention the introduction of visit fee to be paid by the family doctors and the hospital daily fee to be paid in the case of hospital treatment in effect from 01 January 2007 (Act CXV of 2006 on the amendment of certain acts concerning healthcare in connection with the healthcare reform), but the Parliament annulled these measures by Act IX of 2008 on the implementation of the decisions made on the national referendum on 09 March 2008 as effective from 01 April 2008.

- Act XCVIII of 2006 on the safe and economic medicine and medical aid provision and the general rules of the distribution of medicines
- Act CXVI of 2006 on the authority supervision of health insurance
- Act CXXXII of 2006 on the development of the healthcare service system

Act XCVII of 2006 on the professional chambers in healthcare

The Act aims switch to a solution that focuses the public resources to consummate the national system of quality insurance and quality control and at the same time gives more space for the voluntary based self-regulation in the chambers. The Act regulates the public body chamber system so that to facilitate the chamber activity in accordance with the original objectives, primarily formulating and representing the interests of those working in healthcare, give more space in the chambers for voluntary self-regulation and self-management and increase the interest of the chambers in expanding the services related to those working in healthcare, their members. By creating professional chambers with separation of the individual healthcare activities the act aims to even the disproportionateness present due to professional and activity differences. The Hungarian Chamber of Physicians, the Hungarian Chamber of Pharmacists and the Hungarian Chamber of Health Professionals continue to operate with changed membership conditions and the necessary supervision of the scope of competence. The reorganized professional chambers are still considered as public bodies, perform all the tasks the act assigns to their scope of competence and publish the list of accepted professional trainings. The Act places the membership conditions of the chambers on new principles by making the chamber membership voluntary. The member of a chamber is entitled to use the services and activities determined in the Act on chambers and to participate in the rights of the chamber (e.g. contribution to preparation of regulations by estimating the drafts concerning the chamber). The voluntary membership strengthens the inner legitimacy of the public bodies, the trust in the officials.

Act XCVIII of 2006 on the safe and economic medicine and medical aid provision and the general rules of the distribution of medicines

The most important objectives of reregulating the medicine provision are to reduce the excessive use of medicines, to put a stop to the increase of the financial burden on the population and the insurance and to provide better access to medicines. The act on economical medicine forces a significant competition between the companies producing medicines regarding the prices. The new Act rationalizes the system of price-support of the medicines in order to reduce the financial burden on patients and stabilize the balance of the budget. The amended regulation renews the system of decisions relevant to accepting into social security, forces a significant competition of prices on the producers of generic products, makes the whole procedure – performed on the internet – public, easing the accepting of products with lower prices. The Act contains new provisions in order to facilitate the efficient and high quality medicine prescription procedures: an advanced computer programme helps the physicians to prescribe the most efficient, but least costly medicine.
The new regulation serves the following purposes:
- the regulation provides proportionate and sufficient guarantee for access to the medicines in space and time and choice, as a result, the regulatory intervention of the state is necessary In order to ensure the even distribution of pharmacies in space, the open hours and stand-by time and issuing a given product from the pharmacy,
- the regulation provides proportionate and justified guarantees in order to solve the professionalism in the retail activity of medicines from the aspect of drug safety, delivery and the quality of information.
- the regulation prompts the improvement of the quality of the pharmacy services with respect both to the development of healthcare services and improvement of trade services.

- a regulation is created that limits the free competition in the medicine retail sector only to the a proven extent that is unconditionally necessary to ensure public health.
- opening of the market was implemented in a constitutional manner, not harming the right to property.

Liberalization was implemented in the field of operating pharmacies that facilitates establishing new pharmacies. At the same time, the Act includes special regulations to limit fusions. Since a proportion of the pharmacies operate in disadvantaged, rural regions, pharmacies with incomes exceeding a determined level should pay a solidarity fee from their price margin.

The Act moderated the limits relevant to population number and minimal distance for establishing. Previously one pharmacy was allowed for 5000 inhabitants and only one pharmacy was allowed within 300 meters or in a city, a 250 meters circle. According to the new regulation, at a settlement, where a public pharmacy operates already, establishing a new public pharmacy is approved by the healthcare public administration body, if
- there is an average of at least 5000 inhabitants per each public pharmacies including the new pharmacy and there is a distance between the entrances of the existing public pharmacies and the entrance of the new public pharmacy exceeding 250 meters in cities with more than a hundred thousand inhabitants, or at least 300 meters in other settlements, or
- there is no other operating public pharmacy in a 1 km range in the settlement with more than 5,000 inhabitants named in the application or in the 5 km range of the appointed site in other settlements or outside the inhabited area, or
- the application is for establishing a new public pharmacy to be operated at the business seat or site or within the 250 m circle of the health service provider appointed for stand-by service, there is no public pharmacy operating at the business seat or site or within the 250 m circle of the health service provider appointed and the operator undertakes that the stand-by and service time of the new pharmacy during its operation is aligned with the stand-by and service time of the health service provider.

With the new regulation the personal right became the general allowance entitling to professional management of the pharmacy that is to serve professional competence, therefore the personal right is bound to the person and not to the given pharmacy, thus it can be carried over to other pharmacy.

The former limitations with regard to the operation form of pharmacies were eliminated in the Act. Now any economic formation may operate a public pharmacy, but if the public pharmacy is operated by a company, the owner of the personal right still should have an ownership share as member (or shareholder).

The Act creates the conditions for distributing medicines that are not bound to prescription outside the pharmacies. Thus, the distribution of some products suitable for treatment of symptoms outside the pharmacies becomes possible.

Act CXVI of 2006 on the authority supervision of health insurance

The Health Insurance Supervisory Authority as a central office was established based on the Act. The purposes of its activity are: providing for customer protection for the insured in connection with healthcare services, quality control of the healthcare services, providing for keeping up the fair conduct of the players on the market, supervising the activities of those providing health insurance care and health insurance services in connection with the insured persons, controlling the use of the health insurance payments and the lawful and professionally high level operation of the players of health insurance and tending to the related authority affairs. The legal and procedural control of the service system, the proper

examination of the complaints of patients, as well as information services to the population on the quality and order of healthcare services are the tasks of the Health Insurance Supervisory Authority.

Act CXXXII of 2006 on the development of the healthcare service system

The transformation of the structure of inpatient care, the main aim of which is providing better care on less hospital beds is an important part of the healthcare reform. The main tools of reforming the hospital care system are: reducing waste, reducing the number of unexploited hospital beds, more rational operation, concentration of divisions and institutions operating collaterally. By reducing the number of active hospitals and beds the opportunity is created to have more money on less hospitals and beds, i.e. to improve the quality of care. The sources liberated due to the reform give the cover for the development of the increased chronic care and the ambulant service.

In order to create a modern, effective and just service system, the Act reformed the structure and operation of the service system. The main aspects of the reform are:
- to provide fair and just access for the patients all over the country,
- to create the tools for planning and establishing a more just and effective service system,
- separate the responsibility of the state and the local governments unambiguously, including the responsibilities of maintaining the institutions,
- to create a financeable modern service system with sustainable development by using also the European Union development funds,
- guarantees that the health insurance fund buys the healthcare services in the necessary amount, at the generally warrantable and controlled professional quality, provided within acceptable and financeable, modern and adequate to the realistic expectations.

In accordance with the Act the care provision system has the following levels:

Priority hospitals:
The task of the priority hospitals distributed evenly across the country, is to provide for the effective treatment of patients with severe or special, rare diseases, equipped with modern, European level technology and physicians with great experience. In order to provide safe service and guaranteed quality, interventions requiring great experience, such as treatment of patients with cancer, organ transplantation, heart surgery should be carried out only in the centres and the priority hospitals take those patients as well, who cannot be treated in the regional hospitals due to lack of equipment of experience. Priority hospitals are emergency centres as well.

Regional hospitals:
Most of the hospitals continue the work as regional hospital. These hospitals are specialized to the ‘general’ care representing high percentage of the cases. The regional hospitals have active connection to their environment: buy diagnostic services from the diagnostic centres, cooperate continuously with the priority hospitals and the medical centres and family doctors of the region. The developments aim that the regional hospitals could ensure the modern conditions of the work, the civilized hotel and work conditions and transforming the excess active hospital capacities to chronic care.

Regional health centres:
Organized around the priority and regional hospitals regional health centres operate, ensuring the ambulant patient care close to the population.

Other important legislative measures

The ***legal harmonisation legislation*** has continued in the reporting period. The regulation accepted in the following main fields of the European Union legal regulation are part of the Hungarian healthcare legislation:
- medicines,
- medical devices,
- organ, tissue and cell transplantation,
- food safety (from 2007 this belongs to the scope of agriculture and rural development),
- insecticides (from 2007 this belongs to the scope of agriculture and rural development),
- cosmetic products,
- breast-milk substitutes,
- special diet foods,
- vitamins and minerals,
- chemical substances,
- biocides,
- quality of bath water,
- quality of drink water (shared with the field of management and use of water resources),
- labour health (from 2007 it belongs to the scope of social affairs and labour, except for protection of employees against exposure to electromagnetic radiation and artificial optical radiation that remained in the scope of healthcare legislation).

The member state participation in the union legislation and the legal harmonization in the above mentioned fields is continuous. Hungary fulfilled its obligations in legal harmonization and the obligations in connection with enforcement of the union laws in the reporting period.

The ***bilateral social security conventions*** signed with other member states are also worth mentioning as legislative measures concerning healthcare. Hungary has signed and enacted the following bilateral social security conventions in the reporting period:

- Act LXXIX of 2006 on enacting the Convention between the Republic of Hungary and the Republic of Korea on social security, signed in Budapest on 12th May 2006
- Act XVII of 2006 on enacting the Agreement between the Government of the Republic of Hungary and the Government of Québec on social security, signed in Ottawa on 12th May 2004
- Act II of 2006 on enacting the Convention between the Republic of Hungary and Romania on social security, signed in Bucharest 20 October 2005
- Act I of 2006 on enacting the Convention between the Republic of Hungary and the Republic of Bulgaria on social security, signed in Sofia on 30 November 2005
- Act CXXV of 2005 on enacting the Convention between the Republic of Hungary and the Republic of Croatia on social security, signed in Budapest on 08 February 2005

In the field of legislation relevant to ***multilateral international treaties*** the following are worth mentioning in the reporting period:

- Act LXXXI of 2006 on enacting the Optional Protocol on biomedical research signed in Geneva on 28 September 2005 to the Convention of the European Council for the protection of Human Rights and dignity of the human being with regard to the application of biology and medicine made in Oviedo on 04 April 1997
- Act LXXX of 2006 on enacting the Additional Protocol on transplantation of organs and tissues of human origin signed in Geneva on 05 May 2005 to the Convention of the European Council for the protection of Human Rights and dignity of the human being with regard to the application of biology and medicine made in Oviedo on 04 April 1997
- Act III of 2005 on enacting the World Health Organization Framework Convention on tobacco control

IMPLEMENTATION OF THE PUBLIC HEALTH PROGRAMME IN THE REPORTING PERIOD (2005-2007)

Progress in 2005

The Government reported about the **implementation of the Public Health Programme of the Decade of Health in 2005** to the Parliament in Information No. J/1144 (source: www.eum.hu). The following important elements are presented from the detailed information:

Health development programmes for the children and youth, the system of schools supporting health

The National Infant and Child Health Program entitled *"Our common treasure the child"* has been prepared.

Continuous professional negotiations have taken place on the introduction of the *school health development normative.* The essence of the health development normative is that it is issued to schools (in an amount based on the number of pupils) that fulfil the expected 4 professional tasks with professional controls based on the determined indexes.
— implementation of healthy diet (buffet, canteen)
— every day exercise for every child
— personality development for children and teachers
— teaching health development (as a module).

In 2005 a professional consortium prepared the curriculum of the *subject health development* to be incorporated into the basic training of teachers, to the education of which the higher education institutes training teachers get support in the form of grant application schemes. 11 applications arrived for the call published in June 2005 until the given deadline from the 33 institutes training teachers. Each one of the submitted applications have been accepted, thus the education of the subject health development can start in the applying institutions. The National Institution for Child Health (OGYEI) prepared the data collection for 2006 for the international survey series examining the health conduct of schoolchildren, analyzed the risk conduct of adolescents between 1986 and 2002, developed queries for pupils and teachers in schools introducing the health development normative and queries to survey the material conditions of schools. OGYEI prepared and published the manual "*School healthcare*", which is the renovation of the successful manual School healthcare published in 1998.

Health development programmes implemented in schools and in the practice have great significance. Among them, the *oral hygiene model programmes* were very successful.

In January 2005 the Minister of Health restarted the work of the *National Committee for the Support of Beast Feeding* that ceased a few years ago.

The education of health development and health preservation activities was integrated into the curriculum in the educational institutes of the *Ministry of the Interior.* The *Ministry of Education and Culture* continuously supports the education and training institutes in implementing their health education and health development tasks.

The improvement of the health status of the senior population

Within the framework of the 10 000 steps walking programme organized by the *National Sport Office* 74 organizations, mostly pensioner organizations, clubs joined the programme,

almost 12 000 step-counter got to the users, who organized several common walking events within two years.
The *Ministry of Youth, Family, Social Affairs and Equal Opportunities* supported the introduction of innovative methods in the fields of geriatric ambulant and day-care services.

The *Ministry of the Interior* organized the national sport meeting of pensioners and youths, where blood sugar level, blood pressure and body weight measuring with health advising also took place besides the sports events.

There is a new Award of Elderly Friendly Municipalities, that was founded by the Minister of Health, Social and Family Affairs and the Minister of the Interior. This Award is given to those municipalities, doing most for their elderly, in order to integrate them into local communities. 117 municipalities sent their proposal in order to receive the Award, and 6 of them did actually receive it.

Equal opportunities for health
In cooperation with Radio C a 14 part health magazine series was started in the spring of 2005 and it reached several hundred thousand *Roma people* and gave information to them. The main topics were: diseases caused by smoking and alcohol consumption, mental illnesses, tolerance in healthcare, motherhood, teeth hygiene.

The "*Health survey of people living in camp-like environment*" was prepared, where data of the National Health Survey of the Population were compared with data of the Roma population. The report prepared is very useful for public health planning.

Connecting the activity of the *Ministry of Employment and Labour* to the section Development of the human resources of the Public Health Program, public health and health development training courses of Action Program 4 the Employment Rehabilitation Secretariat began to draft the expert training programmes, more precisely training of experts participating in employment of people with altered working abilities.

During this special emphasis was put on providing and intensifying information on health impairment and disabilities. The aims of the programme are schooling persons in health care and persons with higher qualification other than healthcare, acting in other fields to professional training and developing state-accredited training programmes (alternative labour market services, trainer training) and training aids that facilitate the quality assured organization of employment rehabilitation services. The programme contains four sub-programmes:
— developing the training programme for experts capable of providing labour market help services,
— preparation of the training of trainers,
— preparation of the curriculum applicable in the training programme,
— contextual development of college and university level trainings of the labour market.

The programme was implemented between 2004 and 2006 with the cooperation of the Public Foundation for Opportunities for Persons with Disabilities. In order to help the more complete promotion of equal opportunities for the people with altered working abilities, in accordance with action provision development of programme point health and public health institution system of the Public Health Program, the Employment Rehabilitation Secretariat launched the programme aiming the development of estimation of the opportunities for employment of persons with altered working abilities. The aim of the programme is to develop the employment, (labour) psychological, special education, sociological, mental hygiene, and labour healthcare examinations facilitating the estimation of employment opportunities,

exploring the rehabilitation requirements and the individual labour rehabilitation plan within the framework of the labour rehabilitation procedure.

The *Ministry of Youth, Family, Social Affairs and Equal Opportunities* supported implementing the accessibility of sports facilities for disabled persons, for the Roma people – within the framework of the housing and social model programme – the development of the infrastructure, organization of pedagogic and community programmes and programmes helping employment, establishing healthy living environment.

Health development in the locations of everyday life

Health development at the locations of everyday life and the socialization of the Public Health Program are implemented mainly through grant application schemes and projects. Within the framework of the Public Health Program *calls for application* in 7 topics were announced in 2004 by the *Ministry of Health,* implementation and evaluation of which occurred in 2005.
The grant application schemes were the following:
— Support of early treatment at the workplace of persons with alcohol problems;
— Development of the NGOs of cured alcoholics and drug abusers and self-help groups operating in the field of alcohol and drugs;
— Programs aiming prevention of HIV, hepatitis, TB infection and screening of drug abusers;
— Development of professional treatment of addicts;
— Anti-smoking programmes of NGOs;
— Health development programmes of workplaces;
— Preparation and implementation of settlement and micro regional health plans.
A total of 75 applications were granted support.

47% of the supported applicants were NGOs, 28% of the supports went to local governments (mainly small settlements), and participation of the governmental institutions was 19% and 3 % for the companies. From the aspect of institution types the 4% participation of educational institutions in the supported applications indicates the problem that the health development in schools has not enough priority. The 49% presence of healthcare institutions indicates that these institutions are open for the development of services supplementing the care. The health development activity in social institutions is low (16%) among the supported applicants. The most important one of the supported *projects* deals with the screening of cardiovascular diseases in childhood, the implementation of which is continuous.

Reduction of smoking

The World Health Organization Framework Convention on tobacco control has been enacted by way of Act III of 2005, the national coordination mechanism has been prepared, and the operative background tasks are performed by the coordination administrator.

Within the framework of the "*Prevention of smoking programme in schools*", that has been developed and managed by the National Health Developing Institute, 7 interactive touch-screen kiosks prepared for children in the lower grades of elementary school were bought and distributed. The programme calls the attention of children for the harms of smoking. Establishing the *institution system helping to quit smoking* has continued, the aim of which is to establish and maintain consultations helping to quit smoking operating continuously in the healthcare institutions and are available across the country. At the consultations physicians and healthcare professionals provide help to quit smoking.

The *Government Commissioner's Office of Public Health* presented the results of the public opinion survey conducted by the Marketing Centrum on a 1200-person nationally representative sample about the smoking habits and how the public would welcome measures

tightening smoking possibilities. 36-38% of the respondents, 43% of men and 30% of women said they were smokers. The largest number of non-smokers was found among those above 60. Among the regular smokers, men smoke an average of 20, women 16 cigarettes daily. According to the survey regarding smoking habits 80% of regular smokers smoke after every meal, 19% also directly before meals and 8% during the meal as well. 70% of smokers smoke at home. Among the catering places people tend to smoke in coffee-bars and pubs most (47%), while in restaurants only 27% of regular smokers smoke.

Alcohol and drug prevention

Within the framework of the project "Support of early treatment of alcohol addicts", the *National Basic Care Institute* developed the methods for finding persons, who have susceptibility to alcoholism and persons in the early stage of alcoholism.

The *Ministry of Youth, Family, Social Affairs and Equal Opportunities* supported:
— introduction and operation of care methods in the field of community care of addicts that allow keeping the patient in the family and the living environment,
— the Addictology Expert Work-group in developing community care, coordinator, registry programmes, development of the protocol of low-threshold, daytime, community care
— development and operation of the infrastructure of institutional network dealing with reducing drug abuse and the implementation of complex programmes,
— introduction of subjects on drug-abuse prevention in the higher education,
— development of drug rehabilitation service of 14-16 year olds
— provision for the social care and reintegration of cured addicts,
— health development and drug prevention activities at school,
— implementation of community health development programmes,
— operation of Drug Consulting Forums,
— operating the national care network of prevention-information service within the institution system of diverting (healthcare or preventive care as an alternative for penalty during a trial).

Since 2001, the ministries responsible for education and youth have issued yearly joint calls for applications for health development and drug prevention in schools.

The *Ministry of Education* supported
— training of drug-affairs coordinators for schools,
— training of drug-affairs coordinator teachers for schools,
— drug prevention activities of secondary education-training institutions,
— training of teachers as regards mental hygiene.

The *Ministry of Defence* organized trainings on the topics of the hazards of alcohol and drug consumption and drug prevention and prepared professional information for the complement.

Spreading of healthy diet

"*Recommendations for establishing school buffets offer that fits the modern diet"* was published in the Official journal of Healthcare on 02 August 2005. The genre of recommendation allowed us to summarize for the parents in the introduction of the publication what they should expect in schools in the interest of the health of their children, besides healthy diet. The regulations relevant to the stores selling food in schools and to the food automats were determined by the Minister of Education in *Decree 32/2005 (Dec 22) of OM on amendment of Decree 11/1994 (June 8) of MKM on the operation of education and training institutions.*

Within the framework of action "*Healthy diet*", the *National Food-Safety and Nutrition Science Institute* prepared professional materials about e.g. the strategic issues, situation and development opportunities of public catering.

Spread of active workout

Several thousand people participated in the preliminary races to the *Vienna-Budapest Supermarathon* which has been held each year in the last 16 years. The Supermarathon attracted 139 teams, 31 individual competitors, 75 mountain bikers, 9 roller skaters and 300 school children who were joined by 3,500 people in the final leg of the race. The route of the race ran through 39 cities in Hungary and 14 in Austria, respectively, turning the event into a tourist attraction, as well. The United Nations General Assembly proclaimed 2005 'The International Year of Sports and Physical Education' and the Supermarathon came under this aegis. Adolf Ogi, UN special adviser on sport for development and peace was one of the main patrons of the Supermarathon. The event was also featured in the relevant international race calendar and the Hungarian media had it extensively covered. Thus the Supermarathon made a major contribution to the propagation of healthy living, regular exercising and participation in sports. The event was also supported by the *Ministry of Health.*

The *National Sports Office*
organized the following programmes for the youths:
- Sport XXI. Programme (10 sports, 60 000 children),
- Heracles Champion Programme,
- Development of the sports schools system,
- Other programs for promoting junior sport activities,
- Student Olympics employment and competition system,
- University sports – university championships, Universiade;
- for those with multiply disadvantaged it supported the following programmes:
    - Hungarian Midnight Sport Championship Association (Moonlight programme),
    - Regular sport activities for multiply disadvantaged children,
    - Faith and Sport Foundation for Healthy Living: regional and national sport championships (awarded case by case) for multiply disadvantaged children living in foster homes,
- sport activities of the Hungarian Gypsy National Football Team (awarded case by case),
- leisure sports for people with disabilities,
- Student sports for people with disabilities;
- In 2005, within the scope of the *'Hungary! Get Going!'* programme 62 leisure sport events were supported nationwide;
- The local leisure sport activities of the local governments were also supported.

The *Ministry of Internal Affairs* as part of its modern sport physiology programme organized nationwide sports event and contests for its personnel. The Ministry ran the sport related programmes in an organized manner offering time off work to the employees when engaging in sports. As part of the 'exercising at the work place' programme, in the facility of the National Police Headquarters for Public Security located on Vágóhíd Street, physical and psychological fitness testing, lifestyle counselling as well as leisure sports activities were made available.

The *Ministry of Defense* provided comprehensive lifestyle programmes for its personnel. It is mandatory for all in the service to undergo yearly physical fitness tests. There were several military sport events (off-road running race, military triathlon) and championships (patrol competition and football championship) organized drawing high levels of participation. The Defence Health Insurance Fund lists among its services the assessment of physical fitness and

the provision of personalized training programs for its members and their families. The Fund also provides access to several recreational and leisure sports programmes.

Data collected by the *Ministry of Environment and Water* indicate that in 2005, 983,000 registered visitors went to the Hungarian national parks for recreational purposes (a 17% increase compared to 2002) and an estimated additional 2 million people visited these venues through other organizers.

The Kancellária Sports Club offers discounted sport memberships for the employees of the *Office of the Prime Minister*. The members of the club can choose from the following sports: football, tennis, bowling, swimming, shooting, and gymnastics. The families of the members are also eligible to use the facilities at discounted rates.

Quick reaction, public health security

One of the priorities of the Flu Pandemic Preparedness Plan accepted by the Council of the European Union in July 2004 is the *establishment of high performance network of reference laboratories*.
In the *National Centre of Epidemiology*
— a *microbiology laboratory of BSL 3-4 security level* was delivered at the end of 2005,
— the *Microbiological Exploratory Group* was established and equipped, with the task to arrive to the site as soon as possible after the alarm and perform environmental microbiological examinations, take microbiological samples (air, water, soil, surfaces) and deliver those to a safe laboratory. The Group ensures the activity of the Epidemic Action Group (expert work group) at the contaminated area, if necessary. Based on the measures of the ÁNTSZ, the *hospitals actualized* and expanded in accordance with the given aspects the *actions* of their *emergency plans* dealing with the *tasks of preparations for epidemics.*

Food safety
Government Decree 302/2005 (Dec 25) on authority control of food safety determines the scope of tasks and authority of the authorities participating in the food control for the whole of the field of the food-chain, in accordance with the "from the soil to the table" complex aspect of the European Union. Further, the Decree determines provisions that are necessary for the implementation of some Union regulations – effective from 01 January 2006 – and refines and expands the role of the *Hungarian Food Safety Authority* (Authority) in the coordination of the activities of the food control authorities.

Implementation of the National Food Safety Program that was established in 2004 in order to prevent food-originated diseases and to improve the health of the population – with the control of the Food Safety Advisory Board and on basis of wide professional and social consensus – continues, within the framework of the National Public Health Program. Is main task is to maintain the health and trust of customers by improving food safety.

The *National Food Safety and Nutrition Science Institute* prepares *informational and educational materials* for the population groups exposed to increased hazards. The informational materials were distributed to the pregnant women and young mothers and in the pregnancy care units, obstetric and gynaecology consultations via the ÁNTSZ with the inclusion of the district nurse network. Informational materials were prepared for the pregnant women and young mothers within the sensible groups. The informational materials describe in simple words the basic hygienic rules of food preparation and feeding babies, these were prepared by the OÉTI observing the WHO recommendations issued in order to avoid the newest epidemic risks.

The activities of the Ministry of Agriculture and Rural Development in 2005 in the field of food safety:
Reviewing, modernizing and reorganizing rationally the activities of the examination laboratories.
Reducing the contamination of foods by improving the production hygiene.
Establishing quick alarming and quick reaction.
Operation of effective, quick-reacting, unified food control.

The activities of the Ministry of Agriculture and Rural Development in 2005 in the field of public health safety:
Oral immunization of foxes against rabies.
Protection against salmonellosis.
Avia influenza

National Environmental Health Action Plan

The following national and international professional policy documents were observed at formulating the Environmental Health Action Plan in 2005.

Mid-term national professional policy documents
The National Environment Protection Program for the period between 2003 and 2008 (*2nd National Environment Protection Program*) accepted by Decree 132/2003 (Dec 11) of OGY, among the nine thematic actions of which thematic action programme environmental health and food safety is the 3rd Thematic Action Program.

International professional policy documents
- closing document of the *WHO European Ministerial Conference on Environment and Health* (Budapest, 23-25 June 2004)
- *CEHAPE (Children Environmental Health Action Plan),*
- *European Union Environmental Health Action Plan*

The national programmes were developed in close cooperation with the *Government Commissioner's Office of Public Health and the Ministry of Environment and Water* with regular consultations and observing the opportunities of cooperation with the relevant national programmes (National Drinking water Quality Improvement Program, Food Safety Program, National Environmental Remedy Program). The focus of the national programmes was in accordance with the content of the closing document of the 4th Ministerial Conference on Environment and Health (Budapest, 2004) and in the CEHAPE document. Fulfilling this is our international obligation and also meets the priorities of the national professional policy. Within the framework of the implemented programmes the environment and health integrated information system was improved, wide range surveys (in the topics inner space air, individual water supply systems, natural and artificial bath water and noise) were conducted, with special attention to the protection of children's health. The materials calling for attention, publishing risks and information (in the topics child accidents, environmental health information and environmental risks) and educations, trainings and professional trainings all contributed to the implementation of the objectives.

Surveying the asbestos condition of public buildings continued in 2005 as well with regard to the sprayed asbestos insulation of panel buildings built between 1970's and 1980's. The action plan of the Inter-ministerial Committee *for Ragweed-free Hungary* was prepared and the most successful social-objective campaign of the recent years, the *Campaign for Ragweed-free Hungary* has been implemented, the main objective of which was to focus attention on the provision of weed-free environment, an obligation prescribed by the regulations.

The environment protection inspectorates perform the operation of the *National Air Pollution Measuring Network* (OLM), the collection of measurement results and the information of the population at their area of competence. Evaluating the measured data from the aspect of public health helps the ÁNTSZ to perform tasks related to air hygiene.

In 2005 a country-wide measuring programme was implemented for the exclusive examination of carcinogenic air-polluting agents (toxic metals, PAH-compounds) that are especially harmful for the health, in order to establish action plans for the reduction of pollution.

A professional training about waste management was held for the representatives of the micro regions and the regional coordinators of the statistical regions with about 140 persons participating. A publication was prepared about the waste management and health information related to asbestos (management, regulation, etc.). The 2500 copies of the circular were distributed by the ÁNTSZ among entities officially dealing with asbestos (authorities, local governments, entrepreneurs, etc.). In addition, about 500 posters and 5000 information leaflets were also distributed.

As regards the protection of water and soil, the semi-natural waste water disposals, as well as the promotion of modern individualized waste water management are important achievements in 2005. Information materials, technical guidance have been published thereon. 15 000 polluting sources were registered in the Information System of Environmental Damages Elimination in 2005.

Within environmental health, the settlements of the Roma were mapped in Western Hungary. Such parts of settlements were mapped which included at least for flats where the quality and the modern conveniences were lower than the average of the given settlement. Biologically allergenic plants were assorted in 500 hectares, and in another 500 hectares other adventive invasive plant species were assorted, including allergenic plants.

Reduction of cardiovascular diseases

Decree of the Minister of Health 67/2005. (XII. 27.) on amending of Decree 51/1997 (XII 18) NM on the healthcare services and the certification of screening serving the prevention and early diagnosis of diseases, that are available within the framework of the obligatory health insurance was prepared and it is effective from 01 January 2006.

In the amended decree the screening examinations aiming to detect cardiovascular diseases comply with the national and international recommendations.

Reduction of cancer

The discussion material of the "*National Anti-Cancer Programme"* was prepared and issued for comprehensive social discussion and published in February 2006. For the fourth time in October 2005 the "*Bridge to the Health" organization* organized programmes calling for attention and informing to support the fight against breast cancer.

HIV/AIDS prevention

The first part of the model programme related to information about education for family life ended in July 2005, which helped to develop the scale of values and personality and of young people and to develop their conscious sexual and anti-drug behaviour. Prevention

programmes for communities undertaking increased risks of infection, with the active cooperation of the NGOs of the communities and of members of these ended as well.

Public health screenings

In 2005 1 238 853 women between the age of 45 and 65 received an invitation from the ÁNTSZ to *mammography screening*, 461,432 women attended, which means a 37.2% participation rate. However, it should be considered that in the case of 25% of women mammography is performed for diagnostic reasons. The number of "screened" and "examined" persons give the so-called coverage, which is about 62%.

The rate of women, who attended the *cervix screening* that serves public health purposes, is hard to assess, because a significant proportion of these examinations are reported as diagnostic examination and not as screening.

About 20-30% of women visit private physicians for the examination, which also influences the correct establishment of the rate of screened persons. The summed rate of screenings and diagnostic examinations is about 27%.

In order to improve the attendance rate of cervix screening the *Government Commissioner's Office* started the "*Lilly Programme*", during which complex communication and prize drawing were used to make the attendance of the screening more attractive. *Colon screening* and *prostate screening* are performed as pilots within the framework of the National Anti-Cancer Programme. The development of the professional programme for *screening of oral tumours* is in progress.

The "*100 steps*" programme of the Government provided an opportunity for modernizing the public health screening programme, 21 points of the 100 steps are related to healthcare, one of those (point 4) estimated screenings as activities of high importance. The reconsideration of the activities of the programme became necessary and as a result the professional concept "*Age-related screenings*" was prepared, which also contains the principles of public health screenings as well.

The ÁNTSZ published the quality assurance manual and methodology guide "*Public health oncology screenings*". The fact that the degressive financing of breast screening and cervix screening was eliminated due to the amendment of the regulation and that if the local governments organize the transport of the population to the public health purpose screenings themselves, the transport costs are reimbursed by the National Health Insurance Fund, may mean a step forward.

In 2005 several objectives were implemented in accordance with the National Public Health Programme, financed by the *Health Insurance Fund*:
1. In accordance with the objectives of the public health programme, based on the authorization of paragraph Section (3) of Article 24 of Gov. Decree 43/1999 (March 3) on the detailed rules of financing healthcare services from the Health Insurance Fund, in order to promote, develop and support the health preserving, health developing and disease preventing activities of dental practice services, in 2005 contract amendments were signed for dental preventive activities with 180 dental practice services of 129 healthcare services. A total of 177 480 thousand HUF was distributed between the participants of the programme.

2. Based on the authorization of Section (14) of Article 78 of Act CXXXV of 2004 on the 2005 budget of the Republic of Hungary and Article 50/E of Gov. Decree 43/1999 (March 3) (effective from 01 February 2005) a total of 203 200 thousand HUF was distributed between the operators of 324 family physician practices, in order to personally promote, develop and

support the health preserving, health developing and disease preventing activities of family physician services that are not participating in the model experiment of directed patient care.

Within the scope of support of preventive activities, among the tasks performed by the family physician service organized for the care of the adult population, in the field of healthcare information and organization, increasing the rate of attendance of oncology screenings, programmes promoting the healthy diet and exercise, quitting of smoking, prevention of addictions and the understanding of risk factors under the age of 30, with special attention to the risks of stress got special significance.

3. About 1500 services with about 2.3 million persons participated in the model experiment of directed patient care and 1 114 835 thousand HUF were paid for prevention.

Progress in 2006

The Government reported about the **implementation of the Public Health Programme of the Decade of Health in 2006** to the Parliament in Information No. J/4944 (source: www.mkogy.hu). The following important elements are presented from the detailed information:

In 2006 the coordination and implementation of some of the objectives of the National Infant and Child Health Program entitled *"Our common treasure the child"* prepared in November 2005. This programme fits the Public Health Program in several fields, regarding the principles.

Four professional conferences were organized by the Lifecycle Department of the National Health Development Institute with the title "Reforming the school buffets in line with health", their aim was to provide help for the establishment of healthy school buffets and reforming their offer of products. In the spring of 2006, within the framework of the child-friendly buffet programme the ÁNTSZ representatives visited a total of 1011 school buffet, after the recommendations regarding the offers of the buffets were distributed in the widest possible range by circulars and presentations. At the inspections queries prepared by OÉTI about hygienic issues and the offer of the buffets were completed, than the same buffets were visited again in the fall. The summary of the data was presented by the OÉTI on a scientific conference. The main conclusions were:
— The hygienic qualification of the buffet owners improved further by 27% and with the further 10% improvement it can be declared that 90% of the buffets apply the HACCP food safety system.
— Expired food the inspection found in the spring in 275, in the fall in 266 buffets, what is an improvement, but it is still worth attention and emphasizes the role of effective and strict inspections.
— The separation of raw and end-products in the buffets has improved by 21% for the fall.
— The cooling of the food was adequate at a very good rate (95%) and the hand-hygienic conditions improved by a further 6.2%, reaching 92% adequacy.
There was an improvement from almost every aspect examined, for example in the fall 699 buffets (69%) offered fresh fruit for the children against the 598 buffets in the spring. The milk and dairy product offer also improved and a few percent reductions were found in offering sugary soft drinks.

The OEFI organized a professional conference on 23-24 November 2006 in the Hotel Groff to introduce the preventive programmes with the title "Health development in public education institutions". The partners were the Ministry of Health, the Municipality of Budapest and the Hungarian Association of the Healthy Schools Network. Introducing the preventive programmes in thematic blocks was an important aspect when organizing the presentations of

the conference: sex education, HIV/AIDS prevention, diet, personal hygiene, accident prevention, traffic safety, first aid and selective waste collection.

The National Institution for Child Health (hereinafter referred to as OGYEI) has been performing several tasks for years that are connected to the objectives determined in the Healthy Youth basic programme of the Public Health Programme.

