



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

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

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

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 15th 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

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