National Report

on the regional implementation of the Madrid International Plan of Action on Ageing

Hungary

2016.
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Part I – Executive Summary

The report was prepared with the participation of governmental, state, municipal and civil organisations. We regularly communicate with these organisations during our daily work and, as an advisory body to the Government, we also communicate with the Senior Council, the Human Rights Working Group and the Cooperation Forum of Elderly Councils of Local Municipalities to guarantee that the interests of older persons are assured and their needs become more articulate.

The Government considers older generations as useful social resources. It regards it as an important task to maintain their financial security, retain the real value of their pensions, and also to preserve their physical-mental-spiritual well-being; it encourages the revival of the potentially declining sense of usefulness after retirement, as well as reconciliation between family members and generations.

In the interest of this, programmes have been and are being elaborated to facilitate the Madrid International Plan of Action on Ageing and its regional implementation. In particular, priorities include maintaining older persons’ financial security, the stability of the pension system, the recognition and further expansion of voluntary work by older persons, as well as strengthening intergenerational relationships, the approximation of different aspects, the elimination of gaps, and supporting local initiatives. In this respect, important results include preservation of the purchasing power of pensions, the strengthening tendency of voluntary work, which is becoming nationwide, and the expansion of intergenerational programmes also addressing older family members.

In the near future the aims of the field in charge of issues concerning older persons include research on older persons, supporting the organisation of local communities, facilitating the flow of information and the realisation of programmes for raising social awareness.

We all want the third phase of our life to be a meaningful and nice period, rich in useful free-time activities and programmes, fostering family relationships, enabling us to perform activities and exploit possibilities that we did not have the chance to realise earlier. The aim is to offer everyone in Hungary a real opportunity to do so.
General information

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The employees of the Department for Elderly Affairs and Pension Insurance prepared this Report using background material provided by several organisations and institutes. Their list is included in Annex 7.

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4. **Title, reference number of the national strategy, plan of action, other policy paper, date of acceptance or state of preparation:**
   - National Old Age Policy – published by Resolution 81/2009. (X. 2.) of the National Assembly
   - Hungary's Programme of the European Year for Active Ageing and Solidarity between Generations – published by Government Decision 1089/2012. (IV. 2.)
1. NATIONAL AGEING SITUATION

Based on preliminary data, as of 1 January 2016, the population of Hungary was estimated to be 9,823,000 people, which is 1.9% of the population of all EU Member States. On 1 January 2015, the proportion of people aged between 65-79 and above 80 was 13.7% and 4.2%, respectively. Due to demographic changes and rising life expectancy, the average age increased all over Europe. The increasing proportion of older persons within the total population calls for measures and programmes ensuring decent and meaningful ageing for the older generations, building on their willingness and activity in respect of managing their own affairs.

The main pillars of the Hungarian Government's policy on older persons

The overall objective of the programmes and initiatives elaborated for older persons is to ensure meaningful and healthy ageing for them in such a way that they can regard their own resources as values, enabling them to preserve their dignity and make use of their knowledge and experience in their family and their wider environment too. With a view to the above, the Government determined the following objectives concerning older persons:

- improving the welfare of senior citizens;
- strengthening intergenerational relationships;
- creating a family-oriented society, in which different generations and stakeholders live together and communicate by showing respect and consideration for each other;
- recognising attitudes based on paying attention to and helping each other;
- raising social awareness with a view to ensuring a better quality of life for older persons;
- supporting the preservation of health and activity as long as possible;
- enhancing security in old age by improving access to social services.

The Government considers older generations as beneficial social resources. It regards it as an important task not only to maintain their financial security, retain the real value of pensions, but also to preserve senior citizens' physical-mental-spiritual well-being; it encourages the revival of the potentially declining sense of usefulness after retirement, as well as reconciliation between family members and generations.

In 2009, the elaboration of the National Old Age Policy was preceded by researches, analyses and workshops lasting for several years, spanning several governments, taking into consideration the relevant international and EU directives. The strategy reviews the social situation faced by older persons, the influencing factors, the results achieved and the deficiencies. Both the proposals and directions for development (between 2010 and 2035) cover issues such as voluntary work, active old age, awareness raising, conscious preparation of younger generations, self-reliance, cooperation between generations and social involvement.

Support granted for the activity of civil and church organisations, institutes dealing with older persons, etc. working to achieve the objectives mentioned above appears in several projects realised in the framework of the EU-funded Operational Programmes announced and planned in 2016-17. (For a short summary of the operational programmes concerning older persons see Annex 6.)
The national situation of ageing is described according to the following main titles:

a. Demography
b. National economic indicators
c. Pensions and other old-age-related benefits
d. Social field
e. Healthcare
f. Employment
g. Voluntary work
h. Legal environment

**a. Demography**

Demographic ageing, that is the increasing proportion of older generations is a decisive socio-demographic phenomenon in the developed regions of the world. In Hungary, between 1990 and 2015 the proportion of the population of and above the age of 60 increased from nearly 19% to over 25%, and it is projected to reach 29% by 2060. The internal age structure of older generations also changed during the past decades, typically as a result of the increase in the proportion of the oldest generation above 80, from 2.7% to 4.2% between 2001 and 2015. [See: Annex 2, Table 1]

Due to the different mortality rates of men and women, the proportion of women is higher among older persons. Furthermore, the older the age group examined, the greater the difference tends to be. In 2014, **life expectancy at birth** among men and women was 72.3 years and 79.4 years, respectively. At the same time, the tendency shows that this difference is reducing continuously, from year to year, and men's lifetime is increasing at a faster rate. Based on Eurostat data, between 2010-2014 life expectancy at birth increased by an average of 1.3 years in Hungary, at a rate exceeding the EU average between 2010 and 2014 (1.0 year). The rate of increase was 1.6 years in the case of men (EU average: an increase by 1.2 years) and 0.8 years in the case of women (EU average: an increase by 0.8 years), consequently men's indicators developed significantly more favourably. [See: Annex 2, Table