The tasks started or completed in 2006 are the following:
Activities connected to the "Responsible child raising, healthy start of life":
— Establishment and operation of special teenager policlinic based on the international recommendations and the existing conditions, providing psychic advice and help adequate to the demands of teenagers to resolve unique problems of their age and health, mainly psychical issues.
— Interactive website for teenagers: www.tinivagyok.hu
— Advice, care and treatment, if necessary for parents planning to have children, before and after conception and financed by OEP.
— Breast-feeding advice with the aim of helping breast-feeding and solve the psychic issues after giving birth.
— Keeping baby and toddler club meetings in every two weeks, where the mothers or the families can discuss current issues of child-raising with experts.

Conferences and trainings organized by the OGYEI:
— The course preparing for parenthood has been operating for 5 years.
— Training of baby-parent consultants (100-hour course) for paediatricians, district nurses, psychologists and mental hygienic experts.
— "Psychical aspects of pregnancy" training courses for district nurses: 11 May 2006, Gödöllő and 06 December 2006, Budapest.
— Conference with the title "Well-being and Health in Teen-age" for the improvement of the health of schoolchildren (teenagers).
— Professional conference with the title "Prevention and treatment of prenatal mood-swings" for physicians and district nurses: 4 October 2006.
— In accordance with point 6 of objective I of "*Our common treasure the child National Infant and Child Health Program" "Newborn animating training programme" (adapting the professional material prepared by the American Academy of Paediatrics for the Hungarian conditions) for experts working in healthcare institutions.*
— Together with the National Medical Rehabilitation Institution accredited professional training was organized on 3-7 April 2006 with the title "Basics of child rehabilitation and growth-paediatric competence".
— Organizing consensus meeting: "Issues of early development and neurorehabilitation (neurotherapy)": 4-5 May 2006.

The "National Committee for Breast-Feeding" has implemented and prepared the following activities:
— Organizing a conference with the title "Protection and Support of Breast-Feeding" with 235 participants for the managers and professionals of obstetric institutions in March 2006.
— Participation in conducting the calls for applications issued by the Ministry of Health within the framework of programmes "Baby-friendly Hospital" and "Baby-friendly Area". 135 applications were submitted, 113 of these for the Baby-friendly Area, which proves the fact that the social interest for the protection and support of breast-feeding and the issue of breast-feeding exclusively until the age of 6 months is wide and a significant change in view can be implemented with the further operation and programmes of the Committee.
— *Publications: e.g.* reworking and publishing the WHO publication "Breast-feeding – How to facilitate success – practical guide for healthcare workers" in 1000 copies.

The improvement of the health status of the senior population

Presentation and practical expansion of opportunities for exercise for elderly people occurred at municipality conferences, forums for the population and with the help of the national and local media. The free anti-flu immunization is provided for the pensioner population.

Equal opportunities for health

Cooperating with the "Desegregation Program" of the Ministry of Education, OEFI developed a model experiment, where the sensomotoric condition of 80 disadvantaged children, most of them Roma, was assessed. The assessment of the sensomotiric condition was followed by training, where matching the result of the assessment 2-3 trained kindergarten nurses and district nurses held a 65-hour developing training for the 30 children screened out.

In 2006, the associates of OEFI held more than 100 presentations in connection with equal opportunities in schools, public culture institutions, at conferences and scientific events. OEFI conducted a survey within the frame of the national programme against child poverty.

The quick evaluation of the joint survey of the National Basic Care Institute and the Public Health Institute of SZTE on the quality of life and health of people living in small settlements was presented at the 5th National Family Physician Days (23-25 June 2006) with the title The inequalities of satisfaction with the family physician service. The evaluation below are made based on data that arrived until 01 June 2006 as preliminary information, the deep surveys are still being conducted. *The survey covered the following:*
— quality of life and health condition of people living in small settlements,
— use of healthcare services,
— satisfaction with the healthcare services,
— uncovering the demands in connection with the service,
— evaluation settlement-specific features.
2877 persons were involved in the survey from 77 small settlements.

2006. In 2006, besides performing the tasks determined in the Government Programme, undertaking of tasks beyond the Government Programme is also significant. In order to increase the health-conscious behaviour of the Roma population, the ministry provided support for organizing regional Roma health-days organized by the local ÁNTSZ and involving the Regional Healthcare Councils and the minority local governments, fitting the objectives of the Public Health Programme. Besides this the ministry implemented a multi-objective, complex prevention programme available for institutions for disadvantageous groups, involving the local governments and ÁNTSZ. In the programme public health training of family physicians, nurses and district nurses in connection with basic care tasks, preparation of publications, events, professional trainings were organized. The specific objective of the settlement and micro region health development programme implemented by involving the local governments was to support programmes that help to preserve the health of the local population health and development of the quality of their lives and aimed the development of a healthy lifestyle at local, micro regional and regional level. This year the ministry also provided help in the preparation of applications for the grant application schemes issued within the frame of the Public Health Programme. Evaluating the last years it can be concluded that during implementation of the Government Programme the efficiency of using the existing resources improved as the result of resource-concentration and due to the coordinated planning the outlines of the cooperation of the government and the ministries became visible.

Health development in the locations of everyday life

The Association of Metropolitan Counties signed an agreement with OEFI, where OEFI undertook to provide long-term professional and methodology assistance to the municipalities of the metropolitan counties, in order to include health development and forming the local health-friendly public policy into their development plans. The health development programmes of small settlements and workplaces were also supported by the calls for applications of the Ministry of Health for 2006. In 2006 159 applications were submitted for two grant application scheme calls, 58 of those were supported in the value of HUF 50.000.000. Contracts with the successful applicants were signed until December 2006.

Upon the call of the Ministry of Health OEFI held the series of events with the title "Settlement health plan application preparatory meeting" in connection with the Public Health Programme in 2004-2006. The long term objective of the events to urge and motivate the settlements that have no health plan yet, to prepare one, to make them feel its importance and get support to the implementation in every field.

The Micro regional Prevention Programme, coordinated by the OALI was launched based on the experiences of the call for applications for prevention issued by the OEP in 2005 for family physicians. 12 micro regions were selected in different parts of the country, observing that every region should be represented. A local coordinator was appointed in the micro regions to coordinate the activities of the different participants. Involvement of professional experts and their professional training occurred at micro regional forums. Within the frame of settlement health day population screening was carried out with the involvement of employees of the local basic care, where the participants got a report and an evaluation about their risk status and some advices. The participation of family physicians ensures that the follow-up and care of risk persons screened out would occur after the health day and the participation of the professionals ensures that the advising aiming to change some lifestyle factors (e.g. quitting of smoking, reduction of body weight) would start and continue.

The Ministry of Education approved the NAT-based framework-curricula and guidelines for healthy youth and health development were involved in those. The Institute of Health Protection of the Ministry of Defence issued the complex lifestyle programme "Your health is your strongest weapon" also in 2006. Both active employees and the pensioners of the Custom and Excise Office are provided with sporting opportunities financed by the Ministry of Finance, a club operates for the pensioners and health prevention publications appear in two journals. The employees of the Tax and Financial Control Office participate in a preliminary labour-health examination before starting to work. Sporting opportunities are provided for the employees and they can seek professional advice on health and lifestyle.

Reduction of smoking

The objective of the Smoke-Free World Day in 2006 was to implement the Public Health Programme in practice and call attention to the harmful effects of smoking. The message of the Smoke-Free Day was advertised by the county health protection departments in several elementary schools, secondary schools and universities and during numerous programmes for the population, in supermarkets, cultural centres, etc. The attention of the participants was called upon the harms caused by smoking and the fight against smoking.

Reduction of smoking at the sites of health development:
— The main objective of the Smoking Prevention Programme in Kindergartens is to provide information and form the behaviour in connection with smoking in a way adequate for the specialties of the age of 5-6-7-year-old children.

— Smoking Prevention Programme in Schools: continuing the work done in the field of prevention within the framework of the Public Health Programme in order to reduce smoking by providing information about smoking, smoking and non-smoking lifestyle to as many children as possible.
— www.cikiacigi.hu webpage: the aim of the project is to develop and maintain a webpage assisting smoking prevention and quitting for children of 12-18 age.
— The new homepage of OEFI dealing with help to smoking prevention and quitting.
— The menu system of Blue Number (Kék Szám) was updated and the stickers promoting the number were printed and distributed. The phone calls recorded by the automat so far were processed and evaluated. The total record of the activity of the Blue Number from its start in May 2005 to 08 November 2006 contains 757 conversations. Duration of the record: 29 hours 42 minutes.

Other activities of OEFI in order to reduce smoking:
— Based on the *Framework Convention on Tobacco Control, performing the tasks of the international obligations (N*ational Counterpart).
— Developing the action plan and monitoring of the Tobacco-free Europe.
— Providing Hungarian data for the "European country profiles" of the European Monitoring System of Tobacco Control (EMSTC) of EVSZ.

The Custom and Excise Office with the help of the Ministry of Finance provided separate room for smoking in every building in order to reduce smoking and protect non-smokers.

The Ministry of Defence organize the accredited training "Basics of smoking prevention" in 100 hours for two target groups in 2006.

Population communication activities in connection with the Public Health Programme:
— Health days organized, campaigns for the population based on several cooperation agreements: HM "Live your life" (8 sessions, 8 locations), EM "Men's health week" event series.
— International days – with supporters – in the interest of private and community health development (e.g. Heart Day: Flóra/ UNILEVER).
— The associates of the Health Protection Institute held more than 100 presentations in schools, public culture institutions, at conferences and scientific events in 2006.
— Media presence in the topic of energy balance: about 150 sessions in national and local, electronic and written media.
— Nationwide distribution of the publication "About allergy to everyone! What have ragweed and watermelon in common?" prepared in cooperation with the Hungarian Society for Allergology (8000 copies).

Alcohol and drug prevention

The OTH, in cooperation with the associates of the National Drug focus Point operating in the National Epidemiology Centre performed several tasks in reducing drugs. The associates of OTH prepare genuine situation analysis for the Parliament each year, which is essential to make decisions that help reducing the drug problems and to prepare an effective regulation. The reports contain and draw up the changes of drug consumption and the related social problems, their schedule and features, the effects of the changes in the regulations. The annual reports contain the review of the system of caring institutions and the survey of its efficiency.

The Ministry of Social Affairs and Labour hereinafter referred to as: SZMM) performed the following activities in the interest of drug prevention in the educational institutions:

— ICsSzEM-OM joint call for applications to support health development and drug prevention programmes. The aim of the applications to start programmes in schools, operating with interactive educational techniques and reflecting the modern professional aspects.
— The National Drug Prevention Database CD was published, thus one has nation-wide information about the offers of school prevention programmes that is in accordance with the international standards.
— The low-threshold care form was announced in the Social Benefits Act, the amendment is in effect from 01 January 2007. From 31 December 2007 the local government of every settlement that has at least 30 000 permanent inhabitants should provide the availability of low-threshold care in the settlement.

The Ministry responsible for the drug policy coordination announced call for applications with HUF 170 000 000 funding for the infrastructural development of specially low-threshold institutions dealing with drug consumption. The winners were mostly church and civil organizations that have been dealing with drug abusers for years. The aim of the grant application scheme was to prepare the care organizations for accepting the normative.
— The SZMM in the second half of 2006 announced a call for application with HUF 77 103 000 funding to support the complex programmes of organizations dealing with drug-abusers and drug prevention. The aim of the grant application scheme was to support complex programmes that prompt to create more appropriate living conditions and lifestyle by personal, social and environmental changes, are connected to the prevention of drug-abuse or provide positive sample against drug-abuse.
— The SZMM and the Ministry of Health announced a joint call for applications with HUF 30 million funding. The aim of the grant application scheme is to improve the health service for drug addicts, to reduce the local shortcomings of the healthcare of drug-addicts and to provide the equipment necessary for the higher level of service.
— The number of registered organization at the Professional Information Portal (SZIP) launched by the National Drug Prevention Institute was 487 in 2006, the registered organizations operate 314 programmes, and 80.6% of these (253 programmes) are prevention programmes. But the rate of service and other programmes also increased in relation to 2005.
— The SZMM announced a call for applications – entitled KAB-PR-06-A/B, with HUF 80 million funding - to support complex programmes that prompt to create more appropriate living conditions and lifestyle by personal, social and environmental changes, are connected to the prevention of drug-abuse or provide positive sample against drug-abuse in accordance with the objectives formulated in the document “National strategy too reduce drug-related problems”.

The Ministry of Education offers continuous professional support to education and training institutions towards the execution of the drug prevention tasks and programmes in the institutions. Drug-affairs coordinator for schools was trained, organized by suliNova Kht.

Based on the report of the *Ministry of Justice and Law Enforcement* the Secretariat of the National Crime Prevention Committee announced open grant application schemes in the following topics:
I. Preparation and practical implementation of model programmes to promote reintegration of youths of 12-14 years of age, who committed serious or repeated crime and to prevent them repeating their criminal act.
II. Community protection of built or natural environment, strengthening the environment-conscious behaviour.
III. Conflict management in school, prevention of violence in and around the school.

Distribution of healthy diet and active exercise, energy balance

Regulation (EC) No 882/2004 on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules prescribes for every member state to develop an integrated multi-annual national control plan from 2007. The main objectives of the plan fit the objectives of the National Food-safety Program. *General strategic objective:* the Plan should contribute in the most efficient way to ensure the highest level of protection of human life and health and the customers interests, with the tools of authority control, depending on the load-bearing capacity of the society.

Specific purposes for 2007:
1. Reduction of the chemical, biological and radiochemical load on the customers by effective monitoring of these contaminants, requiring the traceability of products and by observing the legal provisions.
2. More effective protection of the financial interest of the customers, improvement of their information and making their choice easier by providing genuine information.
3. As a result of fulfilment of the above the reduction of the food-originated diseases, increasing the trust of the customer and improving the fairness of the market competition.

Main measures taken in the interest of safe food supply:
— The mandatory EU directives re-regulating the field of food hygiene and authority control entered into force on 01 January 2006 in Hungary as well.
— Authorities working under the control of Ministry of Agriculture and Rural Development executed a coordinated food-safety action at Easter and in the summer. Primarily the more frequent control of "seasonal" food occurred.
— The special inspection between 01 June and 15 September 2006 by the Veterinary and Food-control Authority covered the fields of food production and food trade with special attention on the wholesale storages and logistic centres.
— The Plant and Soil Protection Services controlled the pesticide remains in vegetables and fruits and the quality of products subject to the market regulations of the EU in their action between 30 June and 07 July 2006.
— The Vegetable Fruit Quality Control Service operating within the framework of the organization of plant protection management determined as special objective in its control system - that is in accordance with the EU requirements - the improvement of the control of import.
— The Food-chain Safety, Veterinary and Plant Health Department organized special controls between 20th November 2006 and 05 January 2007 in the field of food production and trade, with regard to the Christmas season on Hungarian products and product arriving to Hungary from third countries.

National Environmental Health Action Plan

Tasks for 2006 aimed the reduction of environment-related diseases in line with the Second National Environment Protection Programme (NKP-II.) and the Environment and Health action plan of the European Union for 2004-2010 and the objectives determined in the Children's Environment and Health Action Plan for Europe (CEHAPE) document of the 4th Fourth Ministerial Conference on Environment and Health.

a. Development of an environmental health information system and connection of databases

a.a. Evaluation of the health risk of air quality
According to the new rules harmonized with EC law new methods are in force for the evaluation of environmental health, for the impact assessment of short and long-term

environmental health effects, as well as for public information on the health impacts of air pollution. A new air quality index has been prepared which is easily understandable for the public and which also shows the short term health impacts of air pollution.

a.b. Preparation of professional aid for planning and control of water safety
WHO has published a guidance on water safety plans. Its introduction by water companies means a professional quality instrument in order to reduce health risks to consumers. The system was first established in a pilot area in Tab-Zala small region.

b. Harmonized, pointed examinations and surveys

b.a. Radon assessment in schools
In various parts of the country, 57 schools were assessed as regards exposure of students to radon, and the result showed high concentration in only one school.

b.b. Determining the dioxin toxic PCBs in biological samples – further improvement of the existing dioxin-analytic procedure
Monitoring of such toxic substances from biological samples is of great importance. Detailed methodologies have been prepared for measuring PCDDs, PCDFs DL-PCBs.

c. Assessment and reduction of the environment-related disease loading

c.a. Establishment of an environmental health surveillance in the neighbourhood of the waste incinerator of Dorog
The morbidity circumstances of 0-14 years child population were recorded by a data collection carried out through one year. It aims at an environmental surveillance in order to identify health damages connected to the incinerator. This allows early recognition of cumulating and the examination of their reasons.

c.b. Preparation of a child environmental health profile for the evaluation of the child-centred environmental health action plan, morbidity and mortality of children under 5, environment-related disease loading of children
At the 4th European Environmental Ministers' Conference a European action plan was adopted for the environment and the health of children. Four regional objectives are included:

- Access to healthy water for all children in order to prevent gastrointestinal infections.
- Reduction of accidents of the children and youth, and the reduction of illnesses due to lack of workout, by means of creating safe living and urban environment.
- Prevention or reduction of respiratory illnesses of children.
- Reduction of the risk of intrauterine chemical exposure and other environmental hazards for children and youth.

The National Institute of Children's Health carried out data collection and analysis of a great volume.

c.c. The effect of rural and urban environment on the health of the population
The complex assessment for allergology has been carried out in isolated settlements in South-West Hungary, Salomvár. The results show that Zala County has high risk of allergy but the health of state of the inhabitants is somewhat better than the average of the country.

c.d. Examination of the genetic harms of environment pollution: Assessment of the basic level of primary DNS damage in the case of average environment exposure in children in lower grades.
The tests were aimed at the measurement of PAH exposure connected to urban air pollution in a 6-10 years population by means of aromatic DNS adduct biomarker, taking also into account passive smoking. In the three settlements, Győr, Siófok and Veszprém, the genotoxic

exposure from average air pollution level known from the historic data were reflected in the white corpuscle DNS adduct level of the children.

d. Expansion and practical application of the environmental health information, awareness raising, information

d.a. Establishment of an environment health surveillance in the neighbourhood of the waste incinerator of Dorog
The most important message of the assessment is that the people pay special attention to the environmental pollution of their locality, they are aware of the environmental problems and their potential health impacts, and they blame environmental pollution for their health problems to great extent, considering local environmental problems going back to the past.

d.b. An environmental health note was assembled - based on the topics of the environmental health inspector trainings of the recent years, from the drafts of the presentations – in order to promote the environmental health education and training and professional training
The material contains theoretical and practical environmental health information. It is used by the public health authorities and universities, and experts of the environmental ministry have received copies, too.

Protection of air cleanliness
The environment protection inspectorates perform the operation of the *National Air Pollution Measuring Network* (OLM), the collection of measurement results and local evaluation and the information of the population at their area of competence. Evaluating the measured data from the aspect of public health helps the ÁNTSZ to perform tasks related to air hygiene. The country-wide measuring programme for the exclusive examination of carcinogenic air-polluting agents (toxic metals, PAH-compounds) that are especially harmful for the health that started in 2005 was ended in 2006 and based on the evaluation of the results new examinations are planned. 13.75 million HUF was spent on completing the examination and preparation of the evaluating study necessary for establishing further measures.

By implementing a 323 million HUF project (financed from the support of the European Regional Development Fund (75%) and from the budget (25%)) within the frame of the Environment Protection and Infrastructure Operative Programme (KIOP) for the development of OLM, the operation safety, operation level and EU conformity of the measurement network was increased.

Waste management
The entering into force of Decree 20/2006 (Apr 5) by the Ministry of Environmental Protection and Water Management on certain rules and conditions of waste disposal and waste dump is a significant step forward from the aspect of public health regulation, because it determines the technical and other requirements for future waste dumps, the provisions of operation and the requirements regarding closing down, subsequent care and recultivation. With the KIOP support the development of the infrastructure and the developments regarding the management of animal waste were supported in the region of nine settlements.
The document “Settlement solid waste management developments strategy 2007-2016” was prepared in 2006 to professionally support the developments recommended for support within the framework of the Environment an Energy Operative Programme (KEOP, its aim is to fulfil the tasks resulting from undertaking the EU obligations, to fulfil the pollution prevention tasks and the regional demands) and the planned recultivation actions.

Support of programmes in connection with nature conservation
The programmes aiming protection of the environment and nature of social organizations established for the protection of the environment and nature received a total of HUF 256

million on the grant application scheme Green Source (Zöld Forrás) of Ministry of Environmental Protection and Water Management in 2006.

Remediation of damage
The aim of the National Environment Remediation Program (OKKP) – irrespectively of the scopes of responsibility – is to explore and understand the pollutions and damages remained and accumulated in the geological medium and the underground water over the last centuries, to explore the extent of pollution, to reduce the risk of the pollution on the threatened areas, to reduce or eliminate the pollution of the polluted areas. Within the framework thereof it is worth mentioning that remediation of the environmental damages caused by the former factory Metallochemia occurred – started in 2004 and will end in 2008.

Water and soil protection
In the field of wastewater treatment in 2006:
— the follow-up of the investments aiming the implementation of the National Settlement Wastewater Draining and Management Implementation Program, the supervision of the investment concepts and the preparation of the supporting rank list continued,
— programme-recommendations were prepared during the formulation of the not-yet finalized NFT II that establishes the EU supports between 2007 and 3013,
— the promotion of the quickest possible spread of the natural wastewater treatment and the modern individual wastewater continued,
— the expansion of the central and decentralized support systems was successful at both the Hungarian and the international institutions, most of the alternative solutions were integrated to the support systems helping the water management tasks of the local governments, except for the earmarked and targeted supports,
— the regional and county development plans and strategies sent for consultation were refined, in order to contain as development objective developments of the National Urban Waste Water Drainage and Disposal Implementation Programme, the alternative wastewater treatment methods,
— informational materials about the regulatory provisions and a technological aid for the application of the alternative solutions were prepared.

As regards the protection of underground water, in 2006 the emphasis was partly on the implementation of the sectored legislation which entered into force in 2004 and 2005.
Significant development was made in the establishment of the chemical monitoring of underground waters. The repeated chemical monitoring of wells was carried out in 2006.
The drinking water quality development progressed in 2006 according to the plans. An amount of HUF 380 million was spent on the program from the budget of environmental ministry.

Ragweed clearing
With regard to the field of water-damage prevention the environment protection and water directorates performed clearing tasks in 2006 on more than 170 ha surface specially for ragweed. Reaping was carried out on more than 25 thousand ha on the water-damage prevention ramparts during the regular maintenance activities and with this other weeds than ragweed was also eliminated. Most of the national park managements conducted the elimination of the allergenic plants in several thousand hours of public work on the nature protection areas within the framework of their public work programme in 2006. As a result 670 ha of natural area could be cleaned of ragweed and other allergenic plants. The preparation of the strategy against the invasion species started.

Public relations
The environmental ministry gives emphasis to the presentation of environmental and natural values to the public. Such programs and publications contribute to physical and mental

fitness. Among such programs in 2006 the Flowery Hungary Program and the no-cars day programs should be mentioned, each supported with HUF 2 million. The latter one focuses on urban life quality and air quality. The youth were addressed in the Sziget Festival, the support was HUF 1 million. A publication on Hungary's environmental conditions contributes to an environmentally aware and thus healthier lifestyle, supported with HUF 1,5 million.

Reduction of the illnesses and deaths caused by coronary diseases and strokes

The first step of the Micro region Prevention Programme resulted in the assess of the cardiovascular risks in the micro region, appointing the local priority actions.

Strengthening the psychical health

Strengthening the psychical health of children and teenagers is a priority objective of the national child-health programme as well.
— Examination and monitoring of the indicators of psychical health (mood swings, psychosomatic problems) and the examination of the related environmental factors are part of the Health Behaviour in School-aged Children (HBSC) research.
— The counselling for teenagers is primarily mental hygienic-type.
— The preparation of the WHO/HBSC 2007 Forum case study is in progress; its current topic is "The role of social cohesion in the teenage mental hygiene"

The Ministry of Social Affairs and Labour supported the organizations providing the three main free telephone aid services.
a.) Association of Hungarian Psychic First Aid Phone Services (LESZ). The "LESZ" operates 33 services (9 of these are 24-hour with 800 voluntary workers), they operate in line with international norms. The target group of aid is the endangered children and youths. A special task is aiding drug addicts and helping mentally threatened mentally-physically abused youths, mothers and their children.
b.) National Association of Hungarian Child and Youth Phone Services (GYITOSZ) The association is non-profit, the members are organizations with legal entity. Its public benefit activities are health preservation, disease prevention, healing, healthcare and rehabilitation activities.
c.) Blue Line Child Crisis Foundation. Its field of operation is specially the child and youth phone service, where volunteers answer the emergency calls of children.

HIV/AIDS prevention

With the financing support of the HIV/AIDS prevention action of the Public Health Programme of 2005, transformation of the former blood-sampling places into AIDS counselling services was completed for 31 December 2005 in all institutes of the ÁNTSZ. The aim of the project is to increase the efficiency of detection among those threatened due to their lifestyle/behaviour and that the voluntary and anonym screening and counselling would be available with equal chances at each county capital.

Almost the same number of people (1187) attended the voluntary screening in the first half of 2006 in the county HIV/AIDS counselling of the ÁNTSZ, as during the whole of last year.

The *Ministry of Education gave professional support to education for family life, HIV/AIDS* prevention school programme in the secondary education-training institutions. Further, it supported the A-HA! National Sexual and Mental Hygienic Information Programme in the secondary education-training institutions.

Public health screenings

Oncological diseases mean specially serious public health problem in Hungary. Early detection and early treatment are the most promising strategies – in short-term and mid-term for reducing the mortality of oncologic diseases. The special, organized screening of the population that started in December 2001 continued in 2006.

Breast screening
The special, organized breast screening continued in 2006. 41.7% of the population was screened for breast cancer in 2006.

Cervix screening
The special, organized cervix screening showed a rate of 6.57% attendance, based on the available data. It continues to be a problem, that the private gynaecologists have no reporting obligation.

Colon screening
A model colon screening programme was conducted in Ajka and Balatonfüred. The time-proportionate part of colon screening in districts IX and XIV of Budapest is completed. The rate of attendance was between 30-45% at both sites. The rate of attendance in the colon screening centre of Békéscsaba was very high, about 70%. The evaluation of data is in progress at several screening sites.

Progress in 2007

The Progress Report for the National Programme for the Decade of Health for the year 2007[4] highlighted the following priority activities:

Healthy Youth
For the first time in Hungary, ran as a test programme, a two month long intervention was conducted among 7 to10 years old children involving the schools and the parents, and the provision of educational literature and a healthy choice, i.e. free water. The trial was conducted by *HAPPY (Hungarian Aqua Promoting Program in the Young*), under the scope of project BCA-HUN 06-07 of the Biannual Collateral Agreement between the WHO and the Ministry of Health under the professional supervision of the Hungarian Institute of Food Safety and Nutrition (OÉTI).
The objective of the programme was to assess the liquid consumption habits of the participating children, to assess if the two month long comprehensive test resulted in favourable changes, and to determine if the programme is suitable for nationwide implementation.

An additional initiative, '*healthy can be tasty'* promoting the consumption of vegetables and fruits among school children was also completed supported by the Ministry of Health and professionally supervised by the OÉTI.
15 primary schools (750 pupils) from Budapest participated in the programme. During the class the school children were given a standardized lecture prepared by the dieticians of OÉTI on the role that vegetable and fruit consumption plays in healthy nutrition. 250 pupils were only given the lecture, 250 school children were given vegetables and fruits free of charge for 2 months, while for 250 students in higher grades vending machines placed in the schools provided the choice of vegetables and fruits.
In addition to the assessment of the vegetable and fruit consumption habits of the school children, the objective of the programme was also to evaluate if education on its own, or education combined with the access to healthy choices was the more effective approach.

Teacher training
The objective was to offer training to those teachers who participate, are interested in and wish to further their knowledge about health education in schools. The training programme was not limited to accredited courses, since it requires more time committed by the participants, but it set itself the objective to provide access to up-to-date information.
2007 marked the publication of the report entitled '*Existing and functioning model programmes, and the evaluation of sex education initiatives in schools'* targeting the experts and teachers providing guidance among the subject related available programmes and training

[4] Source: www.parlament.hu

courses. The publication captures the comprehensive health education programmes in which sex education forms only a part and also covers those which focus exclusively on this subject.

The Ministry of Local Government and Regional Development (ÖTM) *implemented the following programmes:*

The Hungarian University and College Sports Association (MEFS) is responsible for tasks related to college and university sports. It manages the university and college championships (MEFOB: Hungarian University and College National Championship), the UNIVERSITAS– Cup, organizes the college-university world championships, supports the sports clubs operating in higher educational institutions, and manages the Hungarian team participating in the winter and summer Universiade. MEFS has 3 regional offices.

Hungarian School Sport Federation (MDSz) is the national association of student sport bodies operating in primary and secondary public schools. MDSz is Hungary's largest child and youth association which is engaged in promoting and organizing physically active life, physical education and sports with its activities reaching nearly 300 thousand school children. It is tasked with running the Student Olympics, organizing the national finals, supporting local student sports through its member organizations in the counties, organizing and participating in international sports events. In 2007, MDSz also undertook the management of amateur sub-regional championships.

National Network of Healthy Nursery Schools
The National Network of Healthy Nursery Schools operated as an association was founded to further develop the protection of health in nursery schools, to educate small children about healthy living and to establish the prerequisites for the nationwide practice of health education. The Network, which currently is in contact with 100 actively working nursery school teachers countrywide, supports every initiative which meets the criteria set by the experts of health pedagogy, which can be put to practical use in education, and those programs where the nursery school teacher leading it has got the relevant expertise (Heart Treasure Chest programme, Posture Improvement programme, Help for Asthmatic Kids programme, Smoking Prevention programme).

Comprehensive Sub-Regional Camping Programme
The objective of the Comprehensive Sub-Regional Camping Programme, which was brought to life in cooperation with the multi-purpose associations of the regional self governments, is to ensure that all the useful benefits of sport prevail among the youth. In addition to supporting the day-care centre sport camps, the boarding school type sport camps, and assisting in the sport programmes of tracking camps and forest schools, the Programme also set itself the aim to create a comprehensive camping model to bring 'facility – expert – programme' under the same tent. The programme supported 222 sport camps attended by 4 to 5,000 children in 81 sub-regions.

Improving the health of the elderly
The National Institute of Health Development (OEFI) implemented the following programmes to support healthy or health conscious ageing:

- identification of successfully implemented programmes promoting healthy or health conscious ageing, identification of community driven initiatives, professional consultation: presentation of programmes promoting health conscious ageing, the compilation and editing of a methodological publication entitled 'Bright Ageing.'

Senior Walker Club (concept test club):
OEFI operates a bi-monthly concept test club which is open to pensioners living in Budapest to provide information about the basics of healthy living. The club sessions have been

frequented for years by the regular members of approximately 70 to 80 people. During the bi-monthly club sessions members go for joint walks and have access to life style counselling.

- Several presentations were made about the prevention of accidents for the elderly, including one at the Equal Opportunity Conference in Sopron in October, 2007.
- Accounting for economic inequalities, the leading causes of death by sub-regions in the year 2005 was analyzed. (Published: www.oszmk.hu)
- The ageing index since the year 2000 has also been analyzed by sub-regions. This study is also available on the www.oszmk.hu home page.

Ministry of Social Affairs and Labour (SZMM)

The SZMM provides indirect support for the maintenance of health, active life and mental fitness of the elderly through two programmes.

Silver Programme
Objective: The popularization of voluntary work and the creation of innovative ways to do it by the pensioners, its indirect objective is to strengthen local and professional communities, to facilitate the mutual understanding and respect between generations, to promote the pleasant experience of practising active ageing.

DélUtán (AfterNoon) Foundation
Objective: The Foundation has been operating a toll free help-line for 10 years manned by 30 voluntary professionals to assist those living on their own in isolation and those feeling lonely living with their families. To replace the feeling of uselessness often concomitant with old age, the service provides empathic attention, and shared thinking to deal with the problems of the elderly.

Equal opportunity for health
WHO focus – Case study

The objective of the project
To prepare a conceptual programme for the gypsies (as best practice), to compare it with similar case studies of the other countries and to make a methodological proposal.

'Desegregation and the assessment of the status and training of sensory motor skills in health development'
Based on inter-ministerial cooperation, there was active participation in the implementation of the mid-term gypsy programme to promote the approach of health development. The OEFI cooperating with the 'Desegregation Programme' project of the Ministry of Education and Culture (OKM), developed a concept study. The objective of the programme conducted in one of the districts of Budapest was to close the gap for children at a social-cultural disadvantage, to assist them in being successful in their studies, by helping them to improve their sensory motor skills for better integration, and to train nursery school teachers working with disadvantaged children to be able to conduct sensory motor skill assessments and training.

The Ministry of Local Government and Regional Development implemented the following programmes:

Minority (gypsy) national football team
In 2007, the Sport State Secretariat of the ÖTM supported the preparation of the minority (gypsy) national football team, its local and international matches, the national games of different age groups, training sessions, and tournaments where a lot of talented, disadvantaged children are given the chance to play.

European Cup of Foster Homes
In 2007, the Sport State Secretariat of the ÖTM supported the Healthy Faith and Sport Foundation which organizes regular sport activities for children living in foster homes. In 2007, the Foundation held 5 regional tournaments and one with international participation under the title of European Cup of Foster Homes.

Leisure sport for people with special needs
Under the professional supervision of the Sport State Secretariat, the Hungarian Sport Federation for People with Special Needs sees to the utilization of the allocated central budget for the leisure sports of people with special needs coordinating the student and leisure sport programmes at the county level for people with special needs (meetings, events, sports activities).

The Equal Opportunity Plan of the ÖTM dedicates a separate chapter for the creation of a healthy environment and provides incentives to protect the health of employees and to improve working conditions. Employees over 40 years of age, and those under 40 with reduced abilities to work and/or with special needs are eligible to take 4 hours off monthly for health and disease prevention reasons.
Considering the chair bound and movement restrictive jobs, the ministry offers, as a regular benefit, access to sports (exercising in the morning, fitness room, professional masseuse in the headquarters, free access to the facilities of the ORFK RSZKK for swimming, tennis, ball sports, etc.) Employees suffering from chronic diseases, or in need of regular treatment – based on the recommendation or opinion of their physicians – can take time out for their treatment during working hours. Employees suffering from digestive or metabolic disorders, or following a strict diet, the ÖTM provides special or reduced calorie fitness menus in the ministry canteen. When designing the work space of ÖTM employees with reduced abilities or with special needs, their status of health is fully considered (office furniture, moving around in the building, location of the elevators and toilets) to create the optimal environment. The benefits provided to help the preservation of health included in the equal opportunity plan which was endorsed in agreement with the trade unions are continuously expanded based on joint recommendations.

The *Ministry of Social Affairs and Labour implemented the following programmes:*

Within the scope of the ’Programme for the social integration of those living in slums and slum-like environments,’ 2007 saw the completion of the winning tenders of the second round of the programme (in 11 settlements).
Under the housing sub-programme, social housing facilities were built, investments were made in infrastructural developments and house improvement and renovation works were completed (77 families moved into new flats, the homes of 95 families were renovated and their utilities improved.)

Under the social integration sub-programme employment and training programmes were initiated; the ministry supported the improvement of the systems to get access to social benefits and to the integrated education of children.

Improving the housing facilities of families living in slums and slum-like environments directly contributes to the reduction in unhealthy living conditions.

Disability

The Equal opportunity for health sub-programme set itself the aims to improve the obstacle free movement of people with disability, and to get equal and discrimination free access to health care services.

- Sign language in health care:

The national network of sign language interpreter services available to anyone with a hearing disability has been in operation for four years. Using the interpreting service during health care treatments is a free of charge service, so this is how this programme is supported.

At the end of 2007, the Antal Tóth Foundation won funding through a tender to create the 'MedJel' (MedSign) software to facilitate communication between the doctor and the hearing impaired (mainly the deaf). This user friendly software application which runs on normal PCs can be a great help when the patient cannot or does not want to use the services of a sign language interpreter.

- Obstacle removal:

The Annex to the Act XXVI of 1998 on the rights and equal opportunities of people with disabilities makes the local governments responsible to ensure that by December 31, 2008 fundamental health care services are accessible without obstacles and where health care facilities are in operation, at least one institute in any such town must be accessible obstacle free. Government run institutes must abide by the stipulations of the act by the December 31, 2010 deadline.

