**Questionnaire on** **the right of persons with disabilities to the highest attainable standard of health**

1. **Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.**

Act XXVI of 1998 on the Rights and Equal opportunities of Persons with Disabilities (RPDA) contains – among other provisions – the right to health of persons with disabilities (12.§):

* during the health care of a disabled person attention needs to be disabled person’s requisites
* people with disability need regular and effective health care to improve theirs condition and to prevent theirs deterioration
* special training and further training should be provided to health workers who deal with people with disabilities
* to help supply the rehabilitation and social integration
* the health workers information people with disability (and/or the parents) on the benefits and development opportunities

Even though it is an obligation imposed by RPDA that the Hungarian state must ensure equal access to the healthcare, still the info-communication and physical accessibility is haphazard and partial.

# *“Benefits in kind and cash benefits are provided by the OEP[[1]](#footnote-1) to the insured persons.*

# *Benefits in kind includes cost-free healthcare services such as preventive examinations, primary healthcare, specialised inpatient care, specialised outpatient care, certain dental care, rehabilitation, the ambulance service, patient transport and accident-related benefits, drug reimbursement, reimbursement for medical aids, medical spa services, reimbursement of travel expenses and benefits granted on grounds of equity.*

# *Cash benefits provided by the OEP include sickness benefit, prenatal allowance, child care fee and accident-related benefits.” (*[*www.neak.gov.hu*](http://www.neak.gov.hu)*)*

# The access to assisting devices is limited. The Health Ministerial order specifies which medical aid is covered by the state via social security, also specifying the amount to cover, which means that the purchasing power of raising a people with disability counts as a crucial factor in determining which type of equipment or medical aid they can access.

# The [state insurance](http://szotar.sztaki.hu/search?searchWord=state%20insurance&fromlang=eng&tolang=hun&outLanguage=hun) and who is entitled to “free medical care” (közgyógyellátás) can receive support for the purchase of any medical aids (example hearing aid and warning system) but the expansion of supported devices is needed.

# The National Disability Program (2015-2025) provides for the healthcare highlighted early detection, diagnostics, basic and specialist services, furthermore supporting technical aid.

1. **Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:**

*“According to the data of the 2001 census, 577,000 persons with disabilities live in Hungary (5.7% of the population). Nevertheless, experts estimate and international data indicate that as a rule approximately 10% of the total population have some kind of disability; consequently, it is probable that the actual number of persons with disabilities is close to 1 million in Hungary.*

*With regard to the demographic composition of this group, it is to be noted that the majority of them are elderly persons, as most persons are not born with disabilities but become disabled as they grow older, due to diseases or accidents. 44.8% of people with disabilities are more than 60 years old, while 17% were born with their disabilities.”* *(*[*www.emberijogok.kormany.hu/persons-with-disabilities*](http://www.emberijogok.kormany.hu/persons-with-disabilities)*)*

In 2015 the Hungarian language publication was published, the situation of people with disabilities and their social care according to the national census in 2011: <http://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_17_2011.pdf>

In 2014 the [Hungarian Central Statistical Office](http://www.ksh.hu/?lang=en) conducted the european population health survey was in Hungary according to **regulation (EC) No 1338/2008 of the European Parliament and of the Council. This** is every five years. The population health survey was conducted in 532 settlements, with 9431 people interviewed.

The summary publication of this survey result are available here in Hungarian: <http://www.ksh.hu/docs/hun/xftp/idoszaki/elef/elef2014_osszefoglalo.pdf>

The Hungarian Central Statistical Office’s English language publications are available here: <http://www.ksh.hu/apps/shop.lista?p_lang=EN&p_temakor_kod=FE>

* **Availability of barrier-free general healthcare services and programmes, which take into account all accessibility aspects for persons with disabilities;**

Even though it is an obligation imposed by RPDA that the Hungarian state must ensure equal access to the healthcare, still the info-communication and physical accessibility is haphazard and partial.

* **access to free or affordable general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage;**

In Hungary, the number of HIV-infected people has steadily increased over the last decade. Hungarian Central Statistical Office’data is available on how many HIV/AIDS patients have been registered for year but there is no data on how many people with disabilities: <https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fek002.html>

* **access to free or affordable disability-specific healthcare services and programmes; and**

Benefits in kind and cash benefits are provided by the National Health Insurance Fund of Hungary to the insured persons. *(Answer more on Question 1.)*

Here is a table on health expenditure developments from 2003 to 2015: <https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fec001.html>[[2]](#footnote-2)

* **access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention.**

The RPDA and the Health Act[[3]](#footnote-3) also contains provisions on rehabilitation. Medical aids traffic data are available on National Health Insurance Fund of Hungary's website: <http://www.neak.gov.hu/felso_menu/szakmai_oldalak/publikus_forgalmi_adatok/gyse_forgalmi_adatok>

The access to assisting devices is limited. The Health Ministerial order specifies which medical aid is covered by the state via social security, also specifying the amount to cover, which means that the purchasing power of raising a deaf and hard of hearing people counts as a crucial factor in determining which type of equipment or medical aid they can access.

