



**INTRODUCTORY STATEMENT**

**BY**

**H.E. Ms. EDIT RAUH**

**STATE SECRETARY**

**OF THE MINISTRY OF SOCIAL AFFAIRS AND LABOUR**

**OF THE REPUBLIC OF HUNGARY**

**TO THE DISCUSSION OF THE SIXTH PERIODIC REPORT OF  
THE REPUBLIC OF HUNGARY TO CEDAW**

**New York, 31 July, 2007**

Distinguished Madame President and Committee Members,

It is a great pleasure and privilege to me to act as a leader of this delegation, which is to present Hungary's Sixth Country Report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women.

Let me introduce the members of the delegation to you: Dr. Katalin Rapi, Deputy State Secretary of Health Policy, Ministry of Health, Dr. Ágnes Dósa, Senior Counsellor, Ministry of Justice and Law Enforcement; Katalin Buzás, Senior Counsellor, Department of International Organizations, Ministry of the Exterior, Dr. Orsolya Makár, Ministry of Social Affairs and Labour.

First of all, I would like to point out that the Government of the Republic of Hungary is strongly committed to protect human rights and fundamental freedoms, including the elimination of all forms of discrimination. Deeply agreeing that the rights of women are in fact fundamental human rights, we pay special attention to the protection and expansion of these rights.

I wish to ensure the Committee that the Hungarian Government fully accepts and agrees with the norms and values stipulated in the CEDAW Convention.

The Government of Hungary's traditional view has been that the periodical dialogue between the Committee and Hungary as a State Party offers an excellent opportunity to discuss both the results achieved and the problems and difficulties that arise in connection with the national implementation of the Convention. Such constructive debates on the Report are of great help to enable the country to improve on the advancement of the rights of women and learn new tools and methods. The Government of the Republic of Hungary wishes to express her appreciation to the Committee, and at the same time congratulate on the work that the Committee performs towards the control of the implementation of the Convention.

Madame President,

I would like to emphasize that the development of the rights and equal opportunities for women is continuously deemed to be a priority in Hungarian Governmental action.

May I just highlight some of the progress that have been achieved in the light of the Committee's recommendations in 2002:

Since the restructuring of the Government after the general elections in 2006, the national institutional system responsible for the improvement of the situation of women has been operated within the Ministry of Social Affairs and Labour. Such restructuring has not caused any tie-up or disruption in the activities concerned. In spite of budgetary restrictions, the budgetary resources allocated to this field have not been reduced in the past year. The number of staff employed has been increased continuously as it is clearly reflected in the number of permanent staff members headcount of the permanent associates, as well as in the engagement of special experts.

The Council for the Social Equality of Women and Men was restructured in the autumn of 2006. The Council is a consultative and coordination body that comments and makes proposals for the

sake of proper preparations for the Government's related decisions, executing and controlling the implementation of action plans that promote equal opportunities for women. The members of the Council are delegated by the Government, by non-governmental organizations working for the improvement of gender equality, by national social organizations for the interest advocacy of women, and include also experts who are involved in outstanding scientific and practical activities in connection with equal opportunities of women. It is a pleasure for me to inform you that the Council is very active and efficient. Relying on the Council's experience we are striving to improve our work, keeping the requirements of our partners in mind.

Since it is important in connection with the rights and equal opportunities of women that for future generations such priorities be presented as a natural part of their everyday lives, we strive to prevent the development of stereotypes already in early childhood. To this end, a DVD publication containing several educational films and focusing on the situation of women has been made. According to plans, an analytical education on stereotypes will be started as a pilot program in model schools in the school year of 2007/2008.

Naturally, influencing public awareness is not neglected either. With the assistance of non-governmental organizations, we have implemented a series of programs in recent years that have aimed at the improving men's commitment and at popularizing the division of LABOUR in a more equitable manner. In Hungary, with just a few exceptions, all types of paid child care leave may be taken by either of the parents, and there are types of leave that can be used only by fathers.

I would like to give you a summary on the outcomes of our fight against domestic violence against women as one of our major achievements: An institution system has been set up consisting of round the clock toll-free telephone service, of the regional crisis centers with nationwide coverage and of a secret shelter. We are in close cooperation with non-governmental organizations in running this institution system. This system is suitable for offering immediate and efficient help.

The legal institution of restraint has been introduced, though it has been a part of the Hungarian legal system only for a year. In light of the experience obtained so far and the feedbacks received from non-governmental organizations that in its current form the said legal institution is not effective enough and has failed to meet the Government's expectations: restraint has been applied in very few cases. Consequently, still significant improvement is needed in this field.