- Basic rehabilitation:

The basic rehabilitation programme is a service developed for those becoming visually impaired in adulthood and is aimed at assisting in establishing independent living and in improving the chances of employability.
The rehabilitation programme takes into account the personal, material and environmental circumstances of visually impaired persons; their independence is achieved through learning special methods and techniques.

The conditions for the basic rehabilitation of the blind were established in the National Institute for the Blind operated by the SZMM.

The Group for the Basic Rehabilitation of the Blind (VERCS) is operated in this institute. The main purpose of the group for the basic rehabilitation of the blind is to provide professional support through the provision of special methods and techniques for those who became visually impaired in adulthood and wish to or strive to lead an independent life. The professionals working in the institution will also help those who got visually impaired in their childhood and developed their desire for independence later in their lives.

The services are available in the form of scheduled sessions, resident trainings, and outpatient courses. The experts working in the group provide professional assistance to fully utilize the existing sight or in the case of blindness to use the other sensory organs effectively.

The resident trainees working together learn the skills to walk on the streets safely, to conduct their daily lives, to manage their households, and to deal with administrative tasks. They learn new skills to navigate everyday life through reading and writing Braille, operating voice command computers, and using tailor-made vision enhancing optical and electronic devices.

The course – depending on the skills of the vision impaired – provides a good foundation for work rehabilitation, i.e. with the skilful application of their impairment they can be fit to perform their original jobs fully or partially or will be able to learn new skills.

The Basic Rehabilitation unit officially commenced its operation on January 23, 2008.

Health development in everyday life

Activities in the year 2007 of the local implementation of the Move Europe project

The European and local campaigns mobilize the companies to reach the goal of 'Healthy employee in a healthy workplace.' The programme has four focal areas: promotion of healthy diet, motivation for physical activity, stress management and cessation of smoking.
The interested companies can assess their practices using an internet based self managed program. By conducting the assessment the companies are entered into the OEFI database which makes it possible to send them the newsletters and information about the next phases of the Move Europe campaign. During the campaign the OEFI expert panel identifies the best practices in workplace health development in the four focal areas based on the pre-set criteria. Workplaces with the best practices will be awarded the title of Health Friendly European Company. One of these companies then can represent Hungary in the Move Europe European Conference to be held in 2009.

Project to prevent cardiac and circulatory diseases in the workplace

To facilitate the successful life style change of people at work a training module was developed to achieve an energy balance while at work. The objective of the training was that participants are introduced to the concept of calorie intake (diet) and calorie usage (physical exercise) and that they learn how to create a balance between them in practice, and that individuals achieve a change in their dietary attitude and behaviour and take on a daily routine comprising of more physical exercise.

Together for the better, life-style change team competition
The evaluation of the applicants (key indicator measurements – body mass index, body fat %, waist and hip circumference and the 2 km walking fitness test), and the completion of the questionnaires were done by the professionals of the county Leisure Sport Association, and the associates of the Life Style Department of OEFI closest to the workplace of the participants. During the competition – if requested – the teams were also given preparatory lectures and training and in-practice coaching. In addition to this, the teams also received 'helpful hints' in newsletters every two weeks. The contestants participated in joint walks, gymnastic work-outs and 'Nordic walking' sessions several times.

The *Programme run by Ministry of Defence, the Hungarian Defense Forces* (MH) *Health Preservation Programme,* with the objective of successfully contributing to the adoption of health conscious living by the personnel through adding a new dimension to it (focal subjects: prevention of cardiac and circulatory diseases, prevention of locomotors diseases, healthy diet and physical exercise, prevention of addictive diseases, stress management, prevention of mental hygiene related problems, pulmonary allergies, prevention of HIV/AIDS).
The enhanced MH Health Preservation Programme had a two pronged approach. On the one hand for the military personnel interactive group sessions were held, on the other hand events were organized where the participating civilians were offered workshops to receive information through cognitive learning, to get individual comprehensive counselling on health development, to receive literature about prevention, and to get access to on the spot screening tests.

Primarily designed for the youth of school age the MH ran a series of *'Live your life'* health preservation events where films about prevention were shown, questionnaires were distributed, subject related information was shared through cognitive learning, and individual consultation and life style counselling were offered to emphasize the importance of creating a health conscious life style.

Programmes to help combat smoking

- Educating trainers to help to stop smoking at work: the OEFI and the Psychology Faculty of ELTE (Loránd Eötvös University) organized a 3 day course, the completion of which certified the participants to organize training sessions aimed to help stop smoking at work. The project provides health friendly work places with the capability to help their smoker co-workers to quit smoking.

- Data collection for the Global Youth Tobacco Survey (GYTS) in Hungary: conducting the Hungary specific part of the questionnaire based representative international survey, targeting the 13 to 15 year old (Grade 7 to 9) school children to assess their knowledge, attitude, and behaviour related to tobacco use and its impact on their health.
- Smoking or Health Nursery School Programme: (http://color.oefi.hu/megeloz2.htm): a programme offered to nursery schools available in the Curriculum Data Bank of the National Institute of Public Education to expand and to improve the Prevention of Smoking in Nursery School Programme. The teachers accomplish the set objectives by using the tools provided in the programme kit. In the nursery schools nearly 15,000 children participated in the programme.
- Smoking or Health School Programme (http://color.oefi.hu/megeloz3.htm): to expand and to improve the Prevention of Smoking in School programme of the OEFI. The interactive game can be downloaded from the internet or available on CD for the schools. The attitude of the children to tobacco use can be influenced through the game in the 1,735 schools. The game is also accessible on touch screen enabled computers, and in 7 regions it was distributed to the schools by the associates of the National Health and Public Officers' Service (ÁNTSZ).
- Help to quit smoking programme ('Smoking or Health' Centre): the provision of assistance to smokers who wish to quit smoking, the operation and maintenance of a phone service to help to quit smoking, and the organization of counselling and training sessions to help to quit smoking.
- The development and maintenance of a web site targeting 5 to 20 year olds to prevent and to help quit tobacco use: based on existing Hungarian (www.cikiacigi.hu) and American (http://www2.mdanderson.org/app/aspire/site.html) experiences to enhance and to improve the already existing 'Ciki a cigi' ('Smoking sucks') web site by offering relevant content, form, appearance and navigation for three distinct age groups. The site has a monthly hit rate of 7,000 visitors.
- Smoking in the focus: publishing a fact finding overview *(Combat against smoking 2007)* of the current Hungarian policy on tobacco use which outlines potential uncovered issues and existing problems still to be addressed. To distribute the publication and other relevant documents to the Members of Parliament. (http://www.oefi.hu/DOHANYZAS_2007.pdf. Participation in the discussions of the World Health Organization Framework Convention of Tobacco Control (WHO FCTC) to develop the guidelines and contribution of expertise to the development of the guidelines and their documentation in the memoranda of the meetings. Participation in the Supervisory Committee created in accordance with the stipulation of Article 10 of the 2001/37/EK Guidelines issued by The European Parliament and Council to the *member states on the harmonization of acts, by-laws and decrees of the*

manufacturing, packaging and sales of tobacco products. Acting as the Hungarian liaison with the European Regional office of the WHO for tobacco use related issues.

- Appearances on National and public service TV programmes, participation in expert panel round table discussions and forums, the creation and broadcast of a TV spot: the production of a 20 episode television series entitled *'Füstszűrő, Leteszem a cigit! Szenvedélyes realiti'* (Cutting through the Smoke, knowing when to quit! Addicted to reality)' (the Hungarian Television broadcast the 5 minute shows in the afternoon (with reruns in the evenings) on weekdays for a month featuring it with a total of 20 times.

Alcohol and drug prevention

Ministry of Social Affairs and Labour implemented the following programmes

In the year 2007 the SZMM issued invitation to tender in a total of 8 categories in harmony with professional priorities, development and supply needs stipulated in the National Strategy.

In the KAB-KP-07-A/B/C category, the tender with an allocated total budget of HUF 35 million aimed to make the currently running programmes more widely available, to introduce drug prevention related subjects into the curriculum of higher education, and to organize scientific conferences addressing the issues of managing drug related problems.

In the KAB-PR-07-A/B category, the tender invited initiatives based on the cooperation from participants in the local communities to support comprehensive programmes targeting the different locales of health preservation/health development (e.g.: leisure time, work place, places of entertainment, etc.), which are interlinked with the prevention of drug usage, show a positive role model against drug usage, and which portray in a credible manner how preventive activities lead to the reduction of the harmful effects of drug usage.

In the KAB-RE-07-A/B/C category, the tender calls for programmes helping the resocialization, reintegration, return to the work place and (relapse prevention) of people recovering from their addictive diseases.

In the KAB-KOM-07-A/B category, the tender aimed to support programmes which facilitate society wide communication about the management of drug related problems, and which create tools and initiatives for the objective, state of the art and effective distribution of information about the issues of drug usage.

In the KAB-KEF-07-A/B/C category, the tender aims to support the continued functioning and coordination work of the existing city/district of Budapest/sub-regional/county/regional Drug Conciliation Forums (KEF) – which meet the basic criteria of 'KEF-like' operation, to facilitate the implementation of local strategies of the respective KEFs in their sphere of operation, and to assist the formation of a KEF in those districts of Budapest where there is not one already in operation.

Following the practice of prior years, in the year 2007 a tender was also issued in cooperation with the Ministry of Education to support drug prevention activities in the schools (KAB-IPP-07).

The key objective was to assist and support activities in the schools aimed at drug prevention, health development and health education. Within the scope of the tender, support was provided for programmes which were included in and formed and integral part of the schools' curricula to conduct activities taking into account and following the guidelines and priorities of the publication entitled the 'National strategy to combat the usage of drugs,' in the areas of health development, health education and prevention of drug usage.

A tender jointly issued by the SZMM and the OKM to support the health development and drug prevention activities in schools.

The objective of the tender was to assist and support activities in the schools aimed at drug prevention, health development and health education. Within the scope of the tender, support was provided for programmes which were included in and formed and integral part of the schools' curricula to conduct activities taking into account and following the guidelines and priorities of the publication entitled the 'National strategy to combat the usage of drugs,' in the areas of health development, health education and prevention of drug usage. The long-term objective of the tender is to enable the schools to execute health development activities on their own. The programmes implemented with funds from the tender were run in primary and secondary educational institutions on an average in 350 schools in grades 5 to 12 reaching 130 to 150 thousand students, their teachers and their parents.

In line with the principles of the publication, 'National strategy to combat the usage of drugs,' the OKM commissioned the ' Hangszín stúdió (Timber Studio),' to produce a radio talk show entitled 'Szertelenül' ('Flying Free') in 7 regions of the country which were made with the active participation of age group most at risk. When creating the shows great emphasis was given to ensure that children with special educational needs are also provided with useful information in the programme.

Healthy nutrition and food safety

Conferences and accredited training courses organized by the OÉTI:

- 'Healthy diet: quality of life, prevention of disease' – accredited training course – March 20, 2007.
- 'Contemporary food safety: tasks, requirements' – accredited training course – April 24, 2007.
- REHA Hungary May 5, 2007.

'The cradle of health. Pregnancy – breast feeding – healthy diet' – accredited training course – October 2, 2007.

- 'The school of nutritional science' – November 23, 2007. A conference co-organized by the Corvinus University of Budapest in commemoration of the 'Science day.'
- 'Happy' conference closing session November 11, 2007.
- 'Dietary and health care issues in the scope of EU regulations' – accredited training course – November 20, 2007.

OÉTI – Events and health days organized by the public at large:

- March – May, 2007. As part of the Healthy can be tasty! Programme 15 family open health days in 15 schools in Budapest.
- March 24 – April 29, 2007. TESCO weekends.
  Healthy diet – counselling provided by the dieticians of the OÉTI.
- June 2, 2007. 'The Field is for the Schools' Closing ceremony (City Park, Skating Rink)
  'Healthy can be tasty' Programme supported by the EÜM, to promote that primary school children adopt the habit of eating a healthy diet! Health-island.
- July 13, 2007. Family health day, Bakonyszűcs. Request from the Danone Kft.
- August 7 – 14, 2007. Island Festival – Civil island organized by the Ministry of Health in cooperation with FRUITVEB. Healthy life style and dietary habits screening and counselling conducted by the associates of OÉTI. Nearly 4,000 people participated in the event.
- September 29, 2007. 'Think healthy' Margaret Island, the continuation of the programme started in 2006, nearly 20,000 people participated or showed interest in the Health-island programme!
- October 7, 2007. NATO Partnership Running Festival, City Park – Skating Rink, Health-island.

- November 10 – December 16, 2007. TESCO weekends. Healthy diet – counselling provided by the dieticians of the OÉTI.

The conceptual and practical further education of professionals working in health development and nutrition.

The organization of further education courses for professionals working in health development and nutrition (nutritionist, chefs, confectioners, kitchen staff, etc.) in order to introduce a new programme (Tudatos Választás - Conscious Choice), which contributes to form the views of the people about health, diet and life style choices. The programme places its key focus on choice utilizing the knowledge about energy balance and about creation of a balanced diet.

The *Ministry of Agriculture and Rural Development* (FVM) participated in the following programmes:

School milk programme

Within the scope of the programme supplemental local and apportioned central funding can be applied for. In the case of nursery schools and secondary schools only local funds could be applied for. As concerns, primary schools, in addition to the local supplemental resources, central funds can also be requested. The amount of the supplementary central funding, depending on the commitments that the management of the participating institution can make and based on their available level of resources, until the end of the year 2007, can range from 10%, 25%, 50%, and 100%, while as of year 2008 can reach 20%, 50%, or 100%.
The conclusion of the evaluation of the last two years since the re-start of the programme is that the majority of the participating schools are in local governments which were listed in the 100% eligibility category. Consequently, the government objective to have the programme support the positive improvement of the living conditions of socially disadvantaged children was achieved. Similar to the prior period the bulk of the supplied products were from category III, i.e. plain and flavoured milk with a 2.8% fat content.
Following the re-start of the programme in the year 2004, the FMV received positive feedback from the school administrators and from the suppliers and there is definite demand for the further continuation of the programme.

Promotion of active physical exercise
Walker and Runner Club for Women (concept test club)

Since 1998, 3 times a week they have been having group training with representatives from all age brackets from secondary school students, middle aged women to old age pensioners with the majority in their 40s. Surveys are regularly conducted about the operation of the club. The high demand for exercising in groups is proven by the year-on-year constant growth of club membership. The club currently has 107 members, however, they have a significant indirect affect, partly because of the 'visibility' of the groups, partly because of the constant attention of the media.

Ministry of Local Government and Regional Development

'Mozdulj, Magyarország!' 'Hungary! Get Going!' Programme
In the year 2007, for the fourth time, the Sport State Secretariat of the ÖTM – with an allocated budget of HUF 96 million – implemented the 'Hungary! Get Going!' Programme providing funding for activities which

- attract large audiences (minimum a 1,000 people);
- offer physical activities for multiple age groups, and allow families to participate all together in the programmes;

- offer facilities for regular physical exercising, or participation in the programme require regular physical exercise;
- provide access for people with disabilities and for the socially disadvantaged.

In 2007, the programme contributed to 83 leisure sport events supporting the leisure sport activities of nearly 200,000 people.

'Tárt Kapus Létesítmények' ('Open Door Facilities') Programme
In 2006, in order to improve the physical fitness of the population, the sports division of the state initiated a programme named 'Open Door Facilities' to provide wide access to venues for regular physical exercising, i.e. for recreational sporting activities.
The programme supported the extension of the opening hours (weekends and evenings) of sports facilities to provide free access to these venues for multiple age groups, groups of friends, work place circles, neighbourhood groups and families to engage in sporting activities. In addition to opening the doors of these facilities, it was also an important prerequisite that the coordinators of the programme ensured the availability of trained professionals to facilitate the running of the sporting events as well as to monitor the proper use of the sporting equipment and the venues. In 2007, the available HUF 130 million budget provided funding for 360 facilities.

National Environmental Health Action Plan

OEFI – Assessment of the effectiveness of the Panel (Prefab Housing) Programme
The so called 'Panel Program' ('Prefab Housing Programme') (a tender issued for the modernization of the central heating systems in the apartments and the rehabilitation of the environment around the blocks of flats built using the industrialized prefab concrete building block method) was partially implemented and its potential impact on physical and mental health and its societal implications were assessed.

Waste management

The 'Municipal solid waste management assistance strategy,' which determines the criteria for the deployment of the resources made available by the EU in 2007-2013 was completed. The key objective of the strategy was to ensure that municipal solid waste management is developed in strict adherence to the guidelines of cost effectiveness stipulated by the EU. The strategy was formulated in cooperation with the National Development Agency (NFÜ) and the Development Directorate, however, the evaluation of the environmental impact of the strategy will stretch into the year 2008.

Eradication of Ragweed

Based on the guidelines of the 'Parlagfűmentes Magyarországért' ('Eradicate Ragweed in Hungary') Action Plan approved by the Interministerial Committee, the Ministry of Environmental Protection and Water Management (KvVM) formulated its 2007 activities to eradicate ragweed.

Responsibilities of the managers of linear infrastructural facilities prone to the growth of ragweed (flood control and water reservoir dams, tributaries and the embankments of cannels)

The action plans to combat ragweed can be split into two sections, on the one hand, based on a yearly schedule, the regular maintenance of the grass covered surfaces of the facilities under the management of the Directorates of Environmental Protection and Water Management

(KÖVIZIG), on the other hand, stand alone operations targeted specifically at the eradication of ragweed.
In 2007, the KÖVIZIGs executing plans exclusively for the eradication of ragweed cleared areas in excess of 823 hectares, which is five-fold of that of the targeted mowing of the prior year.
In the course of regular maintenance operations, 8 000 kms of flood control dams with a surface in excess of 10 000 hectares were mowed down which, in addition to ragweed eradicated other weeds, as well.

The reduction of coronary and cerebral artery related diseases and deaths
To organize specialized forums and methodology exchanges for cardiologists and neurologists, and for the health improvement professionals of the OEFI and ÁNTSZ about the detection and prevention of cardiovascular diseases.

Conferences were organized to highlight that it is by appealing to the individual, the communities at work and the local societies that we can advance change. A healthy diet and regular physical exercise are fundamental in the prevention of cardiovascular and circulatory as well as of cancerous diseases and in the reduction of deaths caused by these ailments. The conference itineraries were set to make the discussion of the necessary action plans to address these areas a focal point.

World Heart Day/ UNILEVER – FLÓRA

The risks of cardiac and circulatory diseases and their prevention were highlighted during the events of the World Heart Day, held in the Millenáris Park in Budapest. With the support of the Title Sponsor, Flóra nearly 15.000 people attended the events. The civilian and state employed associates working at – the OEFI, the National Institute of Child Health (OGYEI), and the Uzsoki Hospital, etc. – set themselves the aim that through the OEFI and the UNILEVER – Flóra programmes more and more people get familiar with the methods of prevention and acquire theoretical and practical knowledge about the two key elements of achieving energy balance and if necessary make changes in their life styles.

The improvement of mental health

A document entitled ’Strategy for the improvement of mental health – positive health benefits and primary prevention’ was published.

To develop a strategy for the improvement of mental health executable under varied circumstances and to assess what training, methods of assessment, improvements, knowledge, skills as well as conditions are required to have the strategy implemented. The document was published in the series of OEFI’s Methodological Booklets, and can also be accessed on the OEFI website.

Development of concept training for the management of workplace stress

In relation to the life style changes of employees, the effectiveness of stress management was demonstrated during the two day course in order to achieve that stress management is incorporated by company managements into their health plans and strategies.
Programmes were offered to schools on the prevention of HIV/AIDS, on how to prepare for parenthood, and on the education of the youth to practise safe sex.

In recent years the accredited training courses available to address this subject have been evaluated. Following the review of these programmes a list was compiled of courses endorsed

by the experts as suitable to meet the requirements of current days (schools, teachers and students) and as such can facilitate the work of the schools on this subject.

HIV screening and counselling in the Institutions of Dermatology and Venereal Disease

- The provision of up-to-date theoretical information, and its practical application in situational training courses.
- A special two – two and a half day residential training course was conducted where theory was complemented by role play to train the physicians how to address and talk about sensitive issues comfortably with those at potential risk of being HIV positive.
- The focus of the World AIDS Day drawing on the National AIDS strategy for 2004 – 2010 was the prevention of AIDS. In sync with the objectives of the National strategy, the reduction of behaviour triggered risk was made the focal point. The slogan 'love – faithfulness – responsibility' sums it up the best that in addition to the dissemination of up-to-date information about the disease, the youth can be engaged through capturing their emotions.

Supporting anonymous HIV/AIDS screening

- The objective of the project is to maintain the provision of free of charge and voluntary screening in the Regional institutions of the ÁNTSZ and in the 17 HIV/AIDS Offices operated by the National Centre of Epidemiology (OEK).
- The key focus of the project was to provide the necessary assets (to procure computers, printers), to improve communication with the laboratories, to improve working conditions, and to increase the knowledge of people at risk.

Public health screenings

The Programme can claim outstanding successes in the screening of malignant cancerous diseases. The nationwide and joint introduction of both breast (2002) and cervical (2004) screening makes Hungary the first country in the world to achieve it. The operations to remove these smaller size tumours greatly differ from the traditional treatment through major surgery. The indicators measuring the participation of the public are on the increase. In addition to the stationary screening units, funded by the donations from private entities mobile mammography screening units are also in operation (Budapest, Székesfehérvár, and Hódmezővásárhely); these mobile screening units cover wider geographical areas and their itineraries are co-scheduled with the department of the OTH for the coordination of screenings.

Mammography screening results

According to the National Screening Database, to date, in the period between 2002 and 2007, close to 3.5 million invitations were sent out resulting in 1.46 million women undergoing mammography screening. This indicates a national yearly cumulative average participation rate of 42%. During this period, the tests detected 4,290 malignant tumours in women who neither reported discomfort, nor displayed any symptoms. In nearly a quarter of these cases (22,3%), the largest diameter of the tumour spanned less than 9 mms, making it undetectable to tactile examination, in 48% of the cases it was smaller than 15 mms, giving hope that they will respond well to clinical treatment. In these cases, the screening tests proved to be life saving. These qualitative indices are in line with the recommendations made by reputable international professional organizations such as the WHO as to the expected outcome of such screenings.

Cervical screening

The Ministry of Health announced the start and gradual expansion of public health screenings in September of 2003. The 2.4 million invitations which were sent out prompted responses from merely 147,000 (5.4%) women as registered in the National Screening Database. Consequently, the achievements of the first few years fell short of expectations. The past

decades solidified the practice of on demand or ad hoc testing and the transition to the more advanced, scheduled (i.e. by personalized invitation) screening still needs to gain full acceptance.
In order to increase participation rates some promising initiatives were put to the test. In certain counties (Csongrád, Fejér, and Zala) the invitations are not sent through the post, but in the respective locations, they are delivered to the general practitioners to be distributed by the welfare officers to the invitees. It is yet too early to tell, however, it seems that this system works better in smaller communities. In certain regions the practice of 'community engagement' is used, i.e. after prior consultation with the representatives of the local government, welfare officers, and general practitioners, lectures are given and then the invitations are delivered in person or through the post, which is followed by a 'house call' by a gynaecologist; this latter approach is more promising.
In selected regions of the country – within the scope of the 'Lily-programme' – trials are already underway whereby the cytological smear test – during the training period under the supervision of a gynaecologist – is done by welfare officers.

Colorectal screening
The professional work group took into account the results of the concept test conducted in district XI of Budapest within the remit of the World Bank's 'acceleration of progress programme,' incorporated the learning from the ongoing experimental screening tests (Ajka, and Balatonfüred) and then prepared a draft of professional and executional guidelines. Recommendations were made as to the areas where the screenings can commence in 2004, and an action plan was drawn for the phased implementation of the colorectal screening programme. The implementation of the plan started and is on-going in the selected locations (Districts IX and XIV of Budapest, Kecskemét, Békéscsaba, and Nagyatád).

The results of the colorectal screening test programme
The ratio of acceptance for the screening was somewhat higher (46%) among those living in smaller towns, than those residing in large cities (31%). Participation rates showed a decreasing trend in correlation with age. Those living in small towns were significantly more open to be subjected to endoscopies (93%), than those residing in large cities (65%) (where the number of institutions with the capability of conducting endoscopies is higher, consequently, a percentage of those who rejected to take the test was not properly adjusted for by those evaluating the results).

Additional concept tests were fielded and partially completed in districts IX and XIV of Budapest. In these two districts the response rate was 38.3%. The colour reaction test, and the immunochemical reaction to the bispecific antiserum resulted in comparable positive indicators.

Mobile screening options

- Using funds made available by the National Development Agency (OTH) issued a tender for public procurement of a mobile mammography unit ('screening bus') meant to conduct screenings in hard to access locations in the County of Pest. The construction of the mobile screening unit is complete and is awaiting its 'deployment' parked in the courtyard of the company which manufactured it.
- Dr. Csaba Deák (MammAlba Kft.) using private investments (from the Private Public Partnership: PPP) had a mobile screening unit built (full service screening bus) in Székesfehérvár. This screening facility is operated by Szentgyörgy Hospital of Fejér County as a satellite unit.
- Johnson& Johnson Kft, and the Hungarian League against Cancer sponsored another Mobile Mammography Bus which is currently operated by the Hódmezővásárhelyi Erzsébet Hospital.

- The Hungarian Post has also got a mobile screening bus which can conduct cervical screenings and is available for use by its own employees.

A section on public health screening updated daily was completed and added to the ÁNTSZ website site (http://www.antsz.hu/szures).
In order achieve direct communication coordinators in the counties were given a 'boost' in their activities. They are present at every event which features health or the preservation of health as its theme. They actively participate in the health days organized by the local governments. The year 2007 stood witness to the continued promotion of scheduled screenings. Related 'media coverage" was extensive. To supplement the above, commissioned by the OTH, 2x30,000 flyers, and 2x10, 000 posters were printed. The Lily (Liliom) programme (part one concluded in February, while part two came to its closure in December) used integrated communication, games and raffles to lure targeted women into attending the screenings. However, the communication campaign does not limit itself to games and raffles, the targeted audience is urged through other media to attend the screenings. A 30 second tv commercial was made and put on air more than 200 times in several national (e.g.: tv2, m1 and Hír Tv) and regional television stations. The radio spot of the campaign was also on air more than 200 times.
Tender for the creation of an ad-hoc screening network

- To support the ad hoc screening activities of general practitioners, occupational physicians, and dentists, by providing and developing internet based connectivity, as well as to make web based courses and test materials accessible, and to develop an interactive data sharing network with the involvement of regional screening coordinators.
- To provide hardware and software for e-learning and on-line data sharing among general practitioners, occupational physicians, dentists, to promote the ad hoc screening for oral cavity cancer, and to have 2% of the population at risk screened.

The Office of the Prime Minister drawing on the central budget set aside for the distribution of information to the public funded the 2007 start of Screening for Life (SZ.É.P.), to call public attention to the importance of health screening. Within the scope of the series of events held in seven major cities participant had access to health screening free of charge resulting in the completion of close to hundred and fifty thousand tests by medical professionals. The SZ.É.P. – 'Screening for Life' Programme continued in February of 2008 with a series of events lasting until March 30 where participants in 21 venues in 5 major cities and 16 smaller towns could undergo free of charge screenings and attend events promoting a healthy life style and the prevention of diseases. In 2008, the Office of the Prime Minister allocated funds to the programme from the central budget set aside for national holidays and other high profile celebrations.
The events of the SZ.É.P programme in 2007 and in 2008 were attended by over a hundred thousand people in 28 locations across the country. In 2007-2008, in barely four months assisted by professionals, the SZÉP programme saw the completion of 250,000 free of charge screenings which helped detect over 10,000 latent illnesses, as well as, early stage cancerous conditions. In multiple cases attending the screening proved to be life saving for the participants.

In addition to the National Environmental Health Programme within the National Health Programme coordinated by the Ministry of Health, among all environmental health activities the **National Environmental Protection Programme**, which is the responsibility of the Ministry of Environmental Protection is worthy of note. During the 2005-2006 implementation of this initiative in the area of environmental health, the following programmes are worth mentioning:

Reduction of air quality induced allergic diseases
In the year 2005 and 2006 the development of an *Aerobiological Network* to reduce the incidence of allergic diseases continued to be a priority. The monitoring network with 19 posts in operation provides almost full coverage of the country. 2006 saw the continued deployment of an automated pollen recognition system. To monitor flora species of highly potent allergens, in addition to the mid- and long-term pollen forecasts, a pollen alarm service was also in operation providing geographical locations with pinpoint accuracy.

By 2006 headway was made in the *combat against ragweed*, ragweed eradication efforts are conducted across the country following uniform methodologies and practices. In 2006, governed by central administrative office and with the participation of decentralized authorities ragweed eradication committees were formed in the counties.

In 2001, in order to address the water quality problems of *public utility drinking water supply* in Hungary, a Drinking Water Quality Improvement Programme was developed following the stipulations of the Council Directive 98/83/EC on the quality of water intended for human consumption and drawing on Government Decree No. 201/2001 (X.25.) on Quality requirements and control arrangements pertaining to drinking water, which was enacted in line with the efforts of legal harmonization. Settlements participating in the Drinking Water Quality Improvement Programme are listed in Appendix 6 to the Government Decree. At the start of the drinking water quality improvement programme the selected number of settlements or parts thereof amounted to 908 with populations of more than 2.5 million people. In these settlements the analysis of drinking water showed that boron, fluoride, nitrite, arsenic and ammonium indicators exceed the tolerance limits.

At around 10% of all the people affected by the drinking water quality improvement programme can already enjoy the benefits of completed projects (project exclusive, or KIOP funds), while other initiatives are still work in progress (Northern Great Plain - Phase I) with a completion deadline set at the end of year 2009.
(Drawing on Structural Funds, KIOP tender funding and project exclusive resources, between 2005 and 2007, the quality of drinking water was improved in 27 settlements with 129 thousand people (out of these programmes 3 projects (10 settlements) were completed by the end of 2008.). On November 10, 2005, the Cohesion Fund contract for Phase I of the Drinking Water Quality Improvement Programme in the Northern Great Plain Region was signed. The project covers 41 settlements with a population count of 109 thousand people, and it requires an investment of HUF 6.25 billion. The project is currently on-going with its completion expected during the year of 2009.

Programmes to improve the quality of drinking water addressing the other areas of the South Great Plain and Northern Great Plain Regions in the most dire need of improved drinking water quality are in their preparatory phases leading to projects with a completion deadline by the year 2012.

As concerns the other settlements affected by the drinking water quality improvement programme, in the Action Plan for the first two years of the Environment and Energy Operational Programme (KEOP), under the heading of 'Healthy, clean settlements' priority axis, the Drinking Water Quality Improvement initiative, KEOP 1.3.0, and the Improvement of the of Safety Drinking Water Supply should Water Base Get Seriously Endangered initiative, KEOP 1.3.0/B can offer solutions.

In the area of noise pollution control, drafting a new framework of by-laws governing environmental noise and vibration control, and the completion of the tasks related to the local adaptation of the EU noise emission regulations represented major steps forward. A strategic

noise map of public roads and railway tracks carrying the heaviest traffic and of the Budapest-Ferihegy International Airport has started to be drawn.

The schedule to the report contains the statistical data relevant to Article 11.

ARTICLE 12: THE RIGHT TO SOCIAL SECURITY

Paragraph (1) of Article 12:[5]

"With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake:

1. to establish or maintain a system of social security;"

Information with regard to the reporting period, based on the questionnaire of the Committee of Ministers of the Council of Europe

Paragraph (1)

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

GENERAL INFORMATION ON SOCIAL SECURITY SERVICES

In Hungary, social security benefits are provided within the framework of the mandatory social security system and the state-operated schemes of social services. The system of mandatory social security services embraces the following services:

- healthcare services,
- sickness benefit,
- old-age pension,
- workplace accident benefit,
- family benefit (partially),
- maternity benefit (partially),
- disability pension,
- relative's pension.

Unemployment services are comprised by a separate system regulated in Flt. (Chapter IV of Flt.: Unemployment benefits). Some of the family benefits and maternity benefits are provided by the state on the basis of Cst. as services that are financed from taxes and furnished automatically.

In addition to the insurances covered in the social security system of the state, there is an option to take out so-called complementary insurances (for old-age pension, healthcare services). In this context, the services offered by voluntary mutual insurance saving funds have a key role. The detailed rules of the complementary pension insurance system are set forth in Act XCVI of 1993 on voluntary mutual insurance saving funds. Voluntary saving funds may be founded by natural persons in order to complement, supplement, replace the given social security services. Employees may be involved as initiators in the process of foundation, but even in these cases such funds may be founded only by the natural persons concerned. In the saving funds – with the application of the principles of the operation of self government –, the decisions may be made solely by the members of the funds at the general meeting of the members. Employers do not have any decision-making power in the control of the saving funds that they support. Legal supervision over the saving funds is exercised by

[5] From Article 12, Hungary has accepted only Paragraph (1), and therefore the report should concern solely the execution of the provisions of this Paragraph.

attorney offices, whereas the Hungarian Financial Supervisory Authority acts for state supervision.

As a main rule, the Hungarian regulatory system of social security keeps all the persons living within the operating territory of the system within the scope of the system on a mandatory basis, and thus grants to these persons various rights of social security, and poses different obligations on them as depending on their financial positions, statuses (e.g. insured person, close relative as a dependant).

Key legal regulations in connection with social security:
- Government Decree 195/1997 (Nov. 05) concerning the enforcement of Act LXXX of 1997 on persons entitled to receive the services of social security and private pension, as well as the coverage of such services (Tbj.)
- Government Decree 168/1997 (Oct 06) on the enforcement of Act LXXXI of 1997 on social security pension services
Government Decree 217/1997 (Dec 1) on the enforcement of Act LXXXIII of 1997 on benefits of the statutory health insurance
- Government Decree 284/1997 (Dec 23 on the service fees of certain healthcare services that can be used in consideration of the payment of the associated service fees
Government Decree 223/1998 (Dec 30) on the enforcement of Act LXXXIV of 1998 on the support of families
- Act XXXI of 1997 on the protection of children and on guardianship administration
- Act LXXIX of 1992 on the protection of the lives of embryos
- Act CLIV of 1997 on healthcare (Eütv.)
- Act III of 1993 on social administration and social welfare (Szoctv.)
- Government Decree 102/1995 (Aug. 25) on the medical evaluation of disability and ability to work, as well as the supervision thereof

As a general rule, within the meaning of Article 5 of Tbj., all the persons performing wage-earning activities in Hungary are insured on a mandatory and statutory basis. Article 16 of Tbj. specifies the scope of persons who are entitled to have healthcare services, but not on the basis of their own insurance legal relations. Thus, under Article 16 of Tbj. beside those insured entitled persons include – for instance – underage Hungarian citizens with permanent places of residence within the territory of the Republic of Hungary, full-time students attending education–training institutions of secondary or higher education and having Hungarian citizenship, as well as old-age pensioners, persons in need, persons receiving family supports or social aids.

The entitlement to health care of dependant family members was revoked as of 1 April 2007. In parallel, the control of the payment of health insurance contributions started as regards persons not having insurance legal relation or entitlement, and incentives have been made to clarify insurance legal relations. The aim is to enforce the principle of insurance and to realise proportionate common charges more effectively. Based upon the principle of solidarity the Central Budget pays the health insurance contributions to the Health Fund for those who are unable to take care of themselves (e.g. socially in need) and other persons (like pensioners, students, persons receiving social benefits).

The provisions of Tbj. are to be applied in line with the rules of the Community regulations concerning the application of the social security systems to employees, private entrepreneurs and their family members moving within the Community provided that the persons concerned belong to the scope of such regulations, whereas for persons belonging to the scope of certain international conventions the rules of the respective conventions prevail.

The nationals of third countries staying in Hungary become insured in Hungary basically in view of their wage-earning activities performed in the country. Although Article 11 of Tbj. Takes out certain categories of foreign nationals from the scope of persons with mandatory insurance, still persons belonging to this category has to option to enter agreements for healthcare services in order to obtain eligibility for the services or pension rights if these persons are qualified to be residents, according to the definitions of the Tbj[6].