1. **Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.**

*“The Equal Treatment Authority shall be responsible for investigating the complaints filed for the violation of the principle of equal treatment and enforcing that principle. The authority shall proceed in the cases of clients suffering discrimination. The Act on Equal Treatment prohibits discrimination on the basis of protected characteristics.”* *(*[*www.egyenlobanasmod.hu*](http://www.egyenlobanasmod.hu)*)* Disability is protected characteristic. Complaints may be submitted against among others health services.

*“The Commissioner for Fundamental Rights shall perform fundamental rights protection activities, his or her proceedings may be initiated by anyone. (…) The Commissioner for Fundamental Rights shall inquire into any violations related to fundamental rights, that come to his or her knowledge, or have such violations inquired into, and shall initiate general or specific measures to remedy them.”*[[4]](#footnote-4)The detailed rules for the Commissioner for Fundamental Rights and his or her rules of procedures shall be laid down in an Act CXI of 2011 on the Commissioner for Fundamental Rights[[5]](#footnote-5).

The Commissioner for Fundamental Rights also examines social institutions on fundamental rights. The result of examination could be read on the website[[6]](#footnote-6) in Hungarian.

1. **Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.**

The Act CLIV of 1997 on Health rules this about:

*“In the course of health care, the patient’s personal freedom may be restricted by physical, chemical, biological or psychological methods or procedures exclusively in case of emergency, or in the interest of protecting the life, physical safety and ealth of the patient or others.”[[7]](#footnote-7)*

 *„The patient shall have a right to complete information provided in an individualized form. (…)*

*The patient shall have a right to receive detailed information on:*

*a) his state of health, including its medical evaluation,*

*b) the recommended examinations and interventions,*

*c) the possible benefits and risks of performing or not performing the recommended examinations and interventions,*

*d) the planned dates for performing the examinations and interventions,*

*e) his right to decide in respect of the recommended examination or intervention,*

*f) the possible alternative procedures and methods,*

*g) the course of care and the expected outcome,*

*h) additional services, and*

*i) the recommended lifestyle.”[[8]](#footnote-8)*

1. **Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.**

Act CXXXI of 2010 On Public Participation in Developing Legislation:

*“In the course of public consultation, it shall be ensured that the widest possible range of comments – in particular those of socio-economically marginalised and disadvantaged groups – shall be made public. (…)*

*The forms of public consultation shall be as follows:*

*a) making comments via the link available on the website (hereinafter: general consultation), and*

*b) comments made by persons, institutions and organisations engaged by the minister competent to draft the legislation (hereinafter: direct consultation).”[[9]](#footnote-9)*

Government Decree 1330/2013 (13 June) on National Disability Council contains provisions on the establishment and operation of the National Disability Council, it's main task is to transmit the views of the civil society in disability related questions.[[10]](#footnote-10)

1. The OEP is abbreviated to the old name of National Health Insurance Fund of Hungary. [↑](#footnote-ref-1)
2. National Health Insurance Fund of Hungary's website: [www.ksh.hu](http://www.ksh.hu) [↑](#footnote-ref-2)
3. Act CLIV of 1997 on Health [↑](#footnote-ref-3)
4. The Fundamental Law of Hungary [Article 30 (1)-(2)] [↑](#footnote-ref-4)
5. [www.ajbh.hu/en/web/ajbh-en/act-cxi-of-2011](http://www.ajbh.hu/en/web/ajbh-en/act-cxi-of-2011) [↑](#footnote-ref-5)
6. [www.ajbh.hu/jelentesek-inditvanyok-allasfoglalasok](http://www.ajbh.hu/jelentesek-inditvanyok-allasfoglalasok) [↑](#footnote-ref-6)
7. Act CLIV of 1997 on Health [Section 10 (4)] [↑](#footnote-ref-7)
8. Act CLIV of 1997 on Health [Section 13 (1)-(2)] [↑](#footnote-ref-8)
9. [Act CXXXI of 2010 On Public Participation in Developing Legislation](https://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=a1000131.tv) [Article 2 (1) and Article 7 (1)] [↑](#footnote-ref-9)
10. <https://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=A13H1330.KOR&txtreferer=A1000043.TV> [↑](#footnote-ref-10)