In recent years, we have launched several public awareness and information campaigns at the national and local level. At the present, we are also participants of the Council of Europe campaign to prevent domestic violence against women.

There have been training sessions organized for experts and public employees who come into contact with cases of domestic violence.

I would like to emphasize especially the administrative measure that is aimed at changing the attitude of the police in connection with how to handle domestic violence. In 2003, there was an order issued by the Chief of the Police pertaining to domestic violence. This order provided that the Police must take action in all cases, and that they have to act pro-actively when facing any

instances of domestic violence. Of course there is a need to provide continuous training to policemen on efficient and effective actions against domestic violence. Unfortunately, Hungary has still a lot to do in this field, and we also see the need for additional measures to be taken.

We have been successful in making progress in connection with a specific form of violence against women – sexual harassment: it is now designated in the Act on Equal Treatment as a specific form of harassment, and now legal proceedings can be started due to such acts.

Although the participation of women in public life still does not reach the desirable extent, yet there are some positive results that can be highlighted: the Socialist Party currently in power has introduced a 20% quota within its own scope of activities. Furthermore, Parliament will discuss a draft bill in its autumn session aiming at the introduction of a 50% quota both on the local and national level list based elections.

Several earmarked programs were launched in the past few years for the improvement of the situation of women on the labour market. May I mention some of them to you: the START Plus Program, which supports the re-employment of persons who are engaged in caring for children and/or a relative; there are supported programs that help women in becoming entrepreneurs (starting a business) and/or strengthen their enterprises; some other programs promote the establishment of family-friendly working environments.

Hungarian legal regulations stipulate a ban on unequal pay for work. In spite of this ban – similarly to other countries – equal wages and salaries still could not be achieved, yet the elaboration of our proposal on the improvement of the associated legal regulations is in progress to foster the implementation of the principle of equal pay for equal work.

There are a number of positive changes in healthcare too that we can report on:

Targeted breast screening of the public at large was launched on 19 December 2001. By today, the entire area of the country is covered by screening stations: there are 38 Complex Mammography Centers with proper diagnostic and therapeutic backgrounds, and seven Mammography Screening Stations with only screening capacities, i.e. altogether 45 so-called mammography screening facilities are operated. The participation rate of the targeted population ranges from 37.2% to 41%.

It was in September 2003, when the cervical screening program was started wherein until September 2006 about 2 million people received letters of invitation, and altogether 96,000 women, i.e. not more than 5% of the invited people attended screening. Therefore, the major problem of organized cervical screening is the low participation rate of the population. In spite of our efforts, the participation rate in cervical screening has hardly improved. The attendance rate has increased from 3.9% to 5.9%. The Lily Program was started in October 2005 in order to raise women's willingness to participate and to motivate them,. The positive outcome of the communication campaign can be seen in the second half of the year. The campaign focused not only on women who were invited, but also on those attending gynaecological cytological examinations. The success of the program is indicated by the fact that as a result of the related prize-winning game to increase participation, 41 percent of the participants have been women who had not participated in organized screening before.

There have been attempts to use a system of Mobile Screening Stations (MSS) in several counties – with varied outcomes: the MSS screening organized in South-Western Hungary has resulted in a 20% participation rate. In some areas of Central Hungary also, we organized onsite examinations by gynaecologists in cooperation with the local governments, which led to a 40% participation rate. It is to be stressed here that it is not mobility that is important, but rather the strength of joint efforts: local governments, family practitioners, specialists, district nurses work together.

Unfortunately, the cost efficiency of mobile screening stations is such that that they cannot be introduced nationwide.

Another issue that is still to be resolved is the obligatory data provision by private gynaecologists because a large number of women visit private specialists, therefore – due to the missing reports – we do not have accurate data.

The HIV/AIDS situation in Hungary has been relatively good so far: until 31 March, 2007, the total number of registered HIV positive persons was 1,385: 1,239 with ID codes and 146 anonymously. 75% of the registered HIV positive persons were men, and 14% of them were women with 11% of them remaining unknown. In the course of the HIV sentinel screening examinations performed under identical circumstances for the sixth time within ten years for pregnant women, no positive gravida was detected.

The number of terminations of pregnancy in 2005 was 48,689, and for 2006 the preliminary, partly estimated corresponding figure is 46,500. The frequency of induced abortion has decreased in all the age groups of women, including adolescents and young people in their early twenties.

District nurses have been playing an important role for decades in the protection of women, mothers, babies, children, young people and families. Since 1<sup>st</sup> January, 2005, regional district nursing activities are regulated by a new professional decree, and accordingly a new decree on the financing of such activities came into effect on 1<sup>st</sup> June, 2005. The reason for these professional changes was to regroup services to areas where the actual demand for these services and the related tasks actually arise. District nurses meet 60% of the persons they attend in educational institutions. The new structure has been put in place accordingly, therefore the number of school district nurse services has increased considerably from 481 persons in 2004 to 908 in 2006.