For the funding of social security services, the following contributions are payable:
- insured persons pay in-kind and cash health insurance contributions (collectively as health insurance contribution) and pension contribution, while persons performing complementary wage-earning activities pay the entrepreneurial pension contribution of private entrepreneurs and business associations,
- employers and the ensured private entrepreneurs pay health insurance contributions and pension insurance contributions (hereinafter collectively referred to as social security contribution),
- private entrepreneurs performing complementary wage-earning activities, as well as business associations performing complementary wage-earning activities – in relation to their entrepreneur members –, as well as persons that are not insured and thus are not entitled to receive healthcare services pay healthcare service contributions,
- to fund healthcare services, persons specified in the relevant separate legal regulations pay healthcare contributions,
- in relation to insured persons employed in positions granting the right of early retirement as described in the relevant separate legal regulations, but not qualifying to be old-age pensioners on their own rights, as well as entrepreneur members not qualifying to perform complementary wage-earning activities, the employer pay early retirement insurance contributions similarly to insured private entrepreneurs working in positions granting the right of early retirement.
Members of private pension saving funds are obliged to pay pension contributions and membership fees.
Such contributions are paid with respect to the rates of the respective contributions constituting he basis of the given contributions in effect at the time of the payment of the associated wages and salaries. These contributions should as well be paid in relation to wages and salaries that are paid (allocated, accounted) after the termination of the legal relations carrying insurance obligations, but to be included in the contribution basis.

At the end of the reporting period, as of 31 December 2007 the rates and extents of these contributions were as follows:

The rate of the social security contribution being payable by employers and the insured private entrepreneurs was 29 percent, of which 21 percent belonged to the pension insurance contribution, 8 percent to the health insurance contribution; from this latter one, 5 percent belonged to the in-kind health insurance contribution and 3 percent to the monetary health insurance contribution.

[6] Resident:
1. a Hungarian citizen with permanent residence in the territory of the Republic of Hungary as defined in Act LXVI of 1992 on the Name and Address Records of Citizens, an immigrant or a person with settled or refugee status,
2. a person falling within the scope of the Act on the Entry and Stay of Persons with the Rights of Free Movement and Stay who exercises his/her right of free movement and stay beyond 3 months within the territory of the Republic of Hungary and who has a permanent residence as defined in the Act on the Name and Address Records of Citizens and
3. a stateless person

Only for insured persons belonging to the scope of social security old-age pension, the rate of the pension contribution being payable by insured persons was 8.5 percent, while members of private pension saving funds had to pay 0.5 percent.

In connection with private pension saving funds, the same 8.5 percent pension contribution was required from employees being old-age pensioners on their own rights, as well as private entrepreneurs and entrepreneurs of business associations involved in complementary activities.

Insured persons were to pay 7 percent health insurance contribution, of which 4 percent belonged to the in-kind health insurance contribution and 3 percent to the in-kind health insurance contribution.

Private entrepreneurs performing complementary wage-earning activities, as well as business associations performing complementary wage-earning activities – in relation to their entrepreneur members –, as well as persons that are not insured and thus are not entitled to receive healthcare services paid healthcare service contribution in the rate of 9 percent.

Employers were required to pay one-third of the sickness benefit disbursed to insured persons for periods of disability to work and hospital (clinical) care.

The rate of the early retirement insurance contribution being payable by employers and private entrepreneurs was 13 percent.

HEALTHCARE SERVICES

The mandatory health insurance established by the State of Hungary as the sole health insurer provides broad-scaling services to the entitled persons nearly covering the entire population of the country. On the basis of the above-referenced regulations, almost all the Hungarian nationals living in Hungary are entitled to rely on the in-kind services of health insurance.

Within the meaning of Article 75 of Eütv., persons in need are provided with healthcare services by the appropriate, progressively arranged levels of the institutional system. For the operation of the institutional system, the responsibility lies with the State. This system of healthcare services provides for both outpatient care and inpatient care in medical institutions.

Persons rendering services within the system are responsible for the ascertainment of the extent of any morbidity (disease). After the ascertainment of morbidity, the treatment is performed on the level of services (institution) that is capable of rendering definitive services.

The system is split up into basic and specialized services. Basic services – in or around the place of residence of the patient – ensures that the person concerned can rely on long-term and continuous healthcare services based on personal relations, as irrespective of sex, age or the nature of disease. Typically and the most frequently, such services mean physician-in-ordinary (family doctor) services rendered outside hospitals or specialized medical centres, wherein screening examinations are performed in order to recognize early and prevent certain diseases from occurring, including

- family and woman protection care,
- dental preventive care,
- mental hygienic prevention and care,
- child and youth healthcare,
- screening examinations connected with specific ages, as well as
- early recognition of potential health impairments arising from individual circumstances of life and work;

- performance of examinations for the early recognition of other diseases – not associated with the given services – of the patient in the course of healthcare services;
- performance of examinations for the early recognition of the expectable consequences complications of the disease of the patient in the course of patient care;
- actions for the elimination of the recognized deformations, abnormal deviations;
- medical treatment, home care and rehabilitation on the basis of the therapeutic plan proposed by the attending physician, in the home of the patient as required.

The tasks of outpatient care include:
- preventive activities,
- medical treatment of certain diseases, specialized care, including instructions for specialized home care and rehabilitation,
- arrangement of specialized consultations, also in the home of the patient as required,
- if any special professional, diagnostic or therapeutic background is required, assignment of the patient – after the examinations – to other specialized outpatient care of specialized ambulance,
- performance of such non-recurrent or cure-type interventions belonging to the scope of competent of specialized outpatient care that call for definite-term monitoring after the interventions,
- if any service relying on an institutional background is necessary, assignment of the patient to an inpatient medical institution.

Hospital inpatient care is initiated on the basis of the application of the patient, emergency and assignment by a physician. Such services may be provided as non-recurrent services, cure-type services rendered with certain continuity or so-called daytime hospital care provided to patients visiting the hospitals in the prescribed periods of the day. In medical institutions of inpatient care, the necessary examinations, medical (surgical) treatments, the required medicines, dressing materials, specialized care, proper accommodation and meals are supplied as free of charges. (Obviously, the satisfaction of individual and medically not justified demands is not free of charges.)

Ebtv. typically specifies these services provided within the service system as services supplied as free of charges. In this context, services are grouped in a different manner:

Healthcare services for the prevention and early recognition of diseases: screening examination for the given age groups, dental examinations, examinations for the early recognition of diseases. (Article 10 of Ebtv.)
Services provided for the purposes of medical treatments: physician-in-ordinary services, dental services, specialized outpatient care, inpatient care in medical institutions. (Article 11–14 of Ebtv.) It is to be emphasized that the above-detailed list of services supplied in inpatient care in medical institutions are provided in Section (2) of Article 14 of Ebtv.
Other healthcare services: obstetric services, medical rehabilitation, patient transportation. (Article 15–17 of Ebtv.) It is to be specifically noted that in the case of the above services the service provider may not refuse to render services to the insured person.
- if the place of residence of the insured person belongs to the territory of the service provider, or
- if the service provider has undertaken the provision of services to the insured person on the basis of the preliminary indications of the assigning physician-in-ordinary.

Services that can be used as free of charges: services described in Article 11–17 of Ebtv.

Services that can be used with price support:

Insured persons are entitled to have support to the prices of medicines ordered for medical purposes within the framework of outpatient care, foodstuffs for special nutritional needs, ultimate medical aids ordered during inpatient care in medical institutions, as well as the servicing and rental costs of medical aids provided that
- the authorities specified in the relevant separate legal regulations require support to the prices of medicines with proper marketing licenses, or the relevant separate legal regulations set forth support to the prices of magisterial medicines,
- such medicines are prescribed by the physicians of financed healthcare service providers or physicians contracted by the health insurance fund for these tasks, and
- these medicines and aids are prescribed pursuant to the professional rules provided in the relevant separate legal regulations, and
- the authorities specified in the relevant separate legal regulations require support to the prices or rental fees of the given medical aids in conformance with the procedures described in relevant separate legal regulations, and the relevant separate legal regulations set forth support to the servicing fees of the aids or to the prices of the medical services concerned, and
- the provision, leasing or servicing of aids is performed by distributors or manufacturers contracted by the health insurance fund for these tasks.

The insured person is also entitled to have support to the price of the medical aid described in the relevant separate legal regulations if the aid is provided by any medical service provider specified in the relevant separate legal regulations within the framework of medical services.

Supports furnished to the consumer prices of medicines and medical aids may be percentage-based or fixed-amount supports.

In certain cases, travel expenses may be reimbursed to the insured person assigned by the contracted service provider, and in specific cases to accompanying persons, such as the accompanying person of any child under the age of 16.

Beside the partial reimbursement of expenses, insured persons and persons entitled to have in-kind healthcare services can rely on the following services (within the meaning of Article 23 of Ebtv.):
- orthodontic aids under the age of 18;
- selection of the attending physician except for prenatal care and obstetric services described in the relevant separate legal regulations;
- dental prosthesis for the restoration of mastication abilities as described in the relevant legal regulations;
- impatient care in medical institutions if it is requested by the insured person without any proper assignment, except for services belonging to the scope of emergency care and described in the relevant separate legal regulations;
- impatient care in medical institutions if it is requested in deviation from the order of assignment, excluding services belonging to the scope of emergency care and described in the relevant separate legal regulations;
- use of services upon any own initiative, in deviation from the given order of financing procedures, as well as order of examination and therapeutic procedures, with such different contents that cause extra costs;
- if it is justified by the conditions of the patient, accommodation and care at the service provider financed for the same purposes, including the necessary medicines and meals;
- in the cases described in the Decree by the Minister in charge of health insurance, sanatorium services,
- other comfort services used within the framework of healthcare services;
- intervention for changing external sexual characteristics, except for cases when due to development irregularities the objective is the formulation of the external characteristics of the genetically determined sex.

The partial charges being payable by the insured persons are determined by the service providers so that these charges may include only the fees of services that are rendered in excess of the services to be provided as free of charges (Article 24–25 of Ebtv.).

Under the principles of Ebtv. (Article 2), healthcare services "may be used to the extent justified by the given health conditions." Insured persons and other entitled persons may rely on in-kind services from the starting date of eligibility to the end of the period of eligibility, because Hungarian health insurance does not stipulate any time limitation or required minimum period of insurance.

SICKNESS BENEFIT

Those insured persons belonging to the scope of Article 5 of Tbj. who are disable to work due to any disease, and whose disability to work has been ascertained in conformance with the relevant legal regulations are entitled to receive sickness benefits within the meaning of Article 43 of Ebtv.

The precondition of the sickness benefit is the proper payment of the health insurance contribution. Thus, for instance, old-age pensioner employees may not be provided with any sickness benefit, because they do not pay health insurance contribution.

Article 44 of Ebtv. determines the cases when the disability to work arises from any disease:
- whoever cannot work due to any disease;
- whoever cannot work for reasons of pregnancy or child delivery, but is not entitled to receive maternity benefits;
- any mother who breast-feeds her child under the age of 1 during the period of hospital care;
- any parent, foster parent or substitute parent who nurses his/her sick child under the age of 12;
- whoever is under inpatient care in a medical institution for the ascertainment of the disease or medical treatment;
- whoever is prohibited from practicing his/her profession for reasons of public health, and is not transferred to another position, or whoever is isolated for reasons of public health by any authority, as well as whoever cannot have access to his/her workplace for any epidemiological or animal health closure, and cannot be engaged at any other workplace (position) even temporarily.

It is important to highlight the fact that the sheer fact of the disability to work is not sufficient for receiving any service, but eligibility can be obtained with the proper fulfilment of the underlying obligation to pay the associated contributions. An essential condition of the disbursement of any sickness benefit is the payment of the health insurance contribution, and thus, for instance, old-age pensioner employees may not be provided with any sickness benefit, because they do not pay health insurance contribution.

The daily amount of the sickness benefit should be established within the meaning of Section (2) of Article 48 of Ebtv., with respect to the calendar daily average of the personal income constituting the basis of the payable health insurance contribution in the calendar year immediately preceding the starting date of the eligibility for sickness benefit. Under Section (8) of Article 48/A of Ebtv., the amount of the sickness benefit corresponds to:
- for at least two years of continuous insurance period, 70% of the daily average pay that can be taken into account,
- 60% for any shorter insurance period or impatient care in a medical institution.

Sickness benefits may be paid for the period of disability to work, but at the maximum

- for one year during the existence of the insurance legal relation, and for 45 days after the termination of the insurance legal relation;
- until the age of 1 of the child in the case of breast-feeding or nursing of a child under the age of 1;
- for 84 calendar days a year and per child in the case of nursing a child over the age of 1, but under the age of 3;
- for 42 calendar days – but for 84 calendar days in the case of single parents– a year and per child in the case of nursing a child over the age of 3, but under the age of 6;
- for 14 calendar days – but for 24 calendar days in the case of single parents– a year and per child in the case of nursing a child over the age of 6, but under the age of 12;

In deviation from the above rules, the insured person – if s/he is entitled to have a sick leave as defined in the relevant separate legal regulations – has the right to receive a sickness benefit from the day following the expiry of the eligibility for the sick leave in cases when due to the disability to work the insured person cannot perform work, or receives impatient care in a medical institution for the ascertainment of his/her disease or medical treatment.

Whoever has been continuously insured for less than 1 year prior to the disability to work may receive sickness benefit only for the period of continuous insurance. A period of insurance is deemed to be continuous if it is not suspended for more than 30 days. Such a 30-day period of suspension may not include the period of the disbursement of the sickness benefit, accident sickness benefit, maternity benefit, childcare fee or childcare aid. As irrespective of the actual period of insurance, the sickness benefit is payable to all persons who become disable to work before the accomplishment of the age of 18, and who become insured within 180 days following the termination of school studies, and who are insured continuously without any suspension until the starting date of the disability to work.

If the insured person has already received any sickness benefit within 1 year directly preceding the first day of the disability to work, the period of the sickness benefit is to be included in the period of the disbursement of the sickness benefit being payable on the basis of this new disability to work. On the other hand, such a time period is not to be considered as an antecedent period for the insured person when the sickness benefit has been provided due to the breast-feeding of a child under the age of 1, nursing of a sick child, any exclusion from the practicing of his/her occupation for reasons of public health, authority-ordered isolation, or any epidemiological or animal health closure.

GENERAL INFORMATION ON THE PENSION SYSTEM

OLD-AGE PENSION

Pension eligibility

Full old-age pension from dates after 31 December 1997 and prior to 01 January 2009 should be due to persons who reached their sixty-second year of age (hereinafter referred to as old-age pension age limit) and has obtained at least twenty years of employment period. Full old-age pension should be due to women and men who reached their fifty-fifth and sixtieth year of age, respectively, and has obtained at least ten years of employment period up to that date. Partial old-age pension should be due to women and men who obtained less then twenty years of employment period but
- who reached their fifty-fifth and sixtieth year of age, respectively, after 31 December 1990 and before 01 July 1993, and has obtained at least ten years of employment period up to that date, and

- who reached the old-age pension age limit governing him after 31 December 1990 and before 1 January 2009, and has obtained at least fifteen years of employment period up to that date.

In deviation of the foregoing, the old-age pension age limit for women is
- 55 for those born before 1 January 1940,
- 56 for those born in 1940,
- 57 for those born in 1941,
- 57 for those born in 1942,
- 58 for those born in 1943,
- 59 for those born in 1944,
- 60 for those born in 1945,
- 61 for those born in 1946,
in view of the age accomplished.

The old-age pension age limit for men is 60 if born before 01 January 1938 or 61 if born in 1938 in view of the age accomplished.

Those engaged in a work resulting in an increased use of the human body or one especially harmful for the health should be granted an age allowance.

At the earliest five years prior to the old-age pension age limit, early old-age pension may be paid to such women upon the accomplishment of the age of 55 who
a) were born after 31 December 1945, and have employment periods of at least 38 years,
b) were born in 1945, and have employment periods of at least 37 years,
c) were born in 1944, and have employment periods of at least 36 years,
d) were born in 1943, and have employment periods of at least 35 years,
e) were born before 01 January 1943, and has an employment period of at least 34 years.
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At any age prior to the old-age pension age limit, early old-age pension may be paid to such men upon the accomplishment of the age of 66 who
a) were born before 01 January 1939, and have an employment period of at least 37 years,
b) was born after 31 December 1938, and have an employment period of at least 38 years.
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Reduced early old-age pension, including the benefit according to the minimum amount of the old-age pension, is due to persons who has maximally five years missing from the employment periods needed for the early old-age pension, and comply with other conditions pertaining to early old-age pension. The amount of the old-age is to be reduced by
- 0.1 percent multiplied by such a number for persons having 1–365 days shorter employment periods,
- 0.2 percent multiplied by such a number for persons having 366–730 days shorter employment periods,
- 0.3 percent multiplied by such a number for persons having 731–1,095 days shorter employment periods,
- 0.4 percent multiplied by such a number for persons having 1,096–1,460 days shorter employment periods,
- 0.5 percent multiplied by such a number for persons having 1,461–1,825 days shorter employment periods that corresponds to the number of the 30 calendar day periods until the accomplishment of the old-age pension age limit.

The reaching of the old-age pension limit should not affect this reduction.

The early old-age pension should be due to persons having obtained age allowance at an age which is calculated by subtracting the number of years relating to him between the year when the early old-age pension would be due to him without the eligibility to age allowance and the year of the old-age pension age limit from the old-age pension age limit. When determining eligibility to early old-age pension and the amount of the pension reduction, the obtained employment period should be taken into consideration by increasing it with the period of the age allowance. For persons receiving eligibility to age allowance, the early old-age pension and the early old-age pension with a reduced amount should be due as from the date proceeding the prescribed age. When calculating the employment period, one or one and a half year of employment period is to be recognized in relation to each child (this allowance may be used in connection with three children at the maximum) or each child deemed to be chronically ill or disabled, respectively for any person who has born or cared for a child in his/her household for at least ten years. When determining eligibility to early old-age pension and the early old-age pension with a reduced amount, the period of the payment of a disability or accident disability pension should be taken into consideration as employment period.

Amount of the benefit

The amount of the old-age pension should depend on the recognized employment period and the amount of the monthly average wage. Accordingly, the amount of the old-age pension should be as follows:

Employment period	***Monthly average wage***
year	***percent***
10	33.0
11	35.0
12	37.0
13	39.0
14	41.0
15	43.0
16	45.0
17	47.0
18	49.0
19	51.0
20	53.0
21	55.0
22	57.0
23	59.0
24	61.0
25	63.0
26	64.0
27	65.0
28	66.0
29	67.0
30	68.0
31	69.0
32	70.0
33	71.0
34	72.0
35	73.0
36	74.0
37	75.5
38	77.0

39	78.5
40	80.0

And 1.5 percent for each additional year.

The entire amount of the old-age pension may not be smaller than the minimum amount of the old-pension defined in the relevant separate legal regulations. If the monthly average wage being the basis of the full old-age pension does not reach the minimum amount of the old-pension defined in the relevant separate legal regulations, the amount of the benefit should correspond to the amount of the monthly average wage being the basis of the pension.

The partial old-age pension determined under a 10 to 19 years of employment period should be determined in the proportion depending on the employment period of the monthly average wage being the basis of the pension even if it does not reach the minimum amount of the old-age pension.

DISABILITY PENSION

Those persons are entitled to have disability pension who have lost their working ability due to health impairment, or physical or mental disability in 67% and their conditions are not expected to improve for a year. The disability pension is a part of the social security system, and therefore it is mandatory to have a proper insurance legal relation.

Employment period required for disability pension eligibility:
2 years before reaching the age of 22,
4 years between the age of 22 and 24, and 3 years in a job granting eligibility to age allowance,
6 years between the age of 25 and 29, and 4 years in a job granting eligibility to age allowance,
8 years between the age of 30 and 34, and 6 years in a job granting eligibility to age allowance,
10 years between the age of 35 and 44, and 8 years in a job granting eligibility to age allowance,
15 years between the age of 45 and 54, and 12 years in a job granting eligibility to age allowance,
20 years above the age of 55, and 16 years in a job granting eligibility to age allowance.

Those obtaining an employment period within 180 days following the termination of his school studies and getting disabled before 22 years of age should be entitled to disability pension without regard to the duration of the employment period.

Those disabled persons who have accomplished the age of 45, or did accomplish the age of 55 before 01 July 1993, and have at least 10 years of employment periods, or who have accomplished the age of 55 after 30 June 1993, and have at least 15 years of employment periods are entitled to have partial disability pension.

On establishing the employment period necessary for the disability pension, the age reached at getting disabled should be taken into consideration.

Those not having reached the employment period necessary according to their age upon disability should be entitled to disability pension only after obtaining the required employment period in the lower age group and later there is no suspension longer than thirty days in their employment period. These thirty days should not include the period of inability to earn.

In case the applicant obtained an employment period giving rise to age allowance and another employment period, every year spent in a job giving eligibility to age allowance should be taken into account as one and a quarter year when calculating the employment period necessary for the disability pension not only based on the period giving eligibility to age allowance.

Those being disabled from a time preceding their employment period should be entitled to disability pension after having obtained the employment period necessary according to the age reached upon claim notification when not working regularly or having a wage being substantially lower than the wage preceding the pension claim.

Eligibility to disability pension should open on the day from which the disability exists according to the opinion of the medical committee. If the medical committee made no declaration on the date of the disability, the day of the claim notification should be considered as the date of the disability. If the applicant has not obtained the employment period necessary eligibility by day, eligibility to disability pension should open on the day following the obtaining of the required employment period. If on the given day the applicant is still in any labour relation, the eligibility for the disability pension will become open on the day when the labour relation is not existent any longer, no sickness benefit or accident sickness benefit is paid, no work is performed regularly, and in this respect no sickness benefit or accident sickness benefit is paid, or the applicant works in any position paying a materially smaller wage or salary.

For the establishment of the monthly average wage being the basis of the disability pension, provisions on old-age pension should be applied accordingly subject to that the employment period necessary for eligibility to disability pension and the employment period to be taken into account are jointly shorter than the period as determined for average calculation, disability pension should be calculated according to the monthly average of the wage or income obtained during this shorter period and, in the absence of a wage of at least 30 days, the minimum wage as determined in a special legislation should be considered to be monthly average wage which is valid in the calendar month preceding the day from which the pension is established. If the disabled person paid a membership fee into the private pension fund and the amount on his individual account has not been transferred to the Pension Insurance Fund according to his own choice, seventy-five percent of the amount calculated depending on the amount of his average wage and the level of disability should be established for him as disability pension.

The amount of the disability pension should depend on the age reached at the time of becoming disabled, the duration of the employment period obtained up to the establishment of the pension and the extent of disability. According to the extent of disability,
- persons being disabled but not totally unable to work should belong to disability group III,
- disability category II includes disabled persons who are fully incapable of work but who are not in need of care by others,
- disability category I includes disabled persons who are fully incapable of work and are in need of care by others,

The amount of the disability pension may not be less than 37.5, 42.5, and 47.5% of the monthly average wage, respectively, for disability groups. The amount of the disability pension may not be more than the monthly average wage being its bases. The amount of the disability pension should be equal to the amount of the old-age pension in disability group III after an employment period exceeding twenty-five years. The amount of the disability pension in disability group II should exceed the one in group III by 5% of the monthly average wage and, in group I, by 10% monthly average wage.

PENSION FOR SURVIVING RELATIVES

The relative's pension includes the widow's pension, orphan's pension and parent's pension.

Within the meaning of Tny., those spouses are entitled to ***widow's pension*** whose spouses obtained the employment period necessary for the old-age or disability pension or died as old-age or disability pensioners.

In addition, the widow's pension is also payable to life partners, though under stricter conditions than in the case of married spouses: to any life partner who has lived together with its partner until this latter's death without suspension, and has had a child, or has lived together with its partner for ten years without suspension. Similarly, for the widow's pension to life partners it is also a condition that the spouse should have obtained the employment period necessary for the old-age or disability pension or died as an old-age or disability pensioner. In connection with the eligibility for the widow's pension to life partners, another restricting condition is that the surviving life partner should not have any widow's pension or accident widow's pension during the period of co-habitation even for any short period. Life partnership can be confirmed with the certification of a common address.

The widow's pension can also be provided to a spouse who has divorced from the deceased persons, or to a life partner having been living separately for more than a year provided that s/he can be considered to be a dependant, meaning that until the death of the deceased persons s/he has received alimonies, or the court of justice has established any alimony whether or not paid by the spouse or life partner.
The provision of the benefit to the dependant, surviving spouse or life partner can be divided into two phases: first, the temporary widow's pension is paid, followed by the disbursement of the widow's pension.

The temporary widow's pension has the purpose to facilitate the adaptation of the entitled person to the changed life situation due to the death of the provider. The temporary widow's pension is payable at least for one year following the death of the spouse or life partner, or until the age of one and a half year of the child when the widow raises any child under the age of one and a half year, or until the age of 3 of the child in the case of any disabled or chronically ill child. The amount of the temporary widow's pension is 60% of the pension of the deceased person.

After the termination of the temporary widow's pension, the conditions of the provision of the widow's pension become stricter: the widow's pension is provided solely to surviving spouses who have accomplished the old-age pension age limit at the time of the death of the spouse, or they are disabled, or care for any such children with disabilities, permanent sickness who are entitled to have the orphan's pension, or care for at least two children with the orphan's pension.

For becoming a widow, the amount of the temporary widow's pension should be 60 percent of the old-age, disability or accident disability pension which was or would have been due to the deceased person on the date of his death.

In the case of widows who have accomplished the old-age pension age limit, or are disabled, but do not receive any pension benefit on their own rights, the extent of the widow's pension corresponds to 60 percent of the old-age, disability or accident disability pension that was paid to the deceased person at the time of the death, whereas for widows receiving pension benefits on their own rights or raising children with orphan benefits this rate is 30 percent. Instead of the widow's pension determined as 60 percent, a 30 percent widow's pension is

established from the date from which such widows receive pensions on their own rights. The 30 percent widow's pension is due without regard to the pension on the widows' own rights.

The eligibility for the widow's pension is kept until the end of the life of the surviving spouse unless before the accomplishment of the old-age pension age limit s/he becomes married again, the disability discontinues, or none of the dependant children is entitled to receive orphan's benefits any longer.

For several entitled persons, the widow's pension should be divided in equal proportions among those entitled thereto.

The dependant child of any deceased person is entitled to have the ***orphan's pension***; beside natural children, this pension is also payable to children from earlier marriages or life partnerships, as well as adopted children if the provider has died as an old-age or disability pensioner, or as a person entitled to receive such pension benefits. The term of entitled for the orphan's pension lasts until the age of 16 of the child, or the age of 25 if the child attends full-time studies; in case the child becomes disabled until the accomplishment of the above ages, the pension is furnished for a perpetual period as irrespective of the age. The amount of the orphan's pension corresponds to 30% of the pension being due to the deceased person, or if the child has lost both parents, or the surviving parent has become disabled, 60% of the pension being due to the deceased person.

Those parents should be entitled to receive ***parent's pension*** whose child died following the obtaining of the employment period necessary for the old-age or disability pension or as an old-age or disability pensioner if the parent was disabled or accomplished the age of 65 at the time of the death of the child, and the parent was mostly provided by the child for a year preceding the death of the child. Foster parents providing the foster child for ten years should be entitled to parent's pension, as well. The parent's pension is payable for the duration of the disability of the eligible person. Parents reaching their age of 65 are to be considered to be disabled without a medical examination. Parents who were not disabled upon the death of his child should be entitled to parent's pension only in case they get disabled within ten years following the death and have no dependants obliged and able to provide. These provisions should be applied accordingly to the grandparent and the grandchild as well. Eligibility to parent's pension should not be terminated if the pension of the person entitled to parent's pension on his own right or his dependant's pension exceeds the actual minimum amount of the old-age pension due to annual increases during the payment of the parent's pension. The amount of the parent's pension corresponds to the 60 and 30 percent, respectively, described for the widow's pension. If there are several eligible persons, the widow's pension should be divided in equal proportions among them. The parent's pension has to be divided anew if the number of persons entitled thereto changes.

WORKPLACE ACCIDENT BENEFIT

In Hungary, all the employees belong to the scope of protected persons, including pensioners performing supplementary activities. (This category does not include foreign employee who are in labour relations with foreign employers or business associations operated with foreign participations, and their insurance legal relations are not arranged in any international convention. Nevertheless, the number of such employees is rather insignificant in comparison with the total population.) In the event of the death of the person suffering an accident, the protection is full-scaling in connection with the widow of the deceased person and the children, as well.

Services provided by the health insurance within the meaning of Chapter IV of Ebtv.: accident healthcare services, accident sickness benefit, as well as accident allowance. Ebtv.

prescribes broad-scaling in-kind services, as well as 100% support to the prices of medicines and medical aids. The Hungarian legal regulations pertaining to occupational accidents and occupational diseases (accidents) require full-scaling disability to work whenever accident healthcare services and accident sickness benefits are provided. The minimum condition of eligibility for the accident benefit is at least 15% reduction in working abilities.

The ***accident disability pension*** is payable in the event of any occupational accident or occupational disease. The definition of occupational accident in social insurance, as well as the rules concerning the reporting and record-keeping of occupational accident and occupational diseases, as well as the associated data services are set forth in Ebtv. Formerly, the scope of occupational accidents granting eligibility to accident benefits was specified in Appendix 1 to the enforcement decree of Ebtv. This appendix (list) arbitrarily narrowed the effectiveness of the general approach that **everything** should be deemed to be occupational diseases that occurred due to the special threats of the given occupation [Section (3) of Article 52 of Ebtv.], and therefore the Constitutional Court judged it to be unconstitutional, and annulled it with the effective date of 31 December 2006 [Resolution no. 21/2006 (May 31) by the Constitutional Court].

Those causing the injury intentionally or being in late with the using of medical help or the notification of the accident intentionally, should not be entitled to accident disability pension according to his injury. A person losing his working ability in 67 percent mainly for an occupational accident and who does not work regularly or whose wage is significantly lower than the wage before his disability should be entitled to accident disability pension. A person losing his working ability in 50 percent as a result of silicosis who does not work regularly or who work in a job or at a workplace free from the threat of silicosis, and who does not work regularly or whose wage is significantly smaller than the wage before his disability should be entitled to accident disability pension.

The amount of the accident disability pension should be determined according to provisions on the establishment of disability pension or, when it is more favourable, based on the wage of one year preceding the accident being the basis of the pension contribution on the request of the applicant, whichever is more favourable. The amount of the disability pension should depend on the extent of disability and on the duration of the employment period. According to the extent of disability,
- persons having lost 67 percent of their working ability or 50 percent of it for silicosis but not being totally unable to work should belong to disability group III,
- disability category II includes disabled persons who are fully incapable of work but who are not in need of care by others,
- disability category I includes disabled persons who are fully incapable of work and are in need of care by others,

The amount of the accident disability pension corresponds to 60, 65, and 70 percent of the monthly average wage, respectively, for the given disability groups. The amount of the disability pension should increase by 1 percent of the monthly average wage for each year of the employment period but may not be more than the monthly average wage.

Eligibility to disability pension should be terminated if the working ability reduction of the person receiving the pension due mainly to occupational accident and occupational disease does not reach 67 percent or 50 percent for silicoses. Eligibility to disability pension should terminate even without a change in status if the pensioner works regularly, and his wage has not been substantially less than the wage he could get in his job before his disability without being disabled for four months. In such a case, an accident benefit regulated in Ebtv. should be determined instead of the accident disability pension for a person injured in an accident. For the amendment and renewal of the accident disability pension for a change in the status,

the provisions concerning the amendment and renewal of the accident disability pension should be applicable subject to that the amount of the accident disability pension should be amended after reaching the old-age pension age limit for health impairment. For another occupational accident, the consequences of all accidents have to be taken into account jointly. The accident disability pension has to be determined according to the average wage applicable to either the former or the later occupational accident whichever is the more favourable.

FAMILY CARE

The State of Hungary supports child-raising via several channels, by means of monetary benefits. The objective of these supports is to contribute to the direct costs of child-raising on the one hand, and supplement the personal incomes of the parent caring for the child or children on the other hand.

Such contribution to the costs of child-raising is implemented in both direct and indirect forms. Each mother receives non-recurrent maternity support to cover extraordinary expenses incurred with the birth of the child. Via the child-raising benefit (family allowance), the parent raising a child receives direct monetary support with a monthly frequency, whereas indirectly s/he is entitled to rely on family tax credit within the framework of the personal income tax. In addition to these forms of support, socially disadvantaged families may as well receive larger amounts of family allowance (in connection with chronically ill or severely disabled children, or larger amounts of family allowance on the right of the persons concerned).

The personal incomes of parents who care for their children, and therefore are unable to perform income-earning activities in their positions having been occupied before the birth of the children (persons on maternity leaves and unpaid leaves) are supplemented primarily within the framework of social security, with the disbursement of the maternity aid followed by the childcare fee. For those without proper insurance relations, the central budget ensures lower levels of services in the form of the childcare aid and child-raising support automatically from general taxes. Insurance benefits may not be disbursed concurrently with the childcare aid and child-raising support, and it is at the discretion of the eligible person to decide which services should be disbursed.

Except for the two insurance-based benefits (maternity aid and childcare fee), in Hungary family benefits are not conditioned upon any insurance legal relation or legal residence in the country, but are basically bound to Hungarian or EEC citizenship, whereas in the case of foreign nationals the relevant conditions are the permanent residence permit or refugee status.

In connection with Article 13 and 16, we provided detailed information on the system of family benefits in our former reports, and this Report also discusses the enforcement of Article 13; therefore, instead of further explanations we are referring to the details provided therein.

MATERNITY BENEFITS

The healthcare services that are to be provided in the case of child delivery can be used by all the women being eligible for healthcare services in Hungary. Those insured women are entitled to monetary benefits (maternity aid, childcare fee) who have had continuous insurance relations for at least 180 days within the two years preceding the starting date of the insurance event.

All the Hungarian nationals living in Hungary are eligible for the healthcare services offered within the context of mandatory healthcare benefits, including obstetric services and the treatment of infertility for women. These services are:
- prenatal care,
- medical services, hospital care at the time of child delivery,
- supplementation of the personal incomes lost (maternity aid).

Within the meaning of Act LXXIX of 1992 on the protection of the lives of embryos, even refugees, applicants of the refugee status and admitted foreign nationals are entitled to rely on prenatal care and obstetric services in addition to EEC citizens and their spouses staying in Hungary on a permanent basis, as well as non-Hungarian nationals staying in Hungary with valid immigration permits.

In the lack of proper insurance relations, foreign nationals staying in Hungary are eligible for these services either on the basis of bilateral international conventions, or they are to conclude individual contracts with the bodies of health insurance. Persons belonging to the scope of Regulation no. 1408/71/EEC on the application of social security schemes to employed persons and to members of their families moving within the Community can have access to the services in the manner specified in the Regulation. Otherwise, foreigners are subject to the provisions of Article 11 and 16 of Tbj., or in all the other cases foreign nationals should pay for the healthcare services on the basis of the invoices issued by the healthcare institutions concerned.

The maternity aid has been introduced to make up for the losses of personal incomes due to maternity. Similarly, the automatically disbursed childcare aid has the function to supplement the losses of personal incomes due to maternity; this aid is provided directly to those who have not acquired eligibility for the maternity aid.

The basis of the use of the maternity aid is a proper insurance legal relation. This service is to be provided to women giving birth to children or undertaking to care for small children – and having insurance legal relations for sufficient durations – for the period corresponding to the maternity leave, which is 24 weeks under Article 138 of the Labour Code. The amount of the benefit corresponds to 70% of the former average wage of the insured person. Beside the above-mentioned 180 days of continuous insurance, another condition is that the eligible person should deliver the child within 42 days following the termination of the insurance legal relations, or during the period of the disbursement of the sickness benefit or accident sickness benefit, or within 28 days following the termination of such disbursement.

No maternity aid may be provided to the insured person for such a period of the maternity leave when the person received the total amount of his/her wage or salary, or worked for remuneration in the framework of any legal relation – including remuneration for creations under copyright protection, as well as emoluments being exempt from the payment of the personal income tax –, or pursued income-earning activities that are subject to any authority permit. Any insured person receiving his/her wages of salaries in part, the maternity aid is payable only in relation to the incomes lost.

In connection with Article 8, 13 and 16, we provided detailed information on the system of maternity benefits in our former reports, and this Report also discusses the enforcement of Article 13; therefore, instead of further explanations we are referring to the details provided therein.

UNEMPLOYMENT BENEFITS

The eligibility for the unemployment benefits is applicable to the full scope of employees engaged in the legal relations that are described in Flt. Protected persons include persons in

labour relations under Hungarian law, as defined in Paragraph a) of Section (5) of Article 58 of Flt. Labour relations are deemed to include the following legal relations:
- labour relation,
- civil servant legal relation,
- public employee legal relation,
- juridical and judicial, as well as attorney service relations,
- legal relation with an insured home worker and relationship with a home worker – set up before 01 June 1994 – deemed to be its equivalent,
- professional foster parent legal relation,
- legal relation of the member of a cooperative for the performance of work – as being similar to a labour relation –, excluding full-time pupils and students working at school cooperatives,
- service relations of the professional and contracted staff of armed and law enforcement bodies.
The scope of protected persons also covers entrepreneurs.

On the basis of Flt., job-seekers are eligible for the job-seeking allowance, job-seeking aid and cost reimbursement. In the event of the unemployment of entrepreneurs, they receive the entrepreneurial allowance.

Under Section (1) of Article 25 of Flt., the job-seeking allowance should be furnished to persons who are
- job-seekers,
- have had proper labour relations for at least three hundred and sixty-five days within the four years before their becoming job-seekers,
- are not eligible for disability, accident disability pensions, nor do they receive sickness benefits,
- intend to work, but their individual job seeking attempts have remained inefficient, and for them the governmental employment body (labour centre) cannot offer any appropriate job, either.

The above-mentioned period of 365 days is exclusive of any period of unpaid leaves in excess of thirty days unless such leaves have been taken for the following reasons:
- care for children under the age of 3
- care for children under the age of 14 if the employee receives childcare aid for the purpose of caring for the given child,
- home care for children under the age of 12,
- nursing of close relatives,
- construction of a home for own purposes, from own resources.

The jobs offered by the labour centre are deemed to be appropriate in the following cases:
- they correspond to the level of the qualification of the job-seeker, or any other school qualification that has been offered by the governmental employment body and can be attained with the use of the training opportunity for the given level of qualifications, or to the level of the qualification relating to the job that was last occupied for at least six months,
- the job-seeker is fit to work in the light of his/her health conditions,
- the foreseeable wage or salary reaches the amount of the job-seeking allowance, or if the amount of the job-seeking allowance is smaller than the statutory minimum wage, it reaches the amount of the statutory minimum wage,
- the duration of the daily commutation between the workplace and the place of residence by means of public transport does not exceed three hours, or two hours in the case of women raising children under the age of 10 or single men raising children under the age of 10,
- the job-seeker is engaged in a labour relation.

To job-seekers with changed working abilities, these conditions are applicable with the difference that any workplace is deemed to be appropriate if the duration of the daily commutation between the workplace and the place of residence by means of public transport that can be used by the job-seeker with changed working abilities does not exceed two hours.

Job-seekers may as well be offered job opportunities of short terms (including public-benefit employment, as well as public work and employment for public purposes as defined in the relevant separate legal regulations) if on the basis of the foregoing they are deemed to be appropriate workplaces.

Within the meaning of Article 26 of Flt., the basis and amount of the allowance are to be calculated as follows:

The basis of the job-seeking allowance is to be calculated with respect to the earlier average wage or salary of the unemployed person, while other factors, such as the number of dependants, cannot be taken into consideration. The amount of the job-seeking allowance is to be calculated in view of the average wage or salary of the job-seeker in the four calendar quarters before becoming a job-seeker. The calculation of the average wage or salary should be made in conformance with the relevant labour rules with the difference that the personal base wage is to be considered in the amount in effect at the time of the payment. If the job-seeker had labour relations with more than one employer in the four calendar quarters before becoming a job-seeker, the amount of the job-seeking allowance is to be calculated in view of the average wage or salary at all these employers. If the average wage or salary of the job-seeker cannot be established for the above-mentioned period, the amount of the job-seeking allowance should be calculated with respect to the wage or salary received in the last job before becoming a job-seeker or the national average wage or salary paid to a similar position. The basis of the daily job-seeking allowance is the one-thirtieth part of the monthly average wage or salary of the job-seeker. The amount of the job-seeking allowance corresponds to 60 percent of the basis of the allowance in the first phase of disbursement lasting until the half of the disbursement period, but for 91 days at the maximum, whereas in the second phase of the disbursement period it is 60 percent of the statutory minimum wage in effect on the starting date of eligibility for the job-seeking allowance. In case the average wage or salary is smaller than the lower limit of the job-seeking allowance, the actual amount of the job-seeking allowance is to be equal to such an average wage or salary in both phases of the disbursement period. In the first phase, the lower limit of the amount of the job-seeking allowance corresponds to 60 percent of the statutory minimum wage in effect on the starting date of eligibility for the job-seeking allowance, whereas the upper limit is the double of this amount. Whenever the job-seeking allowance is granted repeatedly within 90 days following the termination of disbursement, the lower limit corresponds to 60 percent of the statutory minimum wage in effect on the starting date of former eligibility for the job-seeking allowance. If the job-seeking allowance is disbursed after any suspension – provided that the duration of the suspension has been longer than 540 days – the calculation of the lower limit of the amount of the job-seeking allowance is to consider the amount of the statutory minimum wage in effect on the starting date of the repeated disbursement. If the person entitled to receive the job-seeking allowance has been provided with rehabilitation income supplementation at his/her former workplace, the associated amount should be included in the wage or salary forming the basis of the job-seeking allowance.

The duration of the disbursement of the job-seeking allowance should be established with respect to the time period that the job-seeker spent in any labour relation during the four years before becoming a job-seeker. This duration of labour relations is exclusive of the time period when the job-seeker received the job-seeking allowance. The above-mentioned four-year period should be added with the following time periods or any part thereof if in these time periods no labour relation was existent:

- regular or reserve military service, or civil service,
- sickness involving the inability to earn incomes,
- sick leave used for the nursing of sick children,
- disbursement of the maternity aid, childcare fee, childcare aid,
- disbursement of the rehabilitation allowance, disability and accident disability pension, regular social allowance, temporary allowance, as well as the health impairment allowance of miners,
- pre-trial imprisonment, as well as actual imprisonment and confinement,
- disbursement of the nursing fee and child-raising support,
- attendance of full-time studies.

The period of disbursement of the job-seeking allowance is to be calculated with respect to the duration of labour relations where five days in any labour relation corresponds to one day of disbursement time. If in this calculation, there occurs any day in fraction, the proper rules of rounding are applicable. The longest possible duration of the job-seeking allowance is 270 days. The starting date of the disbursement of the job-seeking allowance is the day when the job-seeker registers with the labour centre. If the labour relation has been terminated within 90 days before becoming a job-seeker by the employee by way of ordinary cancellation, or by the employer with extraordinary cancellation, the job-seeking allowance to the job-seeker can be disbursed after 90 days following the termination of the labour relation as irrespective of the fact whether or not the job-seeker complies with the conditions of the disbursement of the job-seeking allowance.

The disbursement of the job-seeking allowance should be discontinued if the job-seeker:
- requests it,
- receives the job-seeking allowance, but has become cancelled from the associated records,
- has become eligible for disability, accident disability pension,
- pursues income-earning activities, except for short-term income-earning activities for 90 days at the maximum,
- has accepted such a training opportunity where regular support reaching the amount of the statutory minimum wage in effect from time to time is provided,
- attends studies in the full-time division of any institution of education,
- has deceased,
- the disbursement period of the job-seeking allowance has elapsed.

The disbursement of the job-seeking allowance should be discontinued if the job-seeker:
- has reported the ascertainment of eligibility for the maternity aid, childcare fee or childcare aid,
- is in pre-trial or actual imprisonment or confinement except for cases when the imprisonment has been effectuated due to the conversion of any monetary fine,
- during the performance of public-benefit work,
- pursues short-term income-earning activities for 90 days at the maximum,
- receive any allowance for the supplementation of personal incomes.

Upon the related request of the job-seeker, the job-seeking aid should be granted if the job-seeker intends to work, but their individual job seeking attempts have remained inefficient, and for them the governmental employment body cannot offer any appropriate job, either, and the person is not eligible for the disability, accident disability pension, and does not receive any sickness benefit.

Additional conditions include – with one of them to be met by the job-seeker:
A) The job-seeking allowance has been granted to the job-seeker for at least 180 days, and the disbursement of the allowance has been discontinued, because the disbursement time of the

allowance has elapsed, and the job-seeker has submitted the application within 30 days following the termination of the disbursement of the job-seeking allowance.
B) The job-seeker has had a proper labour relation for at least 200 days within the four years before becoming a job-seeker, but is not eligible for the job-seeking allowance.
C) At the time of the submission of the application, maximally five years should elapse until reaching the relevant old-age pension age limit, the job-seeker has received the job-seeking allowance for at least 140 days, and the disbursement time of the job-seeking allowance has elapsed. In this case, an additional condition is that within three years following the date when the disbursement time of the job-seeking allowance elapsed the job-seeker has accomplished the above-mentioned age, and also has had the employment period needed for the old-age pension.

Duration of the disbursement of the job-seeking aid:
- 90 days in the above case A), or 180 days provided that the job-seeker has accomplished the age of 50 at the time of the submission of the application,
- 90 days in the above case B),
- until the acquisition of the eligibility to the old-age pension, disability pension, accident disability pension by the job-seeker in the above case C).

The amount of the job-seeking aid corresponds to 40 percent of the statutory minimum wage in effect at the time of the submission of the related application. If the average wage has been smaller than this amount, the amount of the job-seeking aid is to correspond to the average wage or salary.

The suspension and termination of the disbursement of the job-seeking aid are governed by similar rules that pertain to the job-seeking allowance.

Entrepreneurial allowance is to be provided to any person who
- is a job-seeker,
- within the four years before becoming a job-seeker, the person concerned was pursuing activities as a private entrepreneur or member of a business association for at least 365 days, and during the pursuance of these activities s/he fulfilled all the payment obligations of taxes and contributions,
- is not eligible for disability, accident disability pensions, nor does s/he receive sickness benefits,
- intends to work, but the governmental employment body cannot offer any appropriate job.
The rules pertaining to the entrepreneurial allowance are basically identical to the rules of the job-seeking allowance.

The job-seeker is to receive cost reimbursement for the costs of justified intercity travels incurred with the use of the means of public transport in relation to the granting of the job-seeking support (unemployment benefit) or entrepreneurial allowance, as well as job-seeking activities (including commutation between the place of residence and the governmental employment body and the travel initiated by the governmental employment body for the obtainment of an occupational health expert opinion).

Those who have collected any benefit without a proper legal basis are obliged to repay it if they have been ordered so in writing within 180 days from the collection of the benefit. Thereafter, any benefit collected without a proper legal basis may be reclaimed if the payment without a proper legal basis has been caused by the delinquent conduct of the eligible person. If persons receiving unemployment benefits pursue activities as agricultural farmers, they are obliged to repay the unemployment benefits collected in the given fiscal year. Whoever receives the unemployment benefit after the death of the job-seeker is to repay the given amount. Upon the related request, on the grounds of equity the head of the labour center may

decide to release the repayment of any unemployment benefit that has been collected without a proper legal basis and thus reclaimed in full or part. If the court of justice effectively rules that the employer has terminated the legal relation of the employee illegally, the employer is obliged to pay the amount of the unemployment benefit having been granted to the person concerned alongside with the amount of the associated charges to the solidarity fund of the Labour Market Fund. No default surcharge may be imposed on any unemployment benefit and entrepreneurial allowance imposed. The employer and other bodies are obliged to refund any benefit provided without a proper legal basis if the disbursement of the given benefit without a proper legal basis is the consequence of its negligence or supply of unrealistic data, and the benefit cannot be reclaimed on the basis of the above-referenced legal regulations.

The funding of the system of unemployment benefits is based on the statutory payment of taxes and contributions as follows:
Calculated from the basis of social security contributions, the employer is to pay the 3 percent employer contribution in relation to employees.
Calculated from the basis of social security contributions, the employer is to pay the 1.5 percent employee contribution. Such payments are not applicable to persons who receive old-age, disability or accident disability pensions, or have become eligible for these benefits.
In order to facilitate the rehabilitation of employment for persons with disabilities, employers are required to pay a rehabilitation contribution if they have more than 20 employees and less than 5% of their employees are persons with disabilities (mandatory level of employment).
Calculated from the basis of social security contributions, the private entrepreneur or member of a business association pays the 4 percent entrepreneurial contribution. Such payments are not applicable to persons who receive old-age, disability or accident disability pensions, or have become eligible for these benefits. The private entrepreneur or member of a business association does not have to pay this entrepreneurial contribution if concurrently with the pursuance of entrepreneurial activities s/he is in any labour relation, or attends full-time studies at any educational institution.

The statistical data relating to Article 12 are provided in the Appendix.

ARTICLE 13: THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

"With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

2. to ensure that persons receiving such assistance should not, for that reason, suffer from a diminution of their political or social rights;

3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Contracting Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11th December 1953."

Provision of the Appendix to the Charter in relation to Paragraph (4) of Article 13:

"Governments not Parties to the European Convention on Social and Medical Assistance may ratify the Social Charter in respect of this paragraph provided that they grant to nationals of other Contracting Parties a treatment which is in conformity with the provisions of the said Convention."

Information with regard to the reporting period, based on the questionnaire of the Committee of Ministers of the Council of Europe

Paragraph (1)

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

The general structure of the social service system has not changed in the reporting period. In connection with the detailed regulations, the following important modifications have been effectuated:

Concerning foreign nationals, the scope of the Social Benefits Act has come to cover stateless persons with the effective date of 01 July 2007.

Family supports:

Family allowance:

The scope of persons being eligible for family allowance has been widened: 2006. since 01 January 2006, such persons have also been eligible for the family allowance who wish to adopt the children raised in their own households, and the procedures to this end have already been in progress, as well as persons where children have been temporarily accommodated. [Section (1) of Article 7 of Cst.] Within the meaning of Section (1) of Article 72 of Gyvt., temporary accommodation may be provided as follows:
When the child is without supervision or its physical, intellectual, emotional and moral development is seriously threatened by its family environment or itself, and its immediate placement is necessary, the notary of the local government, the guardianship office, the police, the public prosecutor's office, the court, the headquarters of the prison should temporarily place the child
a) with a parent capable of upbringing, living separated and undertaking the task, another relative or person or when this is not possible,
b) with the closest foster parent providing for temporarily children care or, when this is not possible, in a children's home also designated for temporary placement, and should immediately notify the guardianship office and, for a child of foreign nationality, the guardianship office designated by the Government.

The amount of the family allowance has changed in the reporting period as follows:

Monthly amount of the family allowance from 01 January 2005:
a) HUF 5,100 for a family with one child,
b) HUF 6,000 in the case of a single parent raising one child,
c) HUF 6,200 in the case of a family with two children, as per child,
d) HUF 7,200 in the case of a single parent raising two children, as per child,
e) in the case of families with three or more children, HUF 7,800 for each child,
f) for a single parent raising three or more children, HUF 8,400 for each child,
g) HUF 13,900 in the case of a family raising a chronically ill or severely disabled child, or on account of a child living in a children's home, juvenile institution, detention institution or social institution, or a chronically ill or severely disabled child placed with a foster parent or professional foster parent,
h) HUF 15,700 in the case of a single person raising a chronically ill or severely disabled child, on account of the chronically ill, severely disabled child, as well as to chronically ill or severely disabled persons after the age of 18 (provided that until the accomplishment of the age 18 an increased amount of family allowance has been disbursed),
g) HUF 7,200 in the case of such children placed in any children's home, juvenile institution, detention institution or social institution, or with a foster parent or professional foster parent who are not chronically ill or severely disabled, as well as persons being eligible for the family allowance on their own rights (e.g. under the age of 23, studying in any institution of public education, with deceased parents or leaving temporary or long-term care, etc.).

Monthly amount of the family allowance from 01 January 2006:
a) HUF 11,000 for a family with one child,
b) HUF 12,000 in the case of a single parent raising one child,
c) HUF 12,000 in the case of a family with two children, as per child,
d) HUF 13,000 in the case of a single parent raising two children, as per child,
e) in the case of families with three or more children, HUF 14,000 for each child,
f) for a single parent raising three or more children, HUF 15,000 for each child,

g) HUF 21,000 in the case of a family raising a chronically ill or severely disabled child, or on account of a child living in a children's home, juvenile institution, detention institution or social institution, or a chronically ill or severely disabled child placed with a foster parent or professional foster parent,
h) HUF 23,300 in the case of a single parent raising a chronically ill or severely disabled child, on account of the chronically ill or severely disabled child,
i) HUF 18,000 in the case of chronically ill and severely disabled persons over the age of eighteen (provided that a higher amount of family allowance has been paid to them until they reach eighteen years of age),
j) HUF 13,000 in the case of such persons living in any children's home, juvenile institution, detention institution or social institution, or placed with any foster parent or professional foster parent who are not chronically ill or severely disabled, as well as persons temporary placed and receiving the family allowance on their own rights,

Monthly amount of the family allowance from 01 January 2007:
a) for families with one child HUF 11,700,
b) for a single parent raising one child HUF 12,700,
c) for families with two children, for each child HUF 12,700,
d) for a single parent raising two children, for each child HUF 13,800,
e) for families with three or more children, for each child HUF 14,900,
f) for a single parent raising three or more children, for each child HUF 15,900,
g) HUF 22,300 in the case of a family raising a chronically ill or severely disabled child, or on account of a child living in a children's home, juvenile institution, detention institution or social institution, or a chronically ill or severely disabled child placed with a foster parent or professional foster parent,
h) HUF 24,400 in the case of a single parent raising a chronically ill or severely disabled child, with regard to the chronically ill or severely disabled child,
i) HUF 19,100 – HUF 19,400 from 01 March 2007 – in the case of chronically ill and severely disabled persons over the age of eighteen (provided that a higher amount of family allowance has been paid to them until they reach eighteen years of age),
j) HUF 13,800 in the case of such persons living in any children's home, juvenile institution, detention institution or social institution, or placed with any foster parent or professional foster parent who are not chronically ill or severely disabled, as well as children temporary placed or persons where the guardianship authority has permitted the departure from the parents' home in its resolution, and receive the family allowance on their own rights.

Childcare supports:

The monthly amount of childcare supports, that is the childcare aid and the child–raising support corresponds to the minimum amount of the old-age pension in effect from time to time as irrespective of the number of children. For any fraction of the month, the one-thirtieth part of the monthly amount is payable to each calendar day. In the case of multiple birth children, the monthly amount of childcare support is identical with 200% of the minimum amount of old-age pension, irrespective of the number of children.

In the reporting period, the statutory minimum amount of the old-age pension (Article 11 of the enforcement decree of Tny.) has changed as follows:
2005: HUF 24,700
2006: HUF 25,800
From 01 January to 14 February 2007: HUF 26,830
From 14 February to 31 December 2007: HUF 27,130

An important change in the rules of the eligibility to the ***childcare aid*** has been that since 01 January 2006 the person receiving the childcare aid – not including grandparents – may

pursue income-earning activities after the age of 1 of the child without any limitation in time. Formerly, these persons used to be allowed to income-earning activities up to 4 hours a day, or without any time limitation provided that the work was performed at home.

The amount of ***maternity support*** for each child has remained unchanged with 225% or, in the case of twin children, 300%, of the lowest amount of the lowest amount of old-age pension effective at the time of birth of the child in the reporting period.

Instead of the regular child protection support, since 01 January 2006 ***regular child protection allowance*** has been granted within the meaning of Gyvt.
The establishment of eligibility for regular child protection allowance serves the verification of the fact whether with respect to his/her social situation the child is eligible for the normative allowance of child catering, monetary support or other allowances described in the relevant separate legal regulations.
In the case of child catering, 100% of the institutional compensation should be provided to any child in nursery, kindergarten, full-time school education in the first four years and those having regular child protection allowance, whereas 50% of the institutional compensation is paid to other children and pupils having regular child protection allowance.
The notary of the local government disburses monetary support to children, young people entitled to the regular child protection allowance. Whoever is deemed to be eligible on 01 July and 01 November in any given year is entitled to the support throughout July and November, respectively, in the given year. The individual amounts of this monetary support were HUF 5,000 in both 2006 and 2007.
Any child is eligible to the regular child protection allowance if the amount of the monthly income per family member in the family raising the child does not exceed 125% of the minimum amount of old-age pension, or 135% of that – with respect to other conditions, such as the volume of the properties of the family – when the child is cared for by a single parent, or if the child is chronically ill or severely disabled, etc.

Since 01 April 2006, the supplementary child protection support has been regulated by Gyvt.

The supplementary child protection support can be provided to such a relative of the child receiving the regular child protection allowance who has been appointed to act as the guardian of the child, and thus is obliged to provide for the child, and receive old-age pension, accident pension, any pension-type, regular social monetary allowance, the old-age allowance. Eligibility for the supplementary child protection support is established by the notary of the local government competent at the residence of the guardian for an indefinite period. The monthly amount of the supplementary child protection support is 22% of the actual minimum amount of the old-age pension by child. The notary of the local government should disburse the supplementary support to the relative appointed to act as the guardian twice a year, in July and November (if the person is eligible in these two months). The individual amounts of this supplementary support were HUF 7,500 in both 2006 and 2007.

Job-seeking benefits

The modification of Flt. having been in effect since 01 November 2005 has introduced the ***job-seeking allowance*** instead of the former unemployment benefit. In addition to the improvement of social security, this new, mixed type of benefit system consisting of both insurance and social elements strengthens the insurance principle, and furthermore it intensifies the encouragement for seeking jobs, accepting positions, work opportunities. Partly, the new system intends to accomplish these objectives by providing progressively decreasing amounts of benefits with the passing of time.
With the concurrent fulfillment of several other conditions, the job-seeking allowance can be provided to job-seekers who within the four years before their becoming unemployed have at

least 365 days of labour relations. With respect to the fact that the eligibility to one day of allowance requires five days in any labour relation, the shortest time period of the disbursement of the job-seeking allowance is 73 days, whereas the longest duration continues to be 270 days. The amount of the job-seeking allowance corresponds to 60% of the former average wage or salary, but its lower and upper limits have become independent from the amount of the minimum old-age pension, but are bound to the statutory minimum wage.
Earlier experience shows that in the first few months of unemployment the chance to become re-employed is much larger than in the case of any long-term unemployment. With respect to this fact, the Act divides the disbursement time of the job-seeking allowance into two phases:
a) In the first phase whose duration corresponds to the half of the disbursement time, but 91 days at the maximum, the amount of the job-seeking allowance is 60 percent of the former average wage or salary with fixed amounts of lower and upper limits. The lower limit of the amount of the allowance is 60 percent of the minimum wage, whereas the upper limit is much larger than the current upper limit of the unemployment benefit (HUF 44,000), corresponding to 120 percent of the minimum wage (if the minimum wage is HUF 57,000, the lower limit is HUF 32,200, while the upper limit is HUF 68,400 on a monthly basis).
b) The duration of the second phase is the number of the remaining eligible days, but 179 days at the maximum. In this phase, the amount of the allowance is always 60 percent of the statutory minimum wage.
(If the former average wage or salary is smaller than the lower limit of the allowance, the amount of the allowance corresponds to the average wage or salary in both phases.)
The Act also describes the cases when the disbursement of the allowance is to be suspended or terminated. If the disbursement of the allowance is terminated, the number of days not used, but actually spent in any labour relation should be considered in the calculation of the new allowance.
In line with the effective regulations pertaining to work performed when the unemployment benefit is provided, during the period of the disbursement the person receiving the job-seeking allowance may not pursue income-earning activities except for work with the causal employees' book. If any income-earning activity is performed, the disbursement of the job-seeking allowance should be discontinued.
The key role of intensive job seeking for the job-seeker is also underlined by the fact that the disbursement of the allowance should also be discontinued if the job-seeker fails to comply with the requirements of the job-seeking agreement for any reason caused by the job-seeker.
The employment of the job-seeker may as well be encouraged by the modification stating that if during the disbursement period of the job-seeking allowance the unemployed person establishes any full-time or at least four-hour labour relation for a perpetual term, and this labour relation proves to be permanent, upon is/her related request the half of the amount of the allowance being due for the remaining time period of disbursement should be paid to the person as a non-recurrent benefit. In this case, the remaining time period of disbursement is to be regarded as if the job-seeker had received the job-seeking allowance.
The cases of the suspension of the disbursement of the job-seeking allowance are basically identical to the cases determined for the suspension of the disbursement of the unemployment benefit within the meaning of the currently effective regulations.

The modification of Flt. having been in effect since 01 January 2005 has introduced the ***entrepreneurial allowance***.
Entrepreneurial allowance is to be provided to any person who
- is a job seeker,
- within the four years before becoming a job-seeker, the person concerned was pursuing activities as a private entrepreneur or member of a business association for at least 365 days, and during the pursuance of these activities s/he fulfilled all the payment obligations of taxes and contributions,
- are not eligible for disability, accident disability pensions, nor do they receive sickness benefits,

- intends to work, but the governmental employment body cannot offer any appropriate job.
The amount of the entrepreneurial allowance should be calculated with respect to the amount of the incomes serving as the basis of the entrepreneurial contributions. In the calculations, the income in that last calendar year is to be considered that falls within the four calendar years before becoming a job-seeker, and when the job seeker actually paid the entrepreneurial contributions. In the lack of such a calendar year, the basis of the entrepreneurial allowance is the statutory minimum wage in effect in the calendar year before becoming a job seeker. The national tax authority issues a certificate in relation to the payment of the entrepreneurial contributions and the income in the calendar year serving as the basis of the entrepreneurial allowance – on the basis of the tax statement for a private entrepreneur, or the data services of the business entity for a member of a business association. The basis of the calculation of the entrepreneurial allowance corresponds to 65 percent of the monthly average of the income so established. The daily amount of the entrepreneurial allowance is the one-third part of the entrepreneurial allowance. (4) The lower limit of the amount of the job-seeking allowance corresponds to 90 percent of the statutory minimum amount of the old-age pension wage in effect on the starting date of eligibility for the entrepreneurial allowance, whereas the upper limit is the double of this amount. If the entrepreneurial allowance is disbursed after any suspension – provided that the duration of the suspension has been longer than 540 days – the calculation of the lower limit of the amount of the entrepreneurial allowance is to consider the amount of the statutory minimum old-age pension in effect on the starting date of the repeated disbursement.

In order not to have any of the groups of the unemployed in a disadvantaged position as a result of the introduction of the system of job-seeking support, to job-seekers who have become eligible for the 180-day job-seeking allowance, but the time period of disbursement has expired without finding jobs, the ***job-seeking aid*** is to be paid. This scope of persons being eligible to the job-seeking aid covers those persons that were eligible for the job-seeking encouragement allowance prior to the effective date of the new regulations.
Those persons are to be also granted with the job-seeking aid who had the 200 days of labour relations within the four years before becoming job-seekers as required in the former regulations, but due to the subsequent changes in the conditions (the 200 days have been increased to 365 days as the statutory condition of eligibility to the job-seeking allowance) they have become ineligible for the job-seeking allowance. This group embraces the job-seekers who would be entitled to receive the unemployment benefit for 40 days after 200 days in labour relations pursuant to the currently effective conditions of eligibility to the allowance, but due to the increase of the time period required for eligibility they have not been included in the system of job-seeking allowances. Without the job-seeking aid, annually more than 84,000 persons would not be provided with the job-seeking aid in comparison with the current situation, representing one-fourth of the total number of the eligible persons.
The third group of the persons being eligible to the job-seeking aid is constituted by the job-seekers who have been entitled to receive the pre-pension unemployment benefit under the former regulations.
The Act establishes the disbursement time of the job-seeking aid differently for the three above-described groups. The disbursement time of the job-seeking aid for job-seekers after the disbursement time of the job-seeking allowance is 90 days, or 180 days if the job-seeker has accomplished the age of 50. Similarly, the disbursement time is also 90 days for those who had 200 days of labour relations in the four years before becoming job seekers, but have not become eligible for the job-seeking allowance. In the case of job-seekers nearing their pension age, the Act does not establish the disbursement time of the job-seeking aid in actual figures. It rules that in this latter case the job-seeking aid can be disbursed for the period up to the obtainment of eligibility to the old-age pension.

Monetary social services

The rules of the ***temporary aid*** have not been modified in the reporting period. Upon the request of the European Committee of Social Rights, the conditions of eligibility and extent of the temporary aid are described hereunder:
The general assembly of local governments may decide to furnish temporary aids to persons that have found themselves in extraordinary life situations threatening subsistence, or struggling to support themselves on a temporary basis. Such temporary aids may as well be provided in the form of non-interest-bearing loans, which is not deemed to be a financial institution activity.
In relation to such temporary aids, the per capita monthly income limit of families to be considered in the calculation of this benefit should be regulated in the decree of the local government so that it may not be smaller than the minimum amount of the old-age pension in effect from time to time, or 150% of this amount for single persons.
The temporary aid may be granted on an occasional or monthly basis. The occasional aid may as well be granted in the form of medicine support or the fee of healthcare services that are not or just partly financed by the health insurance fund. When furnished on a monthly basis, the temporary aid may as well be provided as a supplementary benefit to personal incomes, regular child-raising support or in any other form described in the relevant decree of the local government.
Primarily those persons should be furnished with the temporary aid who are not able to provide for themselves or their families in any other manner, or occasionally are in need of financial support due to certain extra costs, special diseases, natural disasters.
The Social Benefits Act does not restrict the duration of the disbursement of the temporary aid, and thus – in response to the question of the European Committee of Social Rights – the temporary aid can be furnished as long as the extraordinary life situation is existent.

In connection with the ***nursing fee*** disbursed automatically, in September 2005 an increased rate of the nursing fee was incorporated in the relevant legal regulation as a new element; with reliance of this benefit, the relative who provides for the nursing of any severely disabled person in need of intensive nursing is to be furnished with a benefit corresponding to 130% of the minimum amount of the old-age pension. The places an emphasis on the intensive nursing need, and thus provides large amounts of benefits, because in this case the nursing relative has minimum chances to become engaged in any work even for limited periods, thereby supplemented his/her personal incomes, and furthermore the continuous nursing and readiness pose very heavy burdens to the nursing person. Within the meaning of the act, such persons should be regarded to perform intensive nursing who is not able to perform at least three of the following activities independently, without the personal assistance of others. These activities are: eating, cleaning themselves, dressing up, using the toilet, moving outside the apartment (even with the use of aids). The notary of the given local government should decide on the existence of the above conditions on the basis of the expert opinion of the county- or Budapest-based institution of social methodology being competent in the place of residence of the person under nursing.

A change in ***public healthcare*** has been that the Social Benefits Act has come to define the function of public healthcare as an in-kind service. Under the given provisions of the Act, the special form of support is deemed to be a contribution to the compensation of the expenses incurred with the healthcare services that are connected with the preservation, restoration of the health conditions of persons in social need.
From among services that can be used within the framework of public healthcare, changes have been adopted in relation to medicines. Within public healthcare, the methods of using medicines and medical aids by the eligible persons have been differentiated. Services provided as free of charges may be used up to the price serving as the basis of public funding

within the framework of public healthcare, but any excess price should be paid by the eligible person. In connection with medicine services, a medicine limit has been introduced in order to arrive at a method of utilization that is better aligned with the demands. This medicine limit consists of two parts: individual medicine limit for therapies designed for the chronic diseases of the eligible person, and the special limit associated with the expenses of acute diseases occurring during the year at any time.

Within the reporting period the rules of the Social Benefits Act pertaining to ***regular social aids*** have been modified repeatedly, in particular with respect to the scope of the eligible persons.
Under the modified regulations, the regular social aid is a form of support provided to persons in their active ages, but in disadvantaged positions on the labour market, as well as to their families. The local government – in fact the notary since 01 January 2007 – establishes regular social aids to persons in their active ages who are health-impaired, not employed or supported job-seekers provided that their own and the families' subsistence cannot be ensured in any other manner. For not employed persons, eligibility for the regular social aid is conditional upon their willingness to participate in the program assisting their integration. Regular social aid may be granted only to one person in any family at any given time.
People are considered to be of impaired health if they have lost at least 67% of their working capacity or suffered an impairment of at least 50% or receive personal allowance for the blind or disability support.
People are considered to be not employed if
- they do not receive any unemployment benefit, job-seeking allowance, entrepreneurial allowance, or the period of disbursement of any supplementary support to their personal incomes has expired, and they do not receive any allowance encouraging job-seeking, or
- due to the pursuance of income-earning activities, the disbursement of the job-seeking support has been terminated before the expiry of the period of disbursement, and after the income-earning activities the person does not become eligible for the job-seeking support within the meaning of Flt., or
- within the two years before the submission of the application for the regular social aid, the person has acted in cooperation for at least one year with any governmental employment body, or the competent body appointed by the local government of the settlement where the person lives or resides (hereinafter referred to as the body appointed for cooperation), or
- the disbursement of the nursing fee, childcare aid, child-bearing support, regular social allowance, health impairment allowance of miners, temporary allowance, disability pension, accident disability pension, temporary widow's pension has been terminated, or the disbursement of the widow's pension has been terminated, because the child having been eligible for orphan's benefits is not entitled to receive such orphan's benefits any longer, and immediately before the submission of the application the person has acted in cooperation for at least three months with any governmental employment body or body appointed for cooperation,
- the disbursement of the regular social aid has been terminated due to any change in the extent of the reduction of the working ability or the extent of health impairment,
and furthermore the person does not pursue income-earning activities, including public work, public benefit work or work with the use of the casual employee's book.
The subsistence is deemed to be uncertain if the net monthly income per consumption unit in the family is not more than 90% of the minimum old-age pension in effect from time to time.
The monthly amount of the regular social aid is the difference between the amount of the family income limit and the amount of the actual monthly income. If this amount does not reach HUF 1,000 a month, at least a monthly amount of HUF 1,000 should be established.
Towards encouragement to work, the person being eligible for the aid may pursue income-earning activities on the labour market in addition to the aid disbursed, and in these cases s/he remains entitled to receive the aid in a limited amount and for a restricted period. In the first 3 months of employment, the amount of the aid corresponds to 50%, whereas in the second 3-

month period it is 25%. No aid may be continuously disbursed with income-earning activities performed within six months following the termination of the continued disbursement.
If the person receiving regular social aid acts in violation of his/her cooperation obligation during the term of the disbursement of the aid, the given amount of the aid is to be disbursed for the duration specified in the relevant decree of the local government, but for 6 months in a 75% rate at the maximum, while if the cooperation obligation is violated grossly or repeatedly within two years, the disbursement of the regular social aid should be discontinued. In addition to the cases defined in the relevant decree of the local government, instances of the gross violation of the cooperation obligation include cases when the person receiving the aid does not accept the offered and appropriate job opportunity, or if any public employment has been terminated by the employer with extraordinary cancellation.

The rules of ***debt management services*** have also been modified in the Social Benefits Act. The debt management services relying on two pillars – monetary support and counseling – were introduced in 2003. Within the meaning of the relevant decree of the local government, those families may be provided with debt management services that have at least six-monthly outstanding debts to any of the specified debt items (public utility fees, condo fees, rentals, payables to credit institutions). In the light of the experience earned, the arrears of housing loans cannot be or are very hard to handle within the former framework of debt management services. The underlying reason is that such arrears tend to be of larger amounts, and therefore in addition to the formerly determined 18-month tenor and the maximum HUF 200,000 amount of support the eligible persons should have such large own contributions that the families in need are not able to provide. Therefore, the modification of the Social Benefits Act entering effect on 01 April 2005 now offers the option to provide support with more favourable conditions in the case of the arrears of housing loans. Under the modification, there is an opportunity to rely on larger amounts of supports up to HUF 400,000, and the duration of the debt management services may as well be established to be 60 months at the maximum. As debt management services have the fundamental objective to preserve housing conditions, the Act aims to support the accomplishment of this objective via the provision of increased amounts of supports by the registration of mortgage rights and the prohibition of alienation. The condition of the provision of debt management services is that the supported person should undertake the payment of the difference between the support established by the local government and the actual amount of the debt, and participate in debt management counselling.