A pre-condition for equal opportunities is the continuous provision of proper access to district nursing services in the regions. According to 2006 statistical data, regional district nurse tasks were backed by 4,041 established positions with altogether 3,807 district nurses working. The actual tasks of district nurses include the preparation of informative materials on family planning, and the delivery of the same to healthcare service providers. For the purpose of Family Planning Counseling by district nurses, the Professional College of District Nurses has issued a guideline in 5,500 copies, and handed them over to each of the district nurse counseling centers. As 60% of the attended persons are visited in schools, the increase in the number of school district nurses has been an important achievement with the underlying aim to guarantee adequate prevention

care in educational institutions with special respect to the health education, group activities and personal counseling.

With age, the rate of women increases in society. As a result of demographic changes, the number and proportion of elderly single women increase. In 2004, the average age of deceased men was 66.87 years, while the corresponding figure for women was 74.87 years. In 2004, the average life expectancy at birth for the entire population was 72.78 years with 76.91 and 68.59 for women and men, respectively. Recent years have witnessed a slow restructuring of death causes: the mortality rate due to cardiovascular diseases has decreased, while that of oncology diseases has been rising. 57% of mortality among women has been caused by the diseases of the circulatory system. However, this ratio can change significantly in different ages: in the case of young people, the majority of deaths are caused by external factors such as accidents. At the age of 35–64 – especially in the case of women – tumor related diseases occur with an exceptionally high rate. The most important causes of deaths in the case of women are pulmonary cancer, followed by colon cancer and breast cancer. In comparison to the average figures in the European Union, premature mortality due to both breast cancer and cervical cancer is much worse among Hungarian women. In the Hungarian female population, among the various forms of oncology diseases breast cancer has the highest rate of occurrence.

Ever since July 2006, Hungary has been witnessing the gradual renewal of the healthcare system. It was on 15<sup>th</sup> February, 2007, when the visit fee and hospital daily fee were introduced at the flat rate of HUF 300 (at current exchange rate this is about one and a half US dollars). Children under the age of 18 are all exempt from the visit fee and the hospital daily fee, and no such fees are to be paid by mothers-to-be in prenatal care, for delivery and post-partum care. Due to the reform measures, access to medical services is anticipated to improve along with the quality of such services. In light of the experience obtained so far, the expansion of the scope of exemptions is now in underway, which is foreseen to affect groups in need of social services.

A milestone in the series of measures conceived to improve the situation of Roma women is the strategic plan that the Parliament adopted on 25<sup>th</sup> June, 2007. The Strategy in fact is a 10-year framework program that focuses totally on the improvement of the situation of the Roma population. Hungary issues a statistical pocket book every year on the situation of women and man, and the last issue of this series contained a separate chapter on Roma women.

The number of our publications concerning the rights of women has been increasing year by year. Available free of charge, these publications present material information from both international and domestic practices.

The cooperation with non-governmental organizations has improved considerably in recent years. It is indeed a pleasure to see that the cooperation and partnership are being established these days that are constructive and beneficial for both parties. An example to be mentioned is the consultation between the present delegation and the organizations submitting shadow reports, and the fact that the major debated issues have been discussed at personal meetings too.

In addition to the Convention on the Elimination of All Forms of Discrimination against Women, Hungary is also committed to the Beijing Declaration and Action Plan. These documents serve as

the basis of the National Action Plan Promoting the Social Equality of Women and Men, which is under preparation at present. In order to lay the foundations of the Action Plan on the broadest possible social basis, non-governmental organizations and experts will also be invited to participate in the preparation of the Plan.

On the basis of the Optional Protocol ratified by Hungary back in 2001, Hungary has two individual complaints. The Committee's recommendations pertaining to these cases have given way to several positive changes. A good example for this can be that as a result of the said recommendations a dialogue between governmental and non-governmental organizations started in the area of healthcare regarding the transformation of the current form of informed consent, and regarding standardized forms for information.

The above measures are only small bits of the work that the Republic of Hungary does for the widest possible implementation of the objectives of the Convention, but I honestly think that they also serve as good examples for Hungary's commitment towards the implementation of the Convention.

We are aware of the fact that there are a number of areas where the measures taken so far are not sufficient yet, or have not brought about the desired outcomes. Therefore, we welcome all and any constructive criticisms, as well as observations and remarks that potentially help us to promote our progress that in this case can be provided in this dialogue with the Committee.

Thank you.