The modification of the Social Benefits Act having been in effect since 15 November 2007 regulates the ***energy consumption support*** as a new form of benefits. This benefit was introduced on 01 January 2007. The legislative principles of the social-based support of energy consumption are described in the Social Benefits Act, whereas the detailed rules are contained in Government Decree 289/2007. (Oct 31) on social support to the gas consumption and district heating of private persons. On the basis of the said Government Decree, the person being eligible for energy consumption support in the eligibility period is the consumer of gas supply or district heating for household purposes provided that at the time of the submission of the application the monthly income per consumption unit in the given household does not exceed the 3.5-fold amount of the minimum amount of the old-age pension. The monthly income per consumption unit corresponds to the ratio of the total income of the household to the sum of the consumption units.

The rules of the ***old-age allowances***, ***housing maintenance support***, ***transport allowances of disabled persons*** and ***temporary allowances*** have not changed materially in the reporting period.

The **statistical data** relating to Section (1) of Article 13 are provided in the Appendix.

Paragraph (2)
1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The regulatory guarantees described in the previous National Report in connection with Paragraph (2) are available in unchanged forms.

In response to the question of the European Committee of Social Rights, it is confirmed that persons receiving social assistance can have access to the governmental and local governmental services without any discrimination.

The enforcement of rights on the part of people in needed is supported by the Legal Assistance Services operated by the Central Office of Justice (or the "lawyer of the people" in its popular name):

Within the meaning of Act LXXX of 2003 on legal assistance (Jst.), since 01 April 2004 people in need have had the option to request advise in out-of-court cases, and have legal documents prepared, while since 2008 this organization has been offering legal representation in court proceedings, as well. This assistance is also available for EU citizens if they are in need of the services. The applications for assistance are evaluated by the legal assistance services of the offices of justice – acting in their capacities of authorities of public administration – operated in the county seats and Budapest. In possession of the resolution of authorization, the client has the option to choose from the legal assistants who have registered themselves in the registrar of legal assistants. In addition to their authority responsibilities, the associates of the offices of justice provide anyone with legal advice, competence guidance in cases that are easy to judge – without the examination of any income or property position, as free of charges – within the framework of their client service activities. Out-of-court legal services (counseling, drafting of legal documents) are not rendered by the legal assistance services of the regionally competent offices of justice, but the legal assistants recorded in the registrar of legal assistants (lawyers, notaries public, university teachers, non-governmental organizations). In court proceedings, only lawyers and law offices, as well as non-governmental organizations (foundations, minority governments, etc.) with appointed lawyers may act as patron lawyers. In possession of the resolution of authorization, the client contacts the preferred legal assistant. The registrar of legal assistants can be accessed via the internet, at the website of the Central Office of Justice (www.kih.gov.hu) or the website of the Ministry of Justice and Law Enforcement (www.irm.gov.hu). The county-based (Budapest) offices of justice also provide information in relation to the legal assistants included in the registrar.

Criteria of evaluating the need to rely on the services:

In out-of-court cases:
1. The fee of legal services is borne by the State instead of the client:
a) for such persons as irrespective of the given income and property position who
- receive regular social aids or live in the same households with the close relative of persons receiving regular social aids,
- receive public healthcare services,
- are homeless, and rely on temporary accommodation services,

- are refugees, or take part in any refugee proceedings,
- have requested assistance in connection with the issuance of visa, obtainment or naturalization of residence or settlement permits, and any of their ancestors is or was Hungarian citizens,
- raise such children in their families who receive regular child protection allowances;

b) for persons in whose family the monthly per capita personal income does not exceed the minimum amount of the old-age pension as effective from time to time (HUF 28,500 in 2008);

c) in the case of single persons if the amount of the net income does not exceed 150% of the minimum amount of the old-age pension as effective from time to time (HUF 42,750 in 2008)

d) for persons who have been ascertained to be victims of crimes within the framework of separate procedures, and whose individual incomes do not exceed HUF 147,232 (this amount corresponds to 86% of the gross monthly average salary in the national economy in 2006).

2. For a maximum period of 1 year, the State provides advance payment for the fees of legal services for those persons in need whose individual incomes do not exceed HUF 73,616 (this amount corresponds to 43% of the gross monthly average salary in the national economy in 2006).

II. In court proceedings

1. The fee of the patron lawyer is borne by the State instead of the client if in the given court proceedings the court of justice has not obligated the adversary to bear such costs:

a) for such persons as irrespective of the given income and property position who
- receive regular social aids or live in the same households with the close relative of persons receiving regular social aids,
- receive public healthcare services,
- are homeless, and rely on temporary accommodation services,
- are refugees, or take part in any refugee proceedings,
- have requested assistance in connection with the issuance of visa, obtainment or naturalization of residence or settlement permits, and any of their ancestors is or was Hungarian citizens,
- raise such children in their families who receive regular child protection allowances;

b) in whose family the monthly per capita personal income does not exceed the minimum amount of the old-age pension as effective from time to time (HUF 28,500 in 2008);

c) in the case of single persons if the amount of the net income does not exceed 150% of the minimum amount of the old-age pension as effective from time to time (HUF 42,750 in 2008)

d) if the given party is eligible for cost exemption in the given case;

2. For a maximum period of 1 year, the State provides advance payment for the fee of the patron lawyer

d) to persons in need whose individual incomes do not exceed HUF 73,616 (this amount corresponds to 43% of the gross monthly average salary in the national economy in 2006);

b) to persons who have been ascertained to be victims of crimes within the framework of separate procedures, and whose individual incomes do not exceed HUF 147,232 (this amount corresponds to 86% of the gross monthly average salary in the national economy in 2006);

d) if the given party is eligible for expense registration right in the given case;

d) in the case of priority non-profit organizations and interest promotion organizations of employees, in court proceedings initiated by them for public interests, within their scope of authorities granted by the relevant separate legal regulations.

Paragraph (3)
1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The counselling activities of family support and child welfare services were described in the former National Report. The relevant legal regulations have not seen material changes.

Paragraph (4)
1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information, if appropriate.

The legal regulations pertaining to foreign nationals have not seen material changes in the reporting period.

Questions from the European Committee of the Social Rights

Right of appeal and legal aid
Under the Social Benefits Act, once administrative remedies have been exhausted, there is a right of appeal to the courts. The Committee notes that there are no independent administrative appeal bodies within the meaning of Article 13§1.
Section 32§2 of the Social Benefits Act prevents courts from altering decisions relating to cash benefits. However Section 339 of Act III of 1952 authorises courts to set aside unlawful decisions and refer cases back to the relevant body for the reopening of proceedings. They may also issue clear instructions on how such cases should be dealt with, in accordance with the law.
The Committee recalls that for the situation to comply with Article 13§1, applicants for social assistance must have a right of appeal against unfavourable decisions by the authorities. The appeal body must be independent and competent to rule on the merits of the case (see General Introduction to Conclusions XIII-4, p. 56). Such appeal bodies must have power to examine all the factual and legal issues pertaining to the right to social assistance, including the level of
benefits paid. The Committee therefore considers that the situation in Hungary is not in conformity with Article 13§1.

In connection with the above findings of the Committee, the following modifications of the relevant legal regulations are to be described:

On the basis of the modification of the Social Benefits Act, with the effective date of 01 January 2007 some of the monetary services depending on the given social need have been transferred from the scope of competence of the general assemblies of local governments to the responsibilities of notaries. The notaries of the local governments have become entitled to establish the following normatively regulated services – having belonged to the scope of competence of the general assemblies of local governments before the modification of the Act – for the regular supplementation of personal incomes: allowances to elderly people, regular social aids and the so-called automatically furnished nursing fees. The automatically

furnished nursing fees include the nursing fees being due to relatives involved in the attendance and nursing of severely disabled person in need of continuous and permanent care, as well as such severely disabled or chronically ill persons under the age of 18 who are in need of intensive nursing.

From among monetary services depending on social need, the general assemblies of local governments have remained competent for housing maintenance support, nursing fees for relatives involved in the attendance, nursing of chronically ill persons over the age of 18, as well as the establishment of the amounts of temporary aids and funeral aids.

In view of the justification of Act CXXXVI of 2004 amending the Social Benefits Act, the modification has been justified by the demand for larger legal certainty. Whenever local governments exercise authority powers, the result remains the same, i.e. no proper public administration control can be ensured over the decisions of authorities. Against the decisions of local governments, appeals may be lodged solely to court of justices, while the processes of judicial reviews are lengthy, and in this period the applicants in need of subsistence support, living in very bad life situations remain without services. The interest promotion capacities of the persons in need of such services are very poor, and the number of attempts made to appeal to courts of justices is insignificant in practice.

By transferring some of the monetary services depending on the need to the scope of competence of notaries, public administration control and the option of appeal can be ensured in connection with resolutions passed in service matters. The superior body, the public administration office – either by acting as a body of second instance on the basis of an appeal, or examining the given case ex officio – may change or annul the decision of first instance, and order the notary to conduct new proceedings as required.

According to the report, Section 7 of the Social Benefits Act requires local authorities to provide temporary assistance, meals and accommodation to anyone in need, if the absence of such assistance would pose a threat to their life or health. The Committee understands that this assistance is granted irrespective of individuals' status or nationality. It asks whether this interpretation is correct.

In response to the question of Committee, it is to be confirmed that the personal scope of the above-referenced provision covers:
- Hungarian nationals, migrants and settled persons, stateless persons living in Hungary, as well as persons recognized by the Hungarian authorities as refugees;
- such nationals of the countries confirming the European Social Charter who stay in the territory of the Republic of Hungary legally;
- persons eligible according to Council Regulation (EEC) 1612/68 on freedom of movement for workers within the Community and their family members under Act on the entry and residence of persons entitled to free movement and residence (Szmtv.) and the family member of the Hungarian citizen under Szmtv. when the right of free movement and residence exceeding three months is exercised in the territory of the Republic of Hungary at the time of applying for benefits under Szmtv., and has a registered residence under the Act on the registering of the personal data and address of citizens.

The Committee asks for the next report to state whether foreign nationals lawfully present in Hungary but not resident there can be repatriated, and if so in what circumstances and subject to what procedures.

In relation to EEC citizens, the stay of foreign nationals in Hungary is governed by Act I of 2007 on the entry and staying of persons entitled to free movement and staying and Act II of 2007 on the entry and staying of persons from third countries, as well as the decrees for their

enforcement, as well as Regulation 562/2006/EC of the European Parliament and Council of 15 March 2006 establishing a Community Code on the rules governing the movement of persons across borders (Schengen Border Control Code).

Concerning the social and healthcare conditions of their stay, EEC citizens have the right to stay in the country for more than three months if they have sufficient resources for themselves and their own families for the entire duration of stay so that their stay should not pose unjustified burdens to the social service system of the Republic of Hungary; furthermore, on the basis of the relevant separate legal regulations they are entitled to rely on healthcare services within the framework of insurance legal relations, or they may as well provide for the funding of such services under the associated legal regulations. For public health reasons, upon the initiation of the public health authority the acting authority may expel the EEC citizen or any of the family members who suffer from any disease threatening public health as defined in the relevant separate legal regulations, are virulent or carries any pathogen, and in this respect the given person fails to be subjected to the mandatory medical care unless s/he becomes ill, virulent or a pathogen-carrier after three months following the entrance to the country.

In connection with the nationals of third countries, Article 5 of the Schengen Border Control Code states that the condition of entering the country for any stay not exceeding three months within a period of six months is – in addition to other conditions – that the persons concerned may not pose any threat on the public health of the member state of its international relations, especially that these persons may not be under the warning indication for entrance prohibition due to the same reasons according to the national databases of the member states. Within the meaning of Act II of 2007, those third country nationals may enter the country for any stay in excess of three months, or stay in the territory of the Republic of Hungary for any period over three months who – in addition to other conditions – have proper accommodation and financial coverage for subsistence, and are able to provide for the costs of health insurance or healthcare services, and do not jeopardize the public health interests of the Republic of Hungary. Third country nationals may be obliged to leave the territory of the Republic of Hungary if the authorities ascertain that they are no longer eligible for staying in the country.

With respect to the foregoing, both the entrance and stay in Hungary have certain financial and health conditions, but no foreign nationals may be repatriated on the sole basis that they are need of social or healthcare assistance.

The Committee asks the Government to reply to the question posed in the General Introduction to these Conclusions on the social and medical assistance available to foreigners who are not lawfully in the territory.

In response to the question of the Committee, the following information is provided:

On the basis of Section (1) of Article 54 of Act II of 2007 on the entry and staying of persons from third countries, in order to ensure the execution of expulsion the alien control authority may apprehend such third country nationals in alien control custody who
a) have hidden from the authorities, or hinder the execution of expulsion in any other manner;
b) refuse to leave the country, or for any other well-grounded reason it is assumed that they delay or render the execution of expulsion impossible;
c) have violated the prescribed rules of conduct in the specified place of mandatory stay grossly or repeatedly;
d) have failed to fulfil the obligation to appear for, and thus hinder the alien control proceedings;
e) have just been released from imprisonment for committing any deliberate crime.

Pursuant to Paragraph a) of Section (3) of Article 61 of the same Act, third country nationals in custody are entitled to have proper accommodation, meals, wear their own clothes, receive garments as appropriate for the given season, as well as healthcare services defined in the relevant separate legal regulations.

The Committee has requested the submission of the statistical data in relation to the accurate amounts of social aids (temporary aids and aids furnished to elderly people), as well as examples in relation to the total amount of aids paid to any standard aid-receiver (single person).

These statistical data have been provided below, in connection with Paragraph (1).

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:

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;

2. to encourage the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services."

Information with regard to the reporting period, based on the questionnaire of the Committee of Ministers of the Council of Europe

Article 14§1

1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.

2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the effective access to social services (beneficiaries in total and per category of social welfare services, number and geographical distribution of services, staff number and qualifications).

The following important modifications of the relevant legal regulations have been accepted in the reporting period:

Basic social services

As independent services, ***social information services*** were terminated with the effective date of 01 January 2007. Towards the improvement of the efficiency of certain social monetary and in-kind services and the promotion of the provision of the associated information, the modification of the Social Benefits Act has concurrently prescribed ***information service obligations for the bodies exercising social authorities*** towards clients. According to the modification, the bodies exercising social authorities are to provide information in relation to the conditions of the use of monetary and in-kind services described in the Social Benefits Act, the documents needed for application, as well as the locally available services, the scope of these services, their conditions and procedural issues concerning their use in relation to the benefits and services for personal care as defined in the Social Benefits Act. Bodies exercising social authorities are:

- general assemblies of local governments,
- mayors of local governments,
- notaries of local governments,
- social authority.

The rules of the ***provision of meals*** were modified in the Social Benefits Act with the effective date of 01 January 2006. The definition of the scope of eligible persons has been amended with a list of examples stating that within the framework of the provision of meals at least one hot meal a day should be provided those people in social needs who are not able to provide for the same for themselves or their dependants on a permanent or temporary basis, in particular due to their

a) age,
b) health conditions,
c) disabilities, mental illnesses,
d) addictions, or

e) being homeless.
The former regulations specified only social needs as conditions of eligibility. The above list specifies the most affected groups as examples, but obviously anyone not belonging to these groups may be eligible for the services if s/he is in need. Formerly, the Act did not define accurately the concept of social need in relation to the various forms of personal case, which caused problems for the local governments in the interpretation of the scope of eligible persons, and at the same time resulted in differences among the various areas of the country.
Furthermore, the modification of the Act has granted authorization to the local governments to regulate the eligibility conditions for the provision of meals within the context of decrees of the local governments, and at the same time determined the framework in comparison to which the local governments may not stipulate stricter conditions. Accordingly, any decree of a local government should regulate the per capita monthly family income limit so that no amount under 100% of the minimum amount of the old-age pension in effect from time to time, or 150% for single persons may be prescribed as a condition of eligibility; the local government is to regulate the additional conditions of social need in view of the local circumstances. After the reporting period, these regulations have been modified with the effective date of 01 January 2008 so that the local governments are not allowed to determine any income position as an eligibility condition in their decrees.

The rules of ***home help services*** have been modified with the effective date of 01 January 2008 so as to make these services available to a broader scope of eligible persons within the meaning of the Social Benefits Act. On the basis of the former regulations, the following persons were eligible for home help services:
- elderly people who are not capable of providing for themselves in their homes from their own capacities, and are not attended,
- those persons with mental illnesses, disabilities and addictions who – due to their conditions – are need in help in the performance of tasks relating to their independent lives, but otherwise are able to provide for themselves,
- persons in need due to their health conditions when they demand this form of services,
- those after rehabilitation who apply for support in order to maintain their independent lives in the process of re-integration to their own residential environments.

The modified regulations do not list the above eligible persons, but rule that within the framework of home help services the served persons should be provided with these services for the maintenance of their independent lives within their own residential environments. Whenever in need, anyone may become eligible for the services. The actual need for care should be examined before the provision of the services.

In the field of ***family assistance***, on the basis of the modification of the Social Benefits Act having been in effect since 01 January 2006 a warning system detecting threats and crisis situation is operated. Notaries, social, healthcare service institutions, as well as child-welfare services, supervisory and legal assistance services, social organizations, churches and private persons can indicate to the service provider, institution rendering family assistance services when they become aware of any family, person demanding help. On the basis of these indications, the service provider, institution of family assistance is obliged to map up the scope of families, persons struggling with social and mental hygienic problems, and in personal visits it is to inform them on the objectives, contents of family assistance. Thereafter, it is at the discretion of the person, family in need of help whether to rely on the services. Thereby, family assistance has become accessible to a much broader circle, because the actual problem was that the persons concerned were not aware or were ill-informed in relation to the tasks, services of family assistance.

In the field of ***home help services relying on the warning system*** – towards more steady and targeted provision of services –, with the effective date of 01 January 2007 the Social Benefits Act has specifically defined which of the elderly people, people with disabilities or mental

illnesses qualify to be persons in social needs in view of the use of the services. In the case of the home help services relying on the warning system, this scope of persons include single elderly people over the age of 65, elderly people over the age of 65 in two-person households, as well as persons with severe disabilities or mental illnesses if it is justified by their health conditions. Severe disabilities, mental illnesses and justification on the basis of health conditions should be confirmed.

In the field of ***community care***, the modification of the Social Benefits Act having been effective since 01 January 2007 has broadened the forms of services. The former tasks of community care has been regarded to be basic services, while besides such special services have been included as the low-threshold service whose aim is to provide special care to addicts or other persons affected. The term "low-threshold" refers to the fact that the providers of the services do not define high requirements for entering these services against the users, and thus there are no preconditions of the reliance of the services. Within the framework of community care, the target groups of special services can be: young people of deviant lifestyles, groups that are hard to access, large-risk groups and persons trying illegal drugs. The new regulatory framework has targeted this integration of this special form of services – within the context of community care – in the system. In the light of a 2005 survey, approximately 40 organizations are involved in low-threshold services. Local governments with at least 30,000 inhabitants were to provide for these special services of community care until 31 December 2007.

In the case of ***support services***, the wording of the Social Benefits Act entering effect on 01 January 2007 has provided for a more detailed stipulation of the rules of eligibility: it confirms that in view of the use of the services such severely disabled persons qualify to be persons in social needs who receive the disability support, personal allowance of the blind or family allowance in larger amounts. With the precise definition of the scope of eligible persons, the modification of the Act has aimed at the provision of services to those persons in fact who actually belong to the target groups of these services, thereby protecting the interests of disabled persons. To confirm the existence of severe disabilities, no new medical examinations are needed, but for evidencing eligibility the resolution or other document certifying the disbursement of any benefit with respect to the severe disability, as well as the expert opinion serving as the basis of the establishment of the services, and thus certifying the existence of the disability are accepted under the Act.

The rules of ***street social work*** and ***daytime care*** have not been modified in the reporting period.

Specialized forms of services

From among ***institutions providing nursing and care***, it is the rules pertaining to the homes of elderly people that have witnessed material modifications in the Social Benefits Act. The modifications entered effect after the reporting period, on 01 January 2008. Within the meaning of the new provisions, the residential institutional care for elderly people may be provided only to persons where the need for care exceeds the daily duration of four hours. On the basis of the modification, however, the services may as well be provided to the spouse, life partner, brother or sister, or close relative of the disabled person living in the same household with the applicant even in the lack of such need for care, thus ensuring the maintenance of the established life community.
The provisions of the Social Benefits Act in relation to the homes of elderly people have also been amended with the rules concerning the examination of the need for care. The need for care is now established in hour/day units. The need for care is examined by the expert committee of the social expert body (National Rehabilitation and Social Expert Institute). Services may be provided to persons with need for care in excess of four hours a day, or in the

lack of such need – if the need for care is still extent, but to a smaller extent – home help services may be used. In this latter case, in the course of the application for home help services the expert opinion of the social expert body certifies the need for care. The need for nursing care is assessed and established by a complex interdisciplinary committee. In such examinations, the life circumstances and health conditions of the persons concerned are comprehensively assessed. The expert opinion describes the actual extent of the daily need for care in the case of the person applying for services as a result of the complex examination, yet it is still possible that in spite of any shorter time needed for care the other personal circumstances of the applicant justifies accommodation in residential institutions.

The rules pertaining to ***rehabilitation institutions*** have not been modified materially in the reporting period.

The tent basis has been added to the scope of ***institutions providing temporary accommodation***. The modification entered effect after the reporting period, on 01 January 2008. The tent basis is such a new type of homeless care that is complementary to today's services by offering a new form of care, and at the same time supports persons, families without homes to find a way out of existence as homeless people. The tent basis is in fact such a form of integration-encouraging care for homeless people living in the streets that is backed by tent-based care, as well as blocks providing for hygienic and other elementary needs. This shelter offers protection against the forces of nature (rain, cold) and other risks (exposure accompanying life in the streets), and thus may be a stage of social reintegration. The tents are to be designed with respect to various functions and grades to assist persons without a shelter on their way to temporary accommodation. Legal definition of tent basis is given by the Ministerial Decree 1/2000. (I. 7.) SZCSM, on the professional duties and working conditions of social institutions providing personal care.

The rules pertaining to ***residential homes*** have not been modified materially in the reporting period.

Article 14§2
1. Please describe the general legal framework. Please specify the nature of, reasons for and extent of any reforms.
2. Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.
3. Please provide pertinent figures, statistics or any other relevant information to demonstrate the participation of the voluntary sector to the provision of social services, as well as the effective access of individuals to these services.

As it has been described in our former reports, on the basis of the Social Benefits Act non-governmental maintainers have the option to enter service contracts for the provision of social services (contracted social services). In the reporting period, the relevant regulations were partly modified by the CLXX Act of 2005, that amended the Social Benefits Act. The regulations in force are as follows:

Local governments, their associations or governmental bodies may as well ensure the provision of social services via service contracts concluded with church or non-governmental maintainers.
The service contracts should be concluded in writing.
These service contracts should specify
a) the data of the registration of the service provider by the court of registration with respect to the given legal status, as well as the data of the authority permit pertaining to activities of the private entrepreneur or business association involved in Social Benefits Activities as defined in the relevant separate legal regulations;

b) the form of social services, the scope and number of persons to be provided with the services;
c) the declaration of the church or non-governmental maintainer in relation to the proper observance of the relevant separate legal regulations and professional requirements, record-keeping obligations, as well as the enforcement of the same against the service provider, institution;
d) cases and methods of the reduction of or exemption from the personal fees payable;
e) stipulations concerning the continuous provision of services and the amount of compensations in the event of any violation of the contract;
f) term of notice in months;
g) in connection with the rules of the use of the services, especially the fulfilment of the information service obligations, the notification obligation set forth in the Act, in particular for cases when the local government has sufficient capacities in the institution;
h) procedures for the effectuation of complaints, forms of the provision of information to the local government, agreement in relation to the investigation of complaints;
i) method and frequency of reporting, providing information to the local government or association with the additional condition that the service-providing organization is to fulfil its reporting obligation at least once a year;
j) method of the fulfilment of the data service obligations set forth in the relevant separate legal regulations, the provision of the data required for data collection for statistical purposes;
k) in relation to the performance of tasks on the basis of the service contract, the amount of the remuneration of the services;
l) procedural issues and deadlines in connection with the payment of the remuneration;
m) obligations relating to the accounting settlement of the remuneration.
The general assembly of the local government may not assign the rights to enter into, amend and terminate the service contract.

The maintainer of the social institution for personal care or the head of the institution pursuing independent economic operations may render the individual services with the engagement of any organization not belonging to the institution on the basis of a contract concluded for a maximum period of five years. Such contracted services may particularly include: laundry services, cleaning, provision of meals, accounting, performance of maintenance tasks, operation of the warning system for home help services, since 1st of January of 2008.

The **statistical data** relating to Article 14 are provided in the Appendix.

APPENDIX

STATISTICAL DATA WITH REGARD TO THE INDIVIDUAL ARTICLES

a) TO PARAGRAPH (2) OF ARTICLE 3:

A) WORK PROTECTION

In the period preceding 16 April 2007, the two main areas of work protection were supervised by OMMF (Hungarian Labour Inspectorate) and ÁNTSZ (National Public Health and Medical Officer Services) on the basis of shared competences. For 2005 and 2006, OMMF and ÁNTSZ have separate data. Certain data (number of people supervised, number of people involved in irregularities) were still not collected by ÁNTSZ, and the data provided were not standardized in their contents (registered units, supervised units), and thus they cannot be aggregated.
In order to effectuate standardized work protection authority control, the scope of competence of OMMF was amended with the field of occupational health on 16 April 2007. For 2007, the data of OMMF can be regarded to be indicative.

Changes in the indicators concerning the authority activities of ÁNTSZ

Key indicators of supervisory and authority activities	2005.	2006.
Number of registered units	61 799	64 567
Number of supervised units	20 548	18 246
Number of supervisions	32 333	27 496
Number of operative resolutions	2052	1480
Specialized authority activities in relation to the registered units	30 874	29 232

On the basis of the OMMF procedures

Data of supervisions by the supervisors in work protection

Year	**Number of supervisions**	**Number of employers supervised**	**Number of employers affected by irregularities**	**Number of persons visited (data of the visit sheets)**	**Number of supervised affected in irregularities**
	quantity	**quantity**	**quantity**	**persons**	**persons**
2005.	*	19 959	19 738	632 425	175 542
2006.	19 451	19 469	17 859	867 798	204 865
2007.	25 836	25 610	21 427	515 640	331 650

Note*:
Since 2006, a new method of statistical calculations has been applied, and thus not all the data are available for 2005.
For 2005, the number of visits can be specified, being 28,476, but one supervision may have included more than one visit, and therefore this data is not accurate.

Reportable work protection resolutions

Year	Decisions to eliminate deficiencies		Decisions to prohibit employment		Decisions to suspend use			Decisions to suspend activities		
	res.	action	res.	headcount affected	res.	work equipment	headcount affected	res.	activities	headcount affected
2005.	18 563	91 762	3 597	10 142	8 638	17 243	*	*	*	*
2006.	11 512	51 622	4 770	11 456	7 129	15 039	10 384	3 944	5 800	7 731
2007.	13 254	50 968	5 038	12 667	6 930	15 589	15 863	4 818	7 797	14 179

Note*:
In 2005, statistical data were calculated differently, and there were no resolutions to suspend separate use or activities.

Resolutions imposing work protection fines

Year	Work protection fine			Offence fine		Onsite fine		Procedural fine	
	resolution	HUF	headcount affected	resolution	HUF	quantity	HUF	quantity	HUF
2005.	3 369	722 560 000	13 723	669	18 828 000	4 952	37 616 000	123*	3178000*
2006.	3 962	1 288 884 000	11 593	910	35 377 000	5 771	45 958 000	144	14 255 000
2007.	3 104	1 000 735 000	13 278	1 487	52 795 000	5 355	41 947 000	283	24 653 000

Note*:
In 2005, enforcement fines, and not procedural fines were applied

The distribution of the individual actions specified in the resolutions of procedural fines has been provided jointly in the table of labour actions.

Supervisory and authority activities of occupational health

Changes in the indicators concerning the authority and fine imposition activities of ÁNTSZ for 2005 and 2006

Changes in the indicators concerning the authority activities of ÁNTSZ

Key indicators of supervisory and authority activities	2005.	2006.
Number of registered units	61 799	64 567
Number of supervised units	20 548	18 246
Number of supervisions	32 333	27 496
Number of operative resolutions	2 052	1 480
Specialized authority activities in relation to the registered units	30 874	29 232
Number of warrants	5 420	5 122

Changes in the indicators concerning the fine imposition activities of ÁNTSZ

Type of the fine	Key indicators	2005.	2006.
Enforcement	Number	94	75
	amount in HUF th	4170	4010
Offence	Number	96	48
	amount in HUF th	3270	1730
Onsite	Number	99	76
	amount in HUF th	890	693
Chemical loading	Number	518	338
	amount in HUF th	47505	33464
Work protection	Number	97	68
	amount in HUF th	9470	7670

Supervisory and authority activities of OMMF
After 16 April 2007

Number of employers subjected to work protection supervision	20.126	the ratio of only occupational health supervisions where both occupational health and work safety supervisions were performed	15% 38%
Number of employees subjected to work protection supervision	422.544	ratio of the employees subjected only to occupational health supervision where both occupational health and work safety supervisions were performed	41% 17%
Number of employers affected in work protection irregularities	16.407	ratio of the employers violating only occupational health requirements ratio of employees violating occupational health and work safety requirements	8% 32%
Number of employees affected in work protection irregularities	267.067	ratio of the employees affected only in occupational health irregularities ratio of employees affected in occupational health and work safety irregularities	28 % 7%

Since the take-over of the given scope of competence, the supervisors have made 63,935 reportable actions of public administration. 18% of these actions have been conducted in the light of occupational health circumstances.
In the examined period, some of the work protection resolutions imposing fines due to irregularities representing serious threats – altogether 209 resolutions – can be considered to be gross violations of occupational health regulations. The total amount of the work protection fines imposed with reference to the existence of gross violations: HUF 77,110,000.

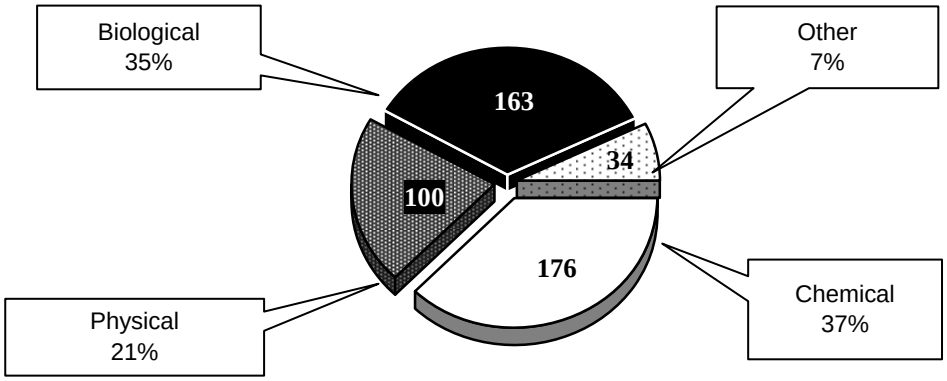
Trends of work accidents

Changes in the number of work accidents					
Year/distribution			2005.	2006.	2007.
Total			23 971	22 685	20 922
	Total serious		282	215	211
	Of this	Fatal	160	123	118
		Serious mutilations	53	44	42
	Total number of mutilations		325	327	288

* Serious work accident = fatal + serious mutilations + other serious accidents (as defined in Mvt.)
** Mutilation work accidents = serious mutilations + other mutilations

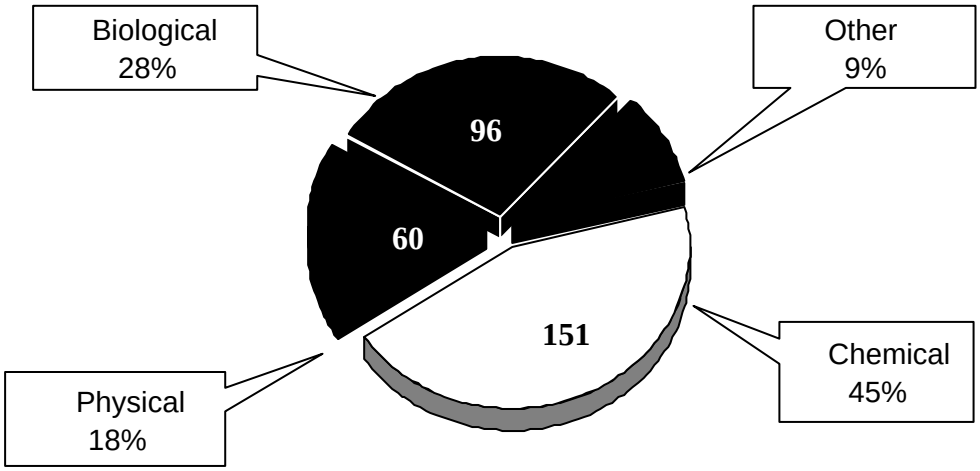
in 2005

Distribution of occupational diseases as per the main groups of pathogenic factors



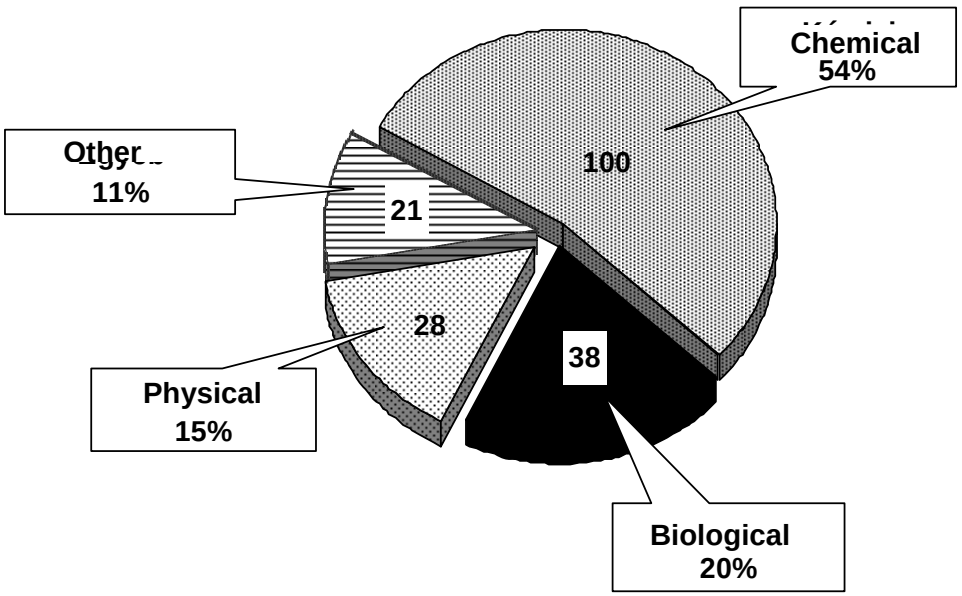
in 2006

Distribution of occupational diseases as per the main groups of pathogenic factors



in 2007

Distribution of occupational diseases as per the main groups of pathogenic factors



Trends of the reported occupational diseases (intoxications) and cases of increased exposure

Occupational diseases	2005.	2006.	2007.
Total number of reported occupational diseases	473	339	187
Of this: fatal	11	10	6
Mass occupational diseases	7	4	1
Affected headcount (persons)	120	40	14

B) LABOUR

Data of labour supervisions, 2005–2007

	Number of employers supervised	**Number of employers affected in irregularities**	**Number of employees supervised**	**Number of employees employed illegally**
	quantity	**quantity**	**persons**	**persons**
2005.	20 686	18 221	661 068	251 287
2006.	25 740	18 150	252 123	144 563
2007.	32 840	20 906	216 788	140 936

Reportable labour resolutions, 2005–2007

	Labour fines			**Number of decisions imposing payment obligations as a result of illegal employment of foreigners**			**Resolution requiring the elimination of irregularities**		**Number of decisions prohibiting employment:**		**Number of decisions prohibiting activities**		**Offence fines**			**Onsite fines**		Procedural fines**		**Warning**
Year	**quantity**	**HUF**	**persons**	**quantity**	**HUF**	**persons**	**quantity**	**persons**	**quantity**	**persons**	**quantity**	**persons**	**quantity**	*HUF*	**persons**	**quantity**	**HUF**	**quantity**	*HUF*	**quantity**
2005.	8 642	2 843 115 000	201 775	695	602 310 480	1 893	7 250	42 587	*				1 265	43 683 000	0	1 721	15 083 000	30	1 000 000	361
2006.	11 655	5 008 300 000	93 289	594	730 788 666	1 605	4 063	23 986	761	2 242	22	244	277	11 522 000	0	164	1 459 000	701	80 403 000	1 141
2007.	13 468	6 296 685 000	74 446	676	1 151 637 580	2 440	1 678	15 765	756	3 187	30	1 222	18	955 000	0	9	73 000	3 810	388 811 000	4 836

*:

Decisions prohibiting work (2005)	
db	fő
565	1 974

**: Total of enforcement and procedural fines imposed in 2005

Offences in the breakdown described in the paragraphs of Government Decree no. 218/1999 (Dec 28) on certain offences
Date of receipt/issuance: 01.01.2005–31.12.2005

Reportable Work safety	***Legal title***	**Quantity**	**HUF**
	R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**512**	**14971000**
	R.98. § (1) b) Non-performance of the obligation to prepare proper records and minutes in relation to work accidents, as well as to report the same	**88**	**1652000**
	R.100. § (1) a) Operation of production or safety equipment without the prescribed preliminary tests	**6**	**200000**
	R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment	**9**	**230000**
	R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment	**16**	**395000**
	R.100. § (2) Operation of production or safety equipment with the violation of the standards prescribed in the relevant legal regulations	**9**	**160000**
	R.131. § (1) b) Violation of safety regulations pertaining to the establishment and operation of electric equipment and appliances	**13**	**290000**
	R.132. § (1) b) Operation of boilers, pressure vessels or storage tanks without preliminary tests	**1**	**20000**
	R.139. § Violation of the safety rules of construction works	**42**	**885000**
Work safety and labour			
	R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**1**	**25000**
	R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**1**	**25000**

Labour

R.93. § (1) Discrimination of employees	**1**	
R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**1042**	**36985500**
R.94. § (1) b) Violation of the rules pertaining to the issuance of certifications in relation to the termination of labour relations	**71**	**1226000**
R.94. § (1) c) Violation of the rules pertaining to the employment of women, young people and persons with changed working abilities	**7**	**137500**
R.94. § (1) d) Violation of the regulations in relation to the statutory amount of the mandatory minimum wage	**80**	**1672000**
R.94. § (1) e) Violation of the rules pertaining to working time, rest time, extraordinary work, holidays	**143**	**2748000**
R.94. § (2) Employment in positions being subject to medical examinations without the results of the prescribed work fitness examinations	**2**	**40000**
R.95. § (1) Violation of employer obligations for the protection of the economic, social interests of employee	**1**	**10000**
R.97. § Facilitation of the illegal employment of foreign persons	**3**	**165000**
R.98/A. § (1) a) Violation of the rules pertaining to the professional qualification and headcount of persons entitled to drive motor vehicles	**1**	**20000**
R.98/A. § (1) b) Violation of the rules pertaining to the registration, handling and keeping of data registration sheets	**7**	**160000**
R.98/A. § (1) c) Violation of the rules pertaining to the control of the driving and rest times of vehicle drivers	**12**	**383000**
R.98/A. § (1) d) Violation of the rules pertaining to the installation and commissioning of tachographs	**3**	**35000**
R. 96/A § a Pursuance of labour renting activities in the lack of the conditions set forth in the relevant labour regulations	**5**	**76000**

Onsite fines in the breakdown described in the paragraphs of Government Decree no. 218/1999 (Dec 28) on certain offences
Date of receipt/issuance: 01.01.2005 – 31.12.2005

Work safety *Legal title*	**Quantity**	**HUF**
R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**4353**	**32836000**
R.98. § (1) b) Non-performance of the obligation to prepare proper records and minutes in relation to work accidents, as well as to report the same	**47**	**384000**
R.100. § (1) b) Operation of production or safety equipment without the prescribed preliminary tests	**61**	**492000**
R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment	**188**	**1549000**
R.100. § (2) b) Operation of production or safety equipment with the violation of the standards prescribed in the relevant legal regulations	**39**	**293000**
R.131. § (1) a) Importing, marketing electric equipment, appliances, consumer equipment without proper safety authorizations	**4**	**35000**
R.131. § (1) b) Violation of safety regulations pertaining to the establishment and operation of electric equipment and appliances	**84**	**652000**
R.132. § (1) b) Operation of boilers, pressure vessels or storage tanks without preliminary tests	**1**	**6000**
R.139. § Violation of the safety rules of construction works	**173**	**1344000**
Act 140. § (1) Abuse of industrial explosives and pyrotechnical products	**5**	**25000**

Labour

R.93. § (1)) Discrimination of employees	**5**	**50000**
R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**1140**	**10108000**
R.94. § (1) b) Violation of the rules pertaining to the issuance of certifications in relation to the termination of labour relations	**112**	**941000**
R.94. § (1) c) Violation of the rules pertaining to the employment of women, young people and persons with changed working abilities	**2**	**20000**
R.94. § (1) d) Violation of the regulations in relation to the statutory amount of the mandatory minimum wage	**73**	**648000**
R.94. § (1) e) Violation of the rules pertaining to working time, rest time, extraordinary work, holidays	**334**	**2778000**
R.94. § (2) Employment in positions being subject to medical examinations without the results of the prescribed work fitness examinations	**24**	**227000**
R.98/A. § (1) b) Violation of the rules pertaining to the registration, handling and keeping of data registration sheets	**9**	90000
R.98/A. § (1) c) Violation of the rules pertaining to the professional qualification and headcount of persons entitled to drive motor vehicles	**16**	150000
R.98/A. § (1) d Violation of the rules pertaining to the installation and commissioning of tachographs	**7**	61000
R.96/A. § a) Pursuance of manpower leasing activities in the lack of the statutory conditions	**1**	10000

Offences in the breakdown described in the paragraphs of Government Decree no. 218/1999 (Dec 28) on certain offences 2006.01.01. – 2006.12.31. in the period of 01.01.2006–31.12.2006

Work safety

Legal title	**Quantity**	**HUF**
R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**908**	**32 812 000**
R.98. § (1) b) Non-performance of the obligation to prepare proper records and minutes in relation to work accidents, as well as to report the same		
R.100. § (1) a) Operation of production or safety equipment without the prescribed preliminary tests	**56**	**1 635 000**
R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment		
R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment		
R.100. § (2) Operation of production or safety equipment with the violation of the standards prescribed in the relevant legal regulations		
R.131. § (1) b) Violation of safety regulations pertaining to the establishment and operation of electric equipment and appliances	**12**	**310 000**
R.139. § Violation of the safety rules of construction works		**0 000**

Labour

R.93. § (1) a) Discrimination of employees	**1**	**000**
R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**257**	**10 972 000**
R.94. § (1) b) Violation of the rules pertaining to the issuance of certifications in relation to the termination of labour relations		
R.94. § (1) c) Violation of the rules pertaining to the employment of women, young people and persons with changed working abilities		
R.94. § (1) d) Violation of the regulations in relation to the statutory amount of the mandatory minimum wage		

R.94. § (1) e) Violation of the rules pertaining to working time, rest time, extraordinary work, holidays		
R.94. § (2) Employment in positions being subject to medical examinations without the results of the prescribed work fitness examinations		
R.96/A. § a) Pursuance of manpower leasing activities in the lack of the statutory conditions	**2**	**000**
R.97. § Facilitation of the illegal employment of foreign persons	**1**	**000**
R.98/A. § (1) a) Violation of the rules pertaining to the professional qualification and headcount of persons entitled to drive motor vehicles	**16**	**480 000**
R.98/A. § (1) b) Violation of the rules pertaining to the registration, handling and keeping of data registration sheets		
R.98/A. § (1) c) Violation of the rules pertaining to the control of the driving and rest times of vehicle drivers		
R.98/A. § (1) d) Violation of the rules pertaining to the installation and commissioning of tachographs		

Work safety

Legal title	**Quantity**	**HUF**
R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**5156**	**41 171 000**
R.98. § (1) b) Non-performance of the obligation to prepare proper records and minutes in relation to work accidents, as well as to report the same		
R.100. § (1) a) Operation of production or safety equipment without the prescribed preliminary tests	**235**	**1 921 000**
R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment		
R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment		
R.100. § (2) Operation of production or safety equipment with the violation of the standards prescribed in the relevant legal regulations		
R.131. § (1) b) Violation of safety regulations pertaining to the establishment and	**46**	**379 000**

operation of electric equipment and appliances		
R.132. § (1) a) Operation of boilers, pressure vessels or storage tanks without preliminary tests		**000**
R.139. § Violation of the safety rules of construction works	**7**	**498 000**

Onsite fines in the breakdown described in the paragraphs of Government Decree no. 218/1999 (Dec 28) on certain offences

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In the period of 01.01.2006–31.12.2006

Labour

R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**161**	**1 429 000**
R.94. § (1) b) Violation of the rules pertaining to the issuance of certifications in relation to the termination of labour relations		
R.94. § (1) c) Violation of the rules pertaining to the employment of women, young people and persons with changed working abilities		
R.94. § (1) d) Violation of the regulations in relation to the statutory amount of the mandatory minimum wage		
R.94. § (1) e) Violation of the rules pertaining to working time, rest time, extraordinary work, holidays		
R.94. § (2) Employment in positions being subject to medical examinations without the results of the prescribed work fitness examinations		
R.98/A. § (1) a) Violation of the rules pertaining to the professional qualification and headcount of persons entitled to drive motor vehicles	**5**	**50 000**
R.98/A. § (1) b) Violation of the rules pertaining to the registration, handling and keeping of data registration sheets		
R.98/A. § (1) c) Violation of the rules pertaining to the control of the driving and rest times of vehicle drivers		
R.98/A. § (1) d Violation of the rules pertaining to the installation and commissioning of tachographs		

Offences in the breakdown described in the paragraphs of Government Decree no. 219/1999 (Dec 28) on certain offences

Date of receipt/issuance: 01.01.2007–31.12.2007

Work protection	***Legal title***	**Quantity**
	R. 103. § (1) Failure to participate in the statutory medical fitness examinations or unfit qualification	**3**
	R.94. § (2) Employment in positions being subject to medical examinations without the results of the prescribed work fitness examinations	**36**
	R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**884**
	R.98. § (1) a) (Work Safety) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**472**
	R.98. § (1) a) (Occupational Health) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**8**
	R.98. § (1) b) Non-performance of the obligation to prepare proper records and minutes in relation to work accidents, as well as to report the same	**47**
	R.100. § (1) a) Operation of production or safety equipment without the prescribed preliminary tests	**26**
	R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment	**31**
	R.100. § (2) Operation of production or safety equipment with the violation of the standards prescribed in the relevant legal regulations	**10**
	R.131. § (1) b) Violation of safety regulations pertaining to the establishment and operation of electric equipment and appliances	**7**
	R.132. § (1) a) Operation of boilers, pressure vessels or storage tanks without preliminary tests	**2**
	R.139. § Violation of the safety rules of construction works	**63**
Labour		
	R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**10**
	R.94. § (1) b) Violation of the rules pertaining to the issuance of certifications in relation to the termination of labour relations	**1**
	R.94. § (1) c) Violation of the rules pertaining to the employment of women, young people and	**1**

persons with changed working abilities	
R.94. § (1) d) Violation of the regulations in relation to the statutory amount of the mandatory minimum wage	**1**
R.94. § (1) e) Violation of the rules pertaining to working time, rest time, extraordinary work, holidays	**3**
R.98/A. § (1) a) Violation of the rules pertaining to the professional qualification and headcount of persons entitled to drive motor vehicles	**2**

Onsite fines in the breakdown described in the paragraphs of Government Decree no. 219/1999 (Dec 28) on certain offences
Date of receipt/issuance: 2007.01.01. – 2007.12.31.

Work protection	***Legal title***	**Quantity**
	R.98. § (1) a) Violation of rules pertaining to the healthy and safe performance of work, and its supervision	**4636**
	R.98. § (1) b) Non-performance of the obligation to prepare proper records and minutes in relation to work accidents, as well as to report the same	**37**
	R.99. § (1) Hindrance of the work safety representative in the exercise of rights granted in the regulations pertaining to work protection	**2**
	R.100. § (1) a) Operation of production or safety equipment without the prescribed preliminary tests	**36**
	R.100. § (1) b) Violation of the safety regulations pertaining to the operation, maintenance of production or safety equipment	**137**
	R.100. § (2) Operation of production or safety equipment with the violation of the standards prescribed in the relevant legal regulations	**42**
	R.131. § (1) a) Importing, marketing electric equipment, appliances, consumer equipment without proper safety authorizations	**5**
	R.131. § (1) b) Violation of safety regulations pertaining to the establishment and operation of electric equipment and appliances	**75**
	R.139. § Violation of the safety rules of construction works	**385**

Labour

R.94. § (1) a) Violation of the rules pertaining to the legal statements required for the establishment of legal relations	**3**
R.94. § (1) b) Violation of the rules pertaining to the issuance of certifications in relation to the termination of labour relations	**2**
R.94. § (1) e) Violation of the rules pertaining to working time, rest time, extraordinary work, holidays	**2**
R.96/A. § a) Pursuance of manpower leasing activities in the lack of the statutory conditions	**1**
R.98/A. § (1) c) Violation of the rules pertaining to the professional qualification and headcount of persons entitled to drive motor vehicles	**1**

II. TO ARTICLE 11:

HEALTH STATISTICAL DATA IN RELATION TO THE REPORTING PERIOD

Source: Year Book of Health Statistics 2007 (Central Statistical Office, 2008)

Key demographic characteristics of the population:

Population in a breakdown for sexes (01 January)

Year	Male	Female	Total	Male	Female	Women per th men	Population density per km²
	in thousand persons			ratio, percentage			
1941	4 560,9	4 755,2	9 316,1	49,0	51,0	1 043	100,1
1949	4 423,4	4 781,4	9 204,8	48,1	51,9	1 081	98,9
1960	4 804,0	5 157,0	9 961,0	48,2	51,8	1 073	107,1
1970	5 003,7	5 318,4	10 322,1	48,5	51,5	1 063	111,0
1980	5 188,7	5 520,8	10 709,5	48,4	51,6	1 064	115,1
1990	4 984,9	5 389,9	10 374,8	48,0	52,0	1 081	111,5
2000	4 865,2	5 356,4	10 221,6	47,6	52,4	1 101	109,9
2001	4 851,0	5 349,3	10 200,3	47,6	52,4	1 103	109,6
2002	4 837,0	5 337,9	10 174,9	47,5	52,5	1 104	109,4
2003	4 818,5	5 323,9	10 142,4	47,5	52,5	1 105	109,0
2004	4 804,1	5 312,6	10 116,7	47,5	52,5	1 106	108,7
2005	4 793,1	5 304,4	10 097,5	47,5	52,5	1 107	108,5
2006	4 784,6	5 292,0	10 076,6	47,5	52,5	1 106	108,3
2007	4 779,1	5 287,1	10 066,2	47,5	52,5	1 106	108,2
2008	4 769,6	5 275,8	10 045,4	47,5	52,5	1 106	108,0

Main data of the natural movement of people

Description	1970	1980	1990	2000	2006	2007
Number of live births	151 819	148 673	125 679	97 597	99 871	97 613
Number of mortalities	120 197	145 355	145 660	135 601	131 603	132 938
Natural growth or decrease (–)	31 622	3 318	–19 981	–38 004	–31 732	–35 325
Number of children that have died under the age of 1	5 449	3 443	1 863	900	571	577
Raw ratio of live births	14,7	13,9	12,1	9,6	9,9	9,7
Raw ratio of mortalities	11,6	13,6	14,0	13,3	13,1	13,2
Natural growth or decrease per thousand inhabitants (–)	3,1	0,3	–1,9	–3,7	–3,2	–3,5
Number of children that have died under the age of 1 per a thousand live births	35,9	23,2	14,8	9,2	5,7	5,9

Embryonal losses

Description	1970	1980	1990	2000	2006	2007
Number of mortalities for yond and middle-aged embryos	29 837	19 972	17 596	14 923	17 358	16 762
Number of mortalities for late embryos	1 520	1 156	699	538	489	485
Total number of embryonic mortalities	31 357	21 128	18 295	15 461	17 847	17 247
Number of abortions	192 283	80 882	90 394	59 249	46 324	43 870
Embryonal losses per a thousand women aged 15–49	83,4	39,6	42,8	29,2	26,5	25,4
Embryonal losses per a hundred live births	147,3	68,6	86,5	76,6	64,3	62,6
Abortions per a thousand women aged 15–49	71,5	31,4	35,6	23,2	19,1	18,2
Number of abortions per a hundred live births	126,7	54,4	71,9	60,7	46,4	44,9

Ratio of infant mortalities in a breakdown for age groups (infant mortalities per a thousand live births)

Year	Under 1 day	1–6 days	7–27 days	28 days and older	Total
1970	13,6	10,9	4,0	7,5	35,9
1980	7,8	7,5	2,5	5,3	23,2
1990	4,3	4,5	2,1	4,0	14,8
2000	2,3	2,3	1,6	3,1	9,2
2001	1,8	2,2	1,4	2,8	8,1
2002	1,8	1,9	1,5	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
2005	1,2	1,5	1,4	2,2	6,2
2006	1,1	1,6	0,9	2,0	5,7
2007	1,4	1,5	1,1	2,0	5,9

Basic healthcare services

Coverage of physician-in-ordinary and family paediatrician services

Description	1990	2000	2004	2005	2006	2007
Number of physicians-in-ordinary	4 537	5 159	5 046	5 018	5 002	4 967
Of this: in Budapest	867	993	966	979	971	947
other towns	1 646	2 202	2 272	2 338	2 339	2 354
villages	2 024	1 964	1 808	1 701	1 692	1 666
Number of persons registered at physicians-in-ordinary (thousand)	8 962	8497	8 623	8 616	8 667	8 663
of which: 0–18 years (thousand)	467	680	601	575	564	540
Number of registered residents per physician-in-ordinary	1 975	1 647	1 709	1 717	1 733	1 744
Number of patients at or over the age of 60 per physician-in-ordinary	435	384	427	430	434	442
Of this: in Budapest	504	393	431	427	433	448
other towns	440	382	444	442	446	456
villages	401	381	402	415	417	418
Number of family paediatricians	1 420	1 570	1 577	1 571	1 557	1 556
Of this: in Budapest	351	348	343	342	341	340
other towns	1 069	982	1 017	1 047	1 032	1 044
villages	..	240	217	182	184	172
Number of persons registered at family paediatricians (thousand)	1 413	1 494	1 717	1 475	1 474	1 459
Number of registered residents per family paediatrician	995	951	1 078	939	947	938
Number of registered residents per physician-in-ordinary and family paediatrician	1 765	1 490	1 525	1 529	1 535	1 540
Of this: in Budapest	1 661	1 340	1 297	1 285	1 293	1 323
other towns	1 793	1 434	1 514	1 493	1 498	1 482
villages	..	1 661	1 690	1 766	1 769	1 800

Patient turnover of physicians-in-ordinary

Year	Persons attending the services	Persons visited at home	Assignment to specialized examinations		assigned to hospital
			ECG, X-ray, laboratory	other	
			Number (thousand)		
1990	38 869	3 869	1 708	1 384	216
2000	47 593	5 574	3 371	3 084	355
2001	48 371	5 312	3 509	3 137	356
2002	49 577	5 070	3 713	3 312	368
2003	50 919	5 054	3 944	3 472	386
2004	52 448	4 835	4 265	3 680	414
2005	54 291	4 659	4 511	3 865	417
2006	57 391	4 207	4 680	4 470	437
2007	48 193	2 762	4 645	5 313	419
			Patient turnover per physician-in-ordinary (pers.)		
1990	8 735	864	384	311	49
2000	9 208	1 078	652	597	69
2001	9 400	1 032	682	610	69
2002	9 666	988	724	646	72
2003	9 946	987	770	678	75
2004	10 332	953	840	725	82
2005	10 789	926	897	768	83
2006	11 455	840	934	892	87
2007	9 669	554	932	1 066	84

Patient turnover of family paediatricians

Year	Number of persons examined	Total visits	Of the total visits	
			ratio of preventive visits (%)	ratio of patient visits (%)
1990	8 043 119	1 016 133	46,3	53,7
2000	9 157 930	1 346 062	37,1	62,9
2001	9 206 360	1 295 066	37,8	62,2
2002	8 856 479	1 189 103	38,1	61,9
2003	9 363 420	1 174 461	37,3	62,7
2004	9 349 519	1 065 519	37,3	62,7
2005	9 634 431	1 035 578	37,0	63,0
2006	9 856 658	981 706	37,7	62,3
2007	9 661 950	848 746	39,2	60,8

Families attended in the nursing districts

Year	Total number of families attended	In the attended families		
		Smoking (%)	negligence of children (%)	violence to children (%)
2000	1 253 929	33,0	1,1	0,1
2001	1 247 495	32,1	1,1	0,1
2002	1 207 922	32,6	1,1	0,1
2003	1 196 980	32,4	1,0	0,1
2004	1 155 666	32,6	1,1	0,1
2005	696 892	33,0	1,7	0,1
2006	610 810	34,0	1,8	0,1
2007	555 526	33,2	1,8	0,1

Specialized outpatient care

Main data of specialized outpatient care

Year	Clinical professions	Imaging diagnostics	Laboratory	Other diagnostics	Other therapies	Total
			Visits			
2004	50 234 678	6 717 869	13 957 804	2 106 983	7 308 280	80 325 614
2005	51 290 150	7 154 863	14 386 546	2 141 743	7 523 937	82 497 239
2006	50 897 314	7 531 130	13 792 191	2 082 444	7 394 523	81 697 602
2007	41 867 911	6 256 854	11 475 229	1 648 086	6 460 491	67 708 571
			Per 100 residents			
2004	497,0	66,5	138,1	20,8	72,3	794,7
2005	508,5	70,9	142,6	21,2	74,6	817,9
2006	505,4	74,8	136,9	20,7	73,4	811,2
2007	416,4	62,2	114,1	16,4	64,2	673,3
			Interventions			
2004	148 280 041	14 642 505	154 478 356	4 375 883	26 710 237	348 487 022
2005	160 795 800	15 932 066	163 932 739	4 615 551	29 510 675	374 786 831
2006	163 023 232	16 027 057	147 542 875	4 683 485	30 756 772	362 033 421
2007	139 617 884	14 005 011	127 459 329	3 804 239	28 679 000	313 565 463
			Per 100 residents			
2004	1 467,1	145,2	1 528,4	43,3	264,3	3 447,9
2005	1 594,1	158,2	1 625,2	45,8	292,6	3 715,5
2006	1 618,7	159,1	1 465,0	46,5	305,4	3 594,7
2007	1 388,4	139,3	1 267,5	37,8	285,2	3 118,3
			Annual number of working hours performed in specialized medical care			
2004	15 376 384	1 571 291	803 460	621 412	177 310	18 549 857
2005	15 485 510	1 687 187	787 175	614 911	399 412	18 974 195
2006	15 455 250	1 994 412	774 778	611 796	391 602	19 227 838
2007	15 499 005	2 012 082	757 969	601 831	390 055	19 260 942
			Per 100 residents			
2004	152,1	15,5	7,9	6,1	1,8	183,5
2005	153,5	16,7	7,8	6,1	4,0	188,1
2006	153,5	19,8	7,7	6,1	3,9	190,9
2007	154,1	20,0	7,5	6,0	3,9	191,5
			Annual number of working hours performed in non-specialized medical care			
2004	785 287	72 632	478 632	150 631	1 419 479	2 906 661
2005	772 895	67 524	465 241	150 586	1 475 840	2 932 086
2006	746 257	69 386	452 221	149 938	1 532 736	2 950 538
2007	752 363	67 894	444 748	147 791	1 562 938	2 975 734
			Per 100 residents			
2004	7,8	0,7	4,7	1,5	14,0	28,8
2005	7,7	0,7	4,6	1,5	14,6	29,1
2006	7,4	0,7	4,5	1,5	15,2	29,3
2007	7,5	0,7	4,4	1,5	15,5	29,6

Services by the healthcare institutions

Number and patient turnover of the institutions of pulmonology during the year

Year	Institutions of pulmonology		Of the patient turnover		
	number	patient turnover	registered tbc patients and contacts	non-tbc	prevention
1980	171	2 476 118	..	..	..
1990	164	2 077 232	..	..	..
2000	162	2 035 400	78 887	1 281 782	674 731
2001	160	2 013 231	75 210	1 281 655	656 366
2002	162	2 000 120	81 254	1 276 419	642 447
2003	162	1 984 642	74 203	1 294 873	615 566
2004	162	2 010 922	66 484	1 310 707	633 731
2005	162	2 045 556	49 527	1 341 920	654 109
2006	162	1 947 969	44 104	1 264 047	639 818
2007	162	1 509 098	35 467	1 057 569	416 062

Lung screening stations and lung screening trials

Year	Static screen photography stations	Moving screen photography stations	Total number of screening stations	Lung screening trials	A hundred persons over the age of 14
1980	96	61	157	6 480 073	77
1990	116	62	178	4 828 518	59
2000	128	56	184	3 977 846	47
2001	134	50	184	4 095 134	48
2002	134	48	182	3 913 798	46
2003	134	48	182	3 717 518	43
2004	134	48	182	3 681 879	43
2005	142	37	179	3 508 498	41
2006	135	48	183	3 670 144	43
2007	135	48	183	2 935 269	34

Main data of institutions of dermal and venereal diseases

Year	Number of attending personnel	Total patient turnover (thousand)	Of this	
			patient turnover for venereal diseases (thousand)	patient turnover for dermal diseases (thousand)
1970	124	4 341	171	2 713
1980	124	3 265	112	2 238
1990	127	2 851	49	2 298
2000	121	1 966	17	1 788
2001	123	1 935	22	1 749
2002	124	1 965	14	1 800
2003	125	1 902	13	1 757
2004	125	1 898	16	1 732
2005	125	1 936	11	1 764
2006	125	1 875	..	1 689
2007	125	1 297+	..	1 179+

Main data of psychiatric personnel

Year	Number of psychiatric personnel	Patient turnover			Total number of visits per person attended	Home	
		total	of which: attended	ratio of persons served (%)		medical examinations	visits by nurses
1970	52	423 397	299 262	70,7	4,8	7 422	58 002
1980	95	731 075	527 234	72,1	4,9	14 509	80 353
1990	132	920 615	673 623	73,2	7,2	18 691	87 593
2000	139	1 262 268	589 080	46,7	9,7	14 777	54 986
2001	142	1 304 493	585 873	44,9	9,8	16 011	50 772
2002	144	1 331 822	584 675	43,9	9,8	16 466	50 602
2003	144	1 363 510	582 643	42,7	9,9	19 531	49 392
2004	144	1 395 054	606 686	43,5	9,9	17 297	46 181
2005	146	1 431 397	641 351	44,8	10,1	17 519	46 379
2006	146	1 482 327	632 943	42,7	9,9	14 877	40 413
2007	145	1 251 354	529 371	42,3	8,6	12 553	26 354

Main data of addictology personnel

Year	Number of addictology personnel	Patient visits	Of this:	
			visits by persons attended	new patients
2000	136	177 722	135 848	41 874
2001	136	179 102	133 404	45 698
2002	139	183 778	134 559	49 219
2003	138	171 131	122 349	48 782
2004	133	161 953	118 113	43 840
2005	131	164 353	113 274	51 079
2006	131	161 750	108 703	53 047
2007	126	127 515	86 162	41 353

Inpatient services in medical institutions

Number of hospital beds

At the end of the year	Authorized beds		Of this: beds of active patient-care departments		Number of beds permanently suspended	Operating beds	
	number	ratio for ten thousand inhabitants	number	ratio for ten thousand inhabitants		number	ratio for ten thousand inhabitants
1980	97 056	90,6	70 269	65,6	3 857	93 199	87,0
1990	104 686	100,9	73 902	71,3	2 732	101 954	98,3
2000	84 277	82,6	57 632	56,5	847	83 430	81,8
2001	80 979	79,6	61 684	60,6	475	80 504	79,1
2002	80 844	79,7	61 342	60,4	504	80 340	79,2
2003	80 174	79,2	60 700	60,0	342	78 832	78,9
2004	80 071	79,3	60 439	59,9	466	79 605	78,8
2005	80 185	79,6	60 243	59,8	580	79 605	79,0
2006	80 252	79,7	59 901	59,5	405	79 847	79,3
2007	72 477	72,1	44 791	44,6	575	71 902	71,6

National ambulance services

Main data of ambulance services

Year	Number of ambulance stations	Total number of ambulance cars	Ambulance cars in operation	Mileage driven (thousand)	Number of tasks performed (thousand)
1980	159	1 622	973	48 103	2 039
1990	169	1 514	1 005	51 450	2 175
2000	200	1 218	972	62 196	2 744
2001	203	1 243	978	61 368	2 712
2002	210	1 183	990	61 976	2 755
2003	211	1 206	991	61 957	2 760
2004	212	1 158	984	58 688	2 546
2005	216	1 070	830	53 633	2 267
2006	217	929	788	48 298	1 955
2007	224	915	773	39 637	1 417

Medicine supply

Number of pharmacies per type

Description	1990	2000	2005	2006	2007
Number of public pharmacies in public ownership	1 449	–	–	–	–
Number of public pharmacies in private ownership	30	1 999	2 006	2 010	2 159
In association with public pharmacies in private ownership					
branch pharmacies	..	604	641	650	656
retail pharmacies	..	298	286	278	261
Institutional pharmacies	..	147	142	143	138
Number of hospital pharmacies	..	46	64	73	72
Total	..	2 045	2 070	2 083	2 231

Blood supply

Blood supply data

Year	Number of donor examinations	Number of blood donation operations (unit)			
		total	of which:		
			full blood donation	plasmapheresis	cytopheresis
2000	484 079	501 289	458 878	11 848	50 488
2001	491 094	491 820	445 134	9 640	52 456
2002	474 433	497 692	451 717	9 704	51 890
2003	501 697	494 637	448 667	2 335	50 114
2004	508 215	505 344	459 391	1 477	52 438
2005	492 148	494 351	437 034	1 401	55 916
2006	476 566	467 407	421 394	390	45 623
2007	475 337	464 423	422 168	15	42 240

Human health activities

Number of physicians and physician positions

At the end of the year	Physicians recorded in the National Registry of Physicians		Active physicians		Number of			Vacant positions (%)
					Permitted	Occupied	Vacant	
	number	ratio for ten thousand inhabitants	number	ratio for ten thousand inhabitants	physician positions			
1970	22 796	22,0	20 877	20,2	24 848	22 969	1 879	7,6
1980	30 071	28,1	26 898	25,1	29 996	28 157	1 839	6,1
1985	33 516	31,7	29 524	27,7	32 170	30 423	1 747	5,4
1990	37 255	35,9	32 883	31,7	34 548	32 868	1 680	4,9
1995	42 489	41,2	34 634	33,6	34 210	31 575	2 635	7,7
1998	45 786	44,5	36 143	35,2	33 119	30 718	2 401	7,2
1999	46 560	45,4	36 386	35,6	33 083	30 021	3 062	9,3
2000	39 078	38,3	30 695	30,1	33 354	30 534	2 820	8,5
2001	39 648	39,0	33 088	32,5	33 313	30 586	2 727	8,2
2002	40 829	40,3	37 295	36,8	33 533	30 944	2 589	7,7
2003	41 778	41,3	38 241	37,8	33 537	31 105	2 432	7,3
2004	42 659	42,2	38 877	38,5	33 693	31 143	2 550	7,6
2005	35 395	35,1	32 563	32,3	37 204	34 911	2 293	6,2
2006	37 220	37,0	35 572	35,3	38 756	36 563	2 192	5,7
2007	35 763	35,6	32 202	32,1	37 895	36 262	1 632	4,3

Infectious diseases, immunization

Number of newly registered HIV-infected persons

Year	Male	Female	Anonymous	Total
1985–1990	222	17	5	244
1991	43	6	6	55
1992	45	4	13	62
1993	36	7	13	56
1994	38	4	23	65
1995	53	4	24	81
1996	38	11	13	62
1997	50	11	11	72
1998	58	16	–	74
1999	51	11	–	62
2000	38	10	–	48
2001	55	27	–	82
2002	65	13	–	78
2003	53	10	–	63
2004	63	12	–	75
2005	80	14	12	106
2006	49	13	19	81
2007	86	11	22	119
Total	**1 123**	**201**	**161**	**1 485**

Number of newly reported AIDS patients

Year	Number of AIDS patients			Number of AIDS mortalities		
	male	female	total	male	female	total
1986–1990	48	3	51	26	2	28
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	3	8
2002	19	7	26	8	2	10
2003	22	4	26	9	1	10
2004	19	4	23	11	2	13
2005	29	4	33	6	–	6
2006	15	7	22	5	1	6
2007	17	6	23	9	1	10
Total	**482**	**68**	**550**	**266**	**26**	**292**

Other (non-mandatory) immunization

Description of the immunization	1980	1990	2000	2006	2007
Number of immunization provided in relation to travels to foreign countries					
Black vomit	..	..	3 483	3 841	3 682
Meningococcus meningitis (A,C,W–135,Y)	..	..	560	1 728	1 983
Cholera	6 319	5 130	284	–	–
Typhus abdominalis	–	2 566	3 217	4 361	5 141
Diphteria	–	–	2 475	1 748	1 583
Morbilli–mumps–rubeola	–	–	654	429	509
Oral polyiovirus vaccine	–	–	673	392	248
For the prevention of gamma globuline hepatitis inf.	–	–	315	319	173
Hepatitis A	..	..	..	6 233	4 253
Hepatitis B	..	..	..	5 109	3 141
Hepatitis A+B	..	..	..	2 983	2 103
Other	1 193	1 357	4 831	977	945
Number of immunization provided in the threat of diseases					
Typhus abdominalis					
in the environment of the patient	1 705	–	4	–	–
in the environment of the pathogen carrier	2 093	196	72	57	36
Diphteria	34	–	–	–	–
Pertussis	5	–	–	1	–
Rubeola	–	–	275	–	–
Mumps	–	–	171	–	–
Morbilli	–	2	–	5	–
Gamma globuline					
Morbilli (gamma globuline immunization of the environment)	472	29	–	1	1
Hepatitis (gamma globuline immunization of the environment)	109 289	67 926	20 991	8 876	9 188
Due to injury involving the suspicion of Lyssa infection	1 286	2 636	5 613	4 639	3 478

Diseases registered in nursing institutions

Number and ratio of patients registered in institutions of addictology

Year	Registered number of persons attended		
	male	female	total
	Number		
2000	33 030	10 289	43 319
2001	31 237	9 534	40 771
2002	27 400	9 518	36 918
2003	27 050	9 380	36 430
2004	24 989	9 539	34 528
2005	24 995	8 858	33 853
2006	21 818	7 630	29 448
2007	18 875	7 317	26 192
	Per 100,000 residents		
2000	680,9	192,3	424,7
2001	645,8	178,6	400,7
2002	568,6	178,8	364,0
2003	563,1	176,6	360,1
2004	521,4	179,8	341,9
2005	522,4	167,4	336,0
2006	456,5	144,3	292,5
2007	395,7	138,7	260,7

Number of registered alcoholists

Year	Number of registered alcoholists in institutions of addictology	Number of registered alcoholists in institutions of psychiatry	Aggregate	Ratio for 100,000 inhabitants	Number of patients registered in institutions of psychiatry due to alcohol-related psychosis		
					male	female	aggregate
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
2001	38 433	931	39 364	386,9	190	77	267
2002	34 483	1 044	35 527	338,2	187	83	270
2003	33 647	1 425	35 072	346,6	169	54	223
2004	31 465	1 754	33 219	329,0	197	49	246
2005	30 989	1 899	32 888	326,4	223	78	301
2006	27 112	1 910	29 022	288,3	176	65	241
2007	24 347	1 693	26 040	259,2	159	56	215

Main data of drug addicts visiting treatments during the year

Description		2001	2002	2003	2004	2005	2006	2007
	Number of drug addicts visiting treatments during the year for the first time							
Total		4 342	4 717	5 958	5 655	6 319	5 673	4 050
Of this:								
male		3 047	2 921	4 020	4 050	4 695	4 150	2 975
female		1 295	1 796	1 938	1 605	1 624	1 523	1 075
	Number of drug addicts visiting treatments during the year							
Total		12 049	12 777	14 993	14 165	14 793	15 480	13 597
Of this:								
male		8 356	7 544	9 267	9 477	9 931	10 477	8 942
female		3 693	5 233	5 726	4 688	4 862	5 003	4 655
	Breakdown of drug addicts visiting treatments during the year for the types of drugs (%)							
Opiate type		35,7	21,6	17,1	14,4	14,4	15,0	15,8
Cocaine type		1,7	1,1	0,9	0,8	0,9	1,3	1,6
Cannabis type		19,1	14,1	25,2	32,3	35,7	37,7	34,0
Hallucinogenic agents		2,0	1,0	0,6	0,5	0,9	0,5	0,5
Amphetamine type		6,9	6,3	8,2	8,7	10,4	8,6	8,5
Sedative type		15,8	39,5	33,5	28,2	25,1	24,6	27,5
Polytoxicomania		13,0	11,1	11,0	12,4	10,7	10,7	10,4
Organic solvents		3,9	3,6	2,0	1,6	1,2	1,0	0,9
Other drugs		2,0	1,7	2,1	1,2	0,7	0,6	0,8

III. TO ARTICLE 12:

Source of the data tables:
Hungarian Central Statistical Office: Social Statistical Year Book, 2007. KSH, Budapest

PENSIONS AND SIMILAR BENEFITS

10. NYUGDÍJAK, NYUGDÍJSZERŰ ELLÁTÁSOK
RETIREMENT ALLOWANCES

10.1. Nyugdíjak, nyugdíjszerű ellátások
Pensions, retirement provisions

Megnevezés *Denomination*	1990	1995	2000	2002	2003	2004	2005	2006	2007
Az ellátásban részesülők átlagos létszáma, ezer fő *Average number of provisioners, thousands*	2 520,2	3 026,6	3 103,5	3 070,0	3 055,9	3 041,4	3 036,1	3 027,9	3 024,9
a népesség %-ában *as a % of the population*	24,3	29,3	30,4	30,2	30,2	30,1	30,1	30,0	30,1
Az ellátásokra fordított kiadás, milliárd Ft *Amounts paid, billion HUF*	202,1	582,2	1 228,5	1 696,3	1 849,2	2 052,7	2 294,5	2 510,3	2 769,3
a GDP %-ában *as a % of the GDP*	9,7	10,4	9,3	10,1	10,0	10,2	10,5	10,6	10,9
Egy ellátottra jutó havi nominálösszeg, Ft[a] *Monthly nominal amount of provision per capita, HUF*[a]	6 683	16 030	32 986	44 446	50 428	56 244	62 978	69 088	76 293
a nettó nominál-átlagkereset %-ában *as a % of the average net nominal earnings*	66,1	61,9	59,1	57,3	56,8	60,0	61,1	62,3	66,9
A nyugdíjemelés mértéke, %[b] *Rate of pension increase, %*[b]	..	15,4	11,2	15,6	13,1	9,6	9,5	7,6	6,5
Öregségi nyugdíjminimum januárban, Ft *Old-age minimum pension, HUF*	4 300	8 400	16 600	20 100	21 800	23 200	24 700	25 800	27 130

a) Az adatok nem tartalmazzák a 2002. évi egyszeri 19 ezer Ft-os juttatást, de 2003-tól tartalmazzák a tizenharmadik havi nyugdíj összegét. — *Data do not include the single HUF 19 thousand provision paid in 2002, but they include the sum of thirteenth month pension paid since 2003.*
b) 2003-tól hozzászámítva a tizenharmadik havi nyugdíj bevezetésének hatását. — *Since 2003 the influence of the introduction the thirteen month pension is included in these data.*

10.1. Nyugdíjak, nyugdíjszerű ellátások (folytatás)
Pensions, retirement provisions (continued)

Megnevezés *Denomination*	1990	1995	2000	2002	2003	2004	2005	2006	2007
					1990 = 100,0				
Egy ellátottra jutó havi ellátás nominálösszege *Nominal amount of monthly provision per provisioner*	100,0	239,9	493,6	665,1	754,6	841,6	942,4	1 033,8	1 141,6
Fogyasztóiár-index *Consumer price index*	100,0	309,7	625,3	719,0	752,5	803,7	832,3	864,8	933,8
Egy ellátottra jutó ellátás havi összegének reálértéke *Real terms of monthly provision per provisioner*	100,0	77,5	78,9	92,5	100,2	104,7	113,1	119,4	122,3
Öregségi nyugdíjminimum reálértéke *Old-age real terms of minimum pension*	100,0	63,1	61,7	65,0	67,3	67,1	69,0	69,3	67,6
					2000 = 100,0[c]				
Egy ellátottra jutó havi ellátás nominálösszege *Nominal amount of monthly provision per provisioner*	..	..	100,0	134,7	152,9	170,5	190,9	209,4	231,3
Nyugdíjasok fogyasztóiár-indexe *Consumer price index for pensioners*	..	..	100,0	115,0	120,3	129,1	134,1	140,8	155,9
Egy ellátottra jutó ellátás havi összegének reálértéke *Real terms of monthly provision per provisioner*	..	..	100,0	117,2	127,1	132,1	142,4	148,8	148,4
Öregségi nyugdíjminimum reálértéke *Old-age real terms of minimum pension*	..	..	100,0	105,3	109,2	108,3	111,0	110,4	104,8
					Előző év = 100,0[d] — *Previous year = 100.0*[d]				
Egy ellátottra jutó havi ellátás nominálösszege *Nominal amount of monthly provision per provisioner*	125,6	114,7	111,3	115,8	113,5	111,5	112,0	109,7	110,4
Nyugdíjasok fogyasztóiár-indexe *Consumer price index for pensioners*	128,9	128,2	109,8	105,3	104,6	107,3	103,9	105,0	110,7
Egy ellátottra jutó ellátás havi összegének reálértéke *Real terms of monthly provision per provisioner*	97,4	89,5	101,4	110,0	108,5	103,9	107,8	104,5	99,8
Öregségi nyugdíjminimum reálértéke *Old-age real terms of minimum pension*	95,3	87,6	98,5	104,3	103,6	99,6	102,5	99,5	95,0
Tisztított nyugdíjindexek[e] *Net pension index*[e]									
nyugdíjak nominálértékének változása *change of the nominal value of pensions*	122,0	115,4	110,8	115,8	113,6	110,8	110,4	108,2	108,3
nyugdíjak reálértékének változása *change of the real value of pensions*	94,6	90,0	100,9	110,0	108,6	103,3	106,3	103,0	97,8

) A nyugdíjasok fogyasztóiár-indexe első ízben a 2002. évre vonatkozóan áll rendelkezésre. — *At first consumer price index was produced for pensioners in 2002.*
) 2002-től a nyugdíjasok fogyasztóiár-indexével számolva. — *Calculated with consumer price index for pensioners from 2002.*
) Lásd a módszertant. Forrás: Országos Nyugdíjbiztosítási Főigazgatóság. — *See Methodology. Source: Central Administration of National Pension Insurance.*

10.2. Az ellátásban részesülők száma és a teljes ellátás átlagösszege az év elején* *Number of retirement allowance recipients and average full pension at start of year**

Év *Year*	Az ellátásban részesülők *Recipients, total*		Ebből: — *Of which:* az öregségi nyugdíjasok *old-age pensioners*		a korbetöltött *above retirement age* rokkantsági nyugdíjasok *disability pensioners*		a korhatár alatti *under retirement age* rokkantsági nyugdíjasok *disability pensioners*	
	száma *number*	nyugdíjainak átlagösszege, Ft/hó *average monthly pension, HUF*	száma *number*	nyugdíjainak átlagösszege, Ft/hó *average monthly pension, HUF*	száma *number*	nyugdíjainak átlagösszege, Ft/hó *average monthly pension, HUF*	száma *number*	nyugdíjainak átlagösszege, Ft/hó *average monthly pension, HUF*
1990	2 586 821	6 048	1 461 687	6 450	310 186	6 225	232 617	6 218
1995	3 009 588	13 519	1 600 349	15 009	385 679	14 686	332 332	12 682
1996	3 059 257	15 539	1 621 393	17 325	393 380	16 932	352 032	14 356
1997	3 104 451	17 442	1 646 786	19 528	401 686	18 994	364 946	16 018
1998	3 138 629	20 751	1 652 432	23 354	397 431	22 699	380 148	18 991
1999	3 183 761	25 352	1 664 661	29 198	334 306	28 178	424 459	23 993
2000	3 145 058	28 844	1 671 090	33 258	343 768	31 929	418 746	26 990
2001	3 115 651	32 083	1 667 945	37 172	325 285	35 536	447 001	30 085
2002	3 103 244	37 320	1 664 062	43 368	336 341	41 012	453 203	34 665
2003	3 093 116	43 381	1 657 271	50 652	332 677	47 681	467 289	39 985
2004	3 088 111	48 761	1 637 847	57 326	344 263	53 270	462 228	44 389
2005	3 083 348	53 421	1 643 409	63 185	342 310	58 169	465 797	47 915
2006	3 053 178	58 414	1 658 387	69 145	351 799	62 430	454 348	51 882
2007	3 045 197	62 950	1 676 477	74 326	350 553	66 253	451 953	55 110
2008	3 053 827	69 598	1 716 315	81 974	361 957	71 807	432 840	59 373

* Nyugdíjemelés előtti adatok. Az ellátások átlagösszegei 1998-ig a bruttó ellátás adatait tartalmazzák családi pótlék nélkül. — *Data before pension increase. The amounts shown gross benefits without family allowance up to 1998.*

9.2. Összefoglaló táppénzes adatok*
*Aggregated sick pay data**

Év *Year*	A táppénzre jogosultak	A táppénzesek		Táppénzes nap, millió *Sick pay days, millions*	Táppénzkiadás, millió Ft [a] *Total sick pay expenditure, million HUF[a]*	Egy táppénzes napra jutó kiadás, Ft *Expenditure per sick pay day, HUF*
	napi átlagos létszáma, ezer *Daily average number of*		aránya, % *Rate of*			
	persons entitled to sick pay	*persons on sick pay*				
	thousands					
1990	4 540	272	6,0	99,4	24 319	245
1995	3 827	173	4,5	63,1	39 805	631
1996	3 720	123	3,3	45,2	32 977	730
1997	3 558	119	3,3	43,3	36 138	835
1998	3 530	114	3,2	41,7	41 255	989
1999	3 433	115	3,3	41,9	49 205	1 173
2000	3 465	112	3,2	41,2	56 140	1 364
2001	3 473	117	3,4	42,6	64 206	1 508
2002	3 480	122	3,5	44,4	80 864	1 823
2003	3 521	124	3,5	45,2	98 936	2 189
2004	3 485	107	3,1	39,2	96 240	2 457
2005	3 486	102	2,9	37,4	97 023	2 595
2006	3 523	100	2,8	36,4	99 953	2 752
2007	3 520	90	2,6	33,0	97 390	2 953

* A MÁV adataival együtt, 1998-ig az OEP-pel külön megállapodást kötők adatai nélkül. 1999-től a fegyveres testületek, rendvédelmi szervek hivatásosainak adatai nélkül. — *Including data of Hungarian State Railways, up to 1998 excluding data of those who contracted with NHIFA. From 1999 excluding data of professional staff of armed corporations and order defence organizations.*

a) Összes táppénzkiadás, mely 1996-tól tartalmazza a munkáltatói táppénz-hozzájárulást. — *Total expenses on sick-pay, from 1996 including employer's contribution to sick-pay.*

9.3. Táppénzes adatok a foglalkoztatás jellege szerint*
*Data on sick pay by employment status**

Év *Year*	A táppénzre jogosultak	A táppénzesek	A táppénzes *Number of sick pay*		*Sick pay days*	
	napi átlagos száma, ezer		napok *days*	esetek *cases*	Egy esetre *per case*	Egy jogosultra *per person entitled*
	Daily average number of persons					
	entitled to sick pay	*on sick pay*	száma, ezer *thousands*		jutó nap	
	thousands					
	Alkalmazásban állók — *Employees*					
1990	4 246	265	96 890	4 787	20	23
1995	3 140	154	56 117	1 452	39	18
1996	3 046	109	40 017	1 135	35	13
1997	..	103	37 348	..	..	..
1998	2 979	99	36 317	1 307	28	12
1999	2 970	100	36 627	1 538	24	12
2000	2 998	98	36 046	1 311	27	12
2001	2 985	101	36 713	1 239	30	13
2002	3 007	105	38 360	1 169	33	13
2003	3 035	107	39 034	1 197	33	13
2004	3 009	93	34 053	1 128	30	11
2005	..	88	32 161	1 137	28	..
2006	..	85	30 977	1 078	29	..
2007	..	76	27 709	998	28	..
	Egyéni és társas vállalkozások tagjai — *Self-employed persons and members of joint enterprises*					
1990	294	7	2 528	52	49	9
1995	687	19	6 944	138	50	10
1996	674	14	5 153	89	58	8
1997	..	16	5 911	..	..	..
1998	551	15	5 403	106	51	10
1999	463	15	5 320	108	49	11
2000	467	14	5 109	101	51	11
2001	488	16	5 851	110	53	12
2002	473	17	5 996	108	56	13
2003	486	17	6 163	123	50	13
2004	476	14	5 112	106	48	11
2005	..	14	5 221	115	45	..
2006	..	15	5 373	119	45	..
2007	..	14	5 272	119	44	..
	Együtt — *Together*					
1990	4 540	272	99 418	4 839	21	22
1995	3 827	173	63 061	1 590	40	16
1996	3 720	123	45 170	1 225	37	12
1997	3 558	119	43 259	1 436	30	12
1998	3 530	114	41 720	1 413	30	12
1999	3 433	115	41 947	1 646	26	12
2000	3 465	112	41 155	1 412	29	12
2001	3 473	117	42 564	1 349	32	12
2002	3 480	122	44 356	1 277	35	13
2003	3 521	124	45 197	1 320	34	13
2004	3 485	107	39 165	1 234	32	11
2005	3 486	102	37 382	1 252	30	11
2006	3 523	100	36 351	1 197	30	10
2007	3 520	90	32 981	1 116	30	11

* A MÁV adataival együtt, 1998-ig az OEP-pel külön megállapodást kötők adatai nélkül. 1999-től a fegyveres testületek, rendvédelmi szervek hivatásosainak adatai nélkül. — *Including data of Hungarian State Railways, up to 1998 excluding data of those who contracted with NHIFA. From 1999 excluding data of professional staff of armed corporations and order defence organizations.*

9.4. Gyermekápolási táppénz*
*Child nursing sick pay**

Év *Year*	A gyermekápolási táppénzes napok *Child nursing sick pay days*		A gyermekápolási táppénzkiadás *Child nursing sick pay expenditure*		Egy napra jutó gyermekápolási táppénzkiadás, Ft *Child nursing sick pay expense per day, HUF*
	száma, ezer *number, thousands*	összes táppénzes naphoz viszonyított aránya, % *proportion of the total number of sick pay days, %*	összege, millió Ft *total expense, million HUF*	összes táppénzkiadáshoz viszonyított aránya, % *proportion of the total sick pay expense, %*	
1990	5 888	5,9	1 145	4,7	194
1995	2 319	3,7	1 363	3,4	588
1996	2 001	4,4	1 320	4,0	660
1997	1 862	4,3	1 416	3,9	761
1998	1 832	4,4	1 712	4,1	934
1999	1 856	4,4	2 001	4,1	1 078
2000	1 475	3,6	1 930	3,4	1 308
2001	1 465	3,4	2 015	3,1	1 376
2002	1 239	2,8	2 015	2,5	1 626
2003	1 370	3,0	2 693	2,7	1 965
2004	1 225	3,1	2 721	2,8	2 221
2005	1 235	3,3	3 077	3,2	2 492
2006	1 170	3,2	3 134	3,1	2 679
2007	1 085	3,3	3 083	3,2	2 843

* A VTI adataival együtt, 1998-ig az OEP-pel külön megállapodást kötők adatai nélkül. 1999-től a fegyveres testületek, rendvédelmi szervek hivatásosainak adatai nélkül. — *Including data of VTI up to 1998 excluding data of those who contracted with NHIFA. From 1999 excluding data of professional staff of armed corporations and order defence organizations.*

9.5. Az üzemi balesetek és foglalkozási megbetegedések fontosabb táppénzes adatai*
*Main data on sick pay in respect of occupational accidents and diseases**

Év *Year*	A baleseti (ÜB+F) táppénzes napok *Accident sick pay days*			A baleseti (ÜB+F) táppénzkiadás *Accident sick pay expenditure*		Egy napra jutó baleseti (ÜB+F) táppénzkiadás, Ft *Accident sick pay expense per day, HUF*
	száma, ezer *number, thousands*	összes táppénzes naphoz viszonyított aránya, % *proportion of the total number of sick pay days, %*	ebből: úti baleseti napok száma, ezer *of which: travel accident days, thousands*	összege, millió Ft *total expense million HUF*	összes táppénz-kiadáshoz viszonyított aránya, % *proportion of the total sick pay expense, %*	
1990	3 681	3,7	–	1 252	5,1	340
1995	2 316	3,7	274	2 200	5,5	950
1996	2 504	5,5	353	2 657	8,1	1 061
1997	2 302	5,3	317	2 619	7,2	1 137
1998	2 109	5,1	225	2 859	6,9	1 356
1999	2 289	5,5	284	3 593	7,3	1 570
2000	2 240	5,4	259	4 174	7,4	1 864
2001	2 047	4,8	200	4 647	7,2	2 270
2002	2 164	4,9	222	5 936	7,3	2 743
2003	2 315	5,1	270	7 044	7,1	3 043
2004	1 957	5,0	208	6 403	6,7	3 272
2005	1 854	5,0	228	6 504	6,7	3 508
2006	1 764	4,8	214	6 792	6,7	3 850
2007	1 551	4,7	166	6 297	6,5	4 061

* Tartalmazza a kiegészítő tevékenységet folytatók adatait is. 1998-ig az OEP-pel külön megállapodást kötők adatai nélkül. 1999-től a fegyveres testületek, rendvédelmi szervek hivatásosainak adatai nélkül. — *Including data on persons engaged in secondary activities. Up to 1998 excluding data of those who contracted with NHIFA. From 1999 excluding data of professional staff of armed corporations and order defence organizations.*

IV. TO ARTICLE 13:

		2005	2006	2007*
FAMILY SUPPORTS				
Number of recipients of the family allowance	**Number of families**	1,265,000 persons	1,269,000 persons	1,255,700 persons
	Number of children	2,061,000 persons	2,067,000 persons	2,047,400 persons
Monthly average amount of the family allowance per family		HUF 12,846	HUF 20,896	HUF 23,129
Expenditure on family allowance		HUF 195,000 million	HUF 318,200 million	HUF 348,500 million
Monthly average number of persons receiving the childcare fee		161,400 persons	166,900 persons	168,700 persons
Monthly amount of the childcare aid		HUF 24,700 (For twins: HUF 49,400)	HUF 25,800 (For twins: HUF 51,600)	HUF 27,130 (For twins: HUF 54,260)
Expenditure on the childcare aid		HUF 49,800 million	HUF 54,200 million	HUF 57,100 million
Monthly average number of persons receiving the child-raising support		47,300 persons	45,800 persons	44,400 persons
Monthly amount of the childcare support		HUF 24 700	HUF 25 800	HUF 27 130
Expenditure on the childcare support		HUF 13,800 million	HUF 14,300 million	HUF 13,600 million
Monthly average number of persons receiving the maternity support		7,800 persons	7,900 persons	7,900 persons
Amount of the maternity support		HUF 55,575 (For twins: HUF 74,100)	HUF 58,050 (For twins: HUF 77,400)	HUF 61,043 (81,390)
Expenditure on the maternity support		HUF 5,100 million	HUF 5,600 million	HUF 5,800 million
Monthly average number of persons receiving the childcare fee		87,200 persons	91,700 persons	93,950 persons
Total expenditure on the childcare fee		HUF 61,300 million	HUF 69,100 million	HUF 77,300 million
expenditure per beneficiary		HUF 58,600	HUF 62,810	HUF 68,563
Total expenditure on family support (family allowance, childcare fee and aid, maternity support, maternity aid)		HUF 352,100 million	HUF 491,700 million	HUF 535,500 million
MONETARY AND IN-KIND BENEFITS PROVIDED WITHIN THE MEANING OF SZT.				
Monthly average number of persons receiving regular social assistance		158,600 persons	173,100 persons	194,700 persons
Average amount of regular social aid		HUF 16,991	HUF 23,771	HUF 25,703

Monthly average number of persons receiving the old-age allowance		6,400 persons	6,500 persons	6,300 persons
Old-age allowance	**living in families**	HUF 19,760	HUF 20,640	HUF 21,700
	single	HUF 23,465	HUF 24,510	HUF 25,770
	single over the age of 75	-	HUF 33,540	HUF 35,270
Monthly average number of persons receiving nursing fees		39,800 persons	47,500 persons	52,100 persons
Monthly amount of the nursing fee	**automatic**	HUF 24,700	HUF 25,800	HUF 27,130
	higher amount of automatic	-	HUF 33,540	HUF 35,270
	on equity	HUF 19,760	HUF 20,640	HUF 21,700
Number of cases when the temporary aid has been provided		932,507 pcs	882,148 pcs	761,038 pcs
Number of persons receiving temporary aid		563,500 persons	514,600 persons	449,300 persons
Average per capita amount of the temporary aid		HUF 5,754	HUF 5,976	HUF 6,140
Number of persons holding prescription exemption certificates		532,300 persons	455,400 persons	398,600 persons
Funds expended on various monetary social benefits		HUF 147,300 million	HUF 124,400 million	HUF 149,000 million
Expenditure on public healthcare services		HUF 19,700 million	HUF 21,100 million	HUF 19,900 million
DISABILITY ALLOWANCE AND PERSONAL ALLOWANCE FOR THE BLIND				
Monthly average number of persons receiving the disability support		103,600 persons	108,600 persons	111,700 persons
Monthly amount of the disability support	**Legal title 1**	HUF 16,055	HUF 16,770	HUF 17,635
	multiple disabilities	HUF 19,760	HUF 20,640	HUF 21,704
Number of persons receiving the personal allowance for the blind		7,000 persons	7,000 persons	No data available
Monthly amount of the personal allowance for the blind		HUF 12,440	HUF 13,130	HUF 14,300
PENSION-TYPE BENEFITS**				
Number of recipients of the regular social allowance		209,800 persons	198,200 persons	183,600 persons
Amount of the regular social allowance	**Over the age limit**	HUF 25,810	HUF 27,240	HUF 29,220
	Under the age limit	HUF 22,110	HUF 23,340	HUF 25,160
Number of recipients of the disability allowance		28,900 persons	29,500 persons	30,100 persons

Monthly amount of the disability allowance	HUF 27,450	HUF 28,970	HUF 31,060
Number of recipients of the temporary allowance	15,000 persons	19,2500 persons	21,800 persons
Average amount of the temporary allowance	HUF 41,621	HUF 44,392	HUF 47,407
Expenditure on disability, regular social and temporary allowances	HUF 76,930 million	HUF 79,400 million	HUF 82,880 million
TRANSPORT ALLOWANCES OF THE DISABLED			
Number of persons eligible to the support to the acquisition of vehicles	25,500 persons	24,000 persons	19,200 persons
Number of persons eligible to the conversion support	350 persons	320 persons	240 persons
Number of persons eligible to the transport support	244,400 persons	227,200 persons	201,900 persons
Average per capita amount of the transport support	HUF 9,220	HUF 9,283	HUF 9 298

*In general, the source of the preliminary data for 2007 is the information collected by the body administering the services (wherever they are available, the data of the Hungarian Central Statistical Office have been specified, such as in the case of monetary and in-kind benefits defined in Szt.). Similarly, preliminary data have been indicated for the 2007 expenditure.
** In the case of pension-type benefits, the source of the data pertaining to the number of beneficiaries is the data services provided by the administering body.

V. TO ARTICLE 14:

Home assistance – number of home helpers

Year	Professional	Remunerated	Employed under other legal titles	Total	Of this: skilled	Number of persons served per helper
	number of helpers					
2005	5 399	1 747	455	7 601	4 043	5,9
2006	5 100	1 206	279	6 585	3 919	7,3

Data of social catering in a breakdown for geographic units, 2005

Geographical unit	Number of employees	
	2005	2006
Budapest	473	145
Pest	238	91
Central Hungary	**711**	**236**
Fejér	148	48
Komárom-Esztergom	164	51
Veszprém	147	71
Central Transdanubia	**459**	**170**
Győr-Moson-Sopron	310	70
Vas	222	76
Zala	134	66
Western Transdanubia	**666**	**212**
Baranya	205	72
Somogy	127	46
Tolna	147	55
Southern Transdanubia	**479**	**173**
Borsod-Abaúj-Zemplén	609	248
Heves	301	128
Nógrád	121	49
Northern Hungary	**1 031**	**425**
Hajdú-Bihar	270	138
Jász-Nagykun-Szolnok	598	219
Szabolcs-Szatmár-Bereg	487	170
North Great Plains	**1 355**	**527**
Bács-Kiskun	169	106
Békés	206	55
Csongrád	169	43
South Great Plain	**544**	**204**
Country total	**5 245**	**1 947**

Number of persons involved in professional activities at family helper and child welfare services

2005

Geographical unit	Number of persons involved in professional activities at family helper and child welfare services						
	total	full-time			part-time		
		total	of this		total	of this	
			specialized higher education	specialized secondary education		specialized higher education	specialized secondary education
			ratio %			ratio %	
Budapest	712	654	87,2	9,5	58	93,1	6,9
Pest	511	377	73,7	21,5	134	82,8	9,7
Central Hungary	**1 223**	**1 031**	**82,3**	**13,9**	**192**	**85,9**	**8,9**
Fejér	154	116	46,6	22,4	38	76,3	15,8
Komárom-Esztergom	76	71	81,7	9,9	5	60,0	20,0
Veszprém	203	163	70,6	24,5	40	70,0	20,0
Central Transdanubia	**433**	**350**	**64,9**	**20,9**	**83**	**72,3**	**18,1**
Győr-Moson-Sopron	207	180	75,0	21,1	27	81,5	14,8
Vas	203	147	72,8	17,0	56	75,0	12,5
Zala	140	124	60,5	37,1	16	93,8	6,3
Western Transdanubia	**550**	**451**	**70,3**	**24,2**	**99**	**79,8**	**12,1**
Baranya	457	433	55,4	26,3	24	91,7	8,3
Somogy	118	99	58,6	26,3	19	57,9	21,1
Tolna	109	93	50,5	46,2	16	56,3	12,5
Southern Transdanubia	**684**	**625**	**55,2**	**29,3**	**59**	**71,2**	**13,6**
Borsod-Abaúj-Zemplén	417	335	73,7	20,0	82	81,7	14,6
Heves	136	91	73,6	25,3	45	84,4	15,6
Nógrád	108	73	68,5	27,4	35	80,0	14,3
Northern Hungary	**661**	**499**	**72,9**	**22,0**	**162**	**82,1**	**14,8**
Hajdú-Bihar	367	313	81,2	15,7	54	94,4	1,9
Jász-Nagykun-Szolnok	232	193	69,9	23,3	39	64,1	30,8
Szabolcs-Szatmár-Bereg	334	194	69,1	24,7	140	25,7	43,6
North Great Plains	**933**	**700**	**74,7**	**20,3**	**233**	**48,1**	**31,8**
Bács-Kiskun	264	203	71,4	19,2	61	73,8	16,4
Békés	224	178	73,6	18,5	46	84,8	8,7
Csongrád	169	125	88,0	7,2	44	93,2	6,8
South Great Plain	**657**	**506**	**76,3**	**16,0**	**151**	**82,8**	**11,3**
Country total	**5 141**	**4 162**	**72,3**	**20,2**	**979**	**73,1**	**17,1**

2006

Geographical unit	Number of persons involved in professional activities at family helper and child welfare services						
	total	full-time			part-time		
		total	of this		total	of this	
			specialized higher education	specialized secondary education		specialized higher education	specialized secondary education
			ratio %			ratio %	
Budapest	401	385	90,9	8,6	51	88,2	11,8
Pest	196	187	77,0	20,9	68	86,8	5,9
Central Hungary	**597**	**572**	**86,4**	**12,6**	**119**	**87,4**	**11,4**
Fejér	84	80	85,0	13,8	26	88,5	11,5
Komárom-Esztergom	88	87	83,9	16,1	13	84,6	15,4
Veszprém	72	70	87,1	12,9	17	82,4	17,6
Central Transdanubia	**244**	**237**	**85,2**	**14,3**	**56**	**85,7**	**14,3**
Győr-Moson-Sopron	102	101	99,0	1,0	9	66,7	33,3
Vas	91	72	87,5	8,3	13	92,3	7,7
Zala	80	75	70,7	26,7	13	61,5	23,1
Western Transdanubia	**273**	**248**	**87,1**	**10,9**	**35**	**74,3**	**20,0**
Baranya	120	114	77,2	22,8	34	88,2	2,9
Somogy	121	120	80,8	19,2	22	81,8	13,6
Tolna	37	37	89,2	10,8	9	88,9	11,1
Southern Transdanubia	**278**	**271**	**80,4**	**19,6**	**65**	**86,2**	**7,7**
Borsod-Abaúj-Zemplén	215	195	81,0	15,9	22	90,9	4,5
Heves	70	62	80,6	17,7	16	100,0	–
Nógrád	73	69	50,7	40,6	9	55,6	22,2
Northern Hungary	**358**	**326**	**74,5**	**21,5**	**47**	**87,2**	**6,4**
Hajdú-Bihar	148	147	86,4	12,9	25	96,0	4,0
Jász-Nagykun-Szolnok	111	109	76,1	23,9	34	79,4	20,6
Szabolcs-Szatmár-Bereg	78	73	84,9	15,1	34	91,2	5,9
North Great Plains	**337**	**329**	**82,7**	**17,0**	**93**	**88,2**	**10,8**
Bács-Kiskun	102	96	84,4	14,6	19	78,9	21,1
Békés	112	109	70,6	23,9	25	84,0	12,0
Csongrád	68	68	80,9	17,6	16	100,0	–
South Great Plain	**282**	**273**	**78,0**	**19,0**	**60**	**86,7**	**11,7**
Country total	**2 369**	**2 256**	**82,4**	**16,1**	**475**	**86,1**	**10,5**

Data of village and farm warden services in a breakdown for geographic units, 2005

Number of persons employed as village wardens

Geographical unit	2005	2006
Budapest	–	–
Pest	3	3
Central Hungary	**3**	**3**
Fejér	1	1
Komárom-Esztergom	3	2
Veszprém	50	58
Central Transdanubia	**54**	**61**
Gyõr-Moson-Sopron	25	28
Vas	53	56
Zala	80	83
Western Transdanubia	**158**	**167**
Baranya	114	110
Somogy	60	64
Tolna	12	17
Southern Transdanubia	**186**	**191**
Borsod-Abaúj-Zemplén	134	136
Heves	3	3
Nógrád	32	32
Northern Hungary	**169**	**171**
Hajdú-Bihar	10	8
Jász-Nagykun-Szolnok	2	2
Szabolcs-Szatmár-Bereg	39	37
North Great Plains	**51**	**47**
Bács-Kiskun	8	9
Békés	8	8
Csongrád	3	4
South Great Plain	**19**	**21**
Country total	**640**	**661**

Number of persons employed as farm wardens

Geographical unit	2005	2006
Budapest	–	–
Pest	5	6
Central Hungary	**5**	**6**
Fejér	–	–
Komárom-Esztergom	–	–
Veszprém	6	7
Central Transdanubia	**6**	**7**
Gyõr-Moson-Sopron	–	–
Vas	1	1
Zala	8	9
Western Transdanubia	**9**	**10**
Baranya	5	8
Somogy	12	13
Tolna	10	9
Southern Transdanubia	**27**	**30**
Borsod-Abaúj-Zemplén	12	12
Heves	–	–
Nógrád	6	6
Northern Hungary	**18**	**18**
Hajdú-Bihar	7	9
Jász-Nagykun-Szolnok	9	16
Szabolcs-Szatmár-Bereg	22	17
North Great Plains	**38**	**42**
Bács-Kiskun	37	46
Békés	9	12
Csongrád	33	42
South Great Plain	**79**	**100**
Country total	**182**	**213**

7.26. Main data of elderly people's clubs

Year	Clubs	Capacity operated	People provided	Number of helpers	Of this: skilled	Capacity utilization rate
	number					
1980	835	23 819	21 057	1 432	..	88,4
1990	1 391	39 818	36 203	4 298	2 198	90,9
1995	1 407	39 913	40 068	3 981	2 066	100,4
1996	1 369	39 088	39 672	3 729	2 056	101,5
1997	1 341	38 833	40 554	3 686	2 084	104,4
1998	1 330	38 982	39 979	3 728	2 116	102,6
1999	1 309	39 193	40 017	3 591	2 195	102,1
2000	1 287	38 502	39 917	3 578	2 246	103,7
2001	1 279	39 431	40 373	3 673	2 376	102,4
2002	1 287	40 210	40 486	3 694	2 492	100,7
2003	1 292	40 277	40 493	3 829	2 663	100,5
2004	1 264	39 705	39 601	3 504	2 535	99,7
2005	1 241	40 304	39 742	3 665	2 768	98,6
2006	1 238	40 904	39 048	3 562	2 719	95,5

Main data of the daycare centres of disabled persons

Year	Daycare centres	Capacity operated	People provided	Number of persons served per helper	Helpers	Of this: skilled
	number			number		
1990	33	915	777	4	195	127
1995	56	1 320	1 248	3	383	274
1996	61	1 441	1 401	3	443	331
1997	68	1 590	1 530	3	496	371
1998	75	1 841	1 730	3	539	421
1999	81	1 936	1 839	3	592	467
2000	84	2 071	1 899	3	593	482
2001	90	2 266	2 076	3	615	498
2002	95	2 538	2 299	4	625	523
2003	100	2 684	2 481	4	684	570
2004	109	2 421	2 498	4	691	588
2005	111	2 710	2 765	4	703	641
2006	131	3 298	3 108	4	809	704

Day care for the homeless

Year, maintainer	Daytime refuges	Public kitchens
	number of employees	number of employees
2004	239	71
2005	249	80
Of this:		
Local government	92	36
Church	30	10
Public-benefit company	7	–
Foundation	47	8
Association	71	26
Other	2	–

Year, maintainer	Daytime refuges	Public kitchens
	number of employees	number of employees
2005	249	80
2006	293	76
Of this:		
Local government	99	28
Multi-purpose microregional association	2	–
Church	27	11
Public-benefit company	6	–
Foundation	56	11
Association	101	26
Other	2	–

Headcount data of social institutions providing permanent boarding and temporary accommodation in a breakdown for maintainers

Year, maintainer	Number of persons provided	Number of helpers	Ratio of skilled helpers, %	Number of persons served per helper
2005	81 425	23 269	88,5	3,5
2006	84 133	23 287	90,0	3,6
Of this in 2005:				
Local government	22 379	6 601	91,2	3,4
County (Budapest) local government	35 214	10 347	88,5	3,4
Church	7 979	2 376	88,7	3,4
Public-benefit company	6 725	1 844	82,6	3,6
Association	2 738	493	85,4	5,6
Foundation	5 565	1 328	86,3	4,2
Business entity	140	39	76,9	3,6
Institutions financed from the central budget	654	235	83,0	2,8
Other institutions	31	6	100,0	5,2
Of this in 2006:				
Local government	22 387	6 558	94,0	3,4
County (Budapest) local government	35 197	10 103	89,5	3,5
Multi-purpose microregional association	289	67	97,0	4,3
Church	8 490	2 505	88,3	3,4
Public-benefit company	8 188	1 912	83,7	4,3
Association	2 861	483	83,9	5,9
Foundation	5 975	1 384	87,7	4,3
Business entity	96	35	88,6	2,7
Institutions financed from the central budget	601	227	92,1	2,6
Other	49	13	92,3	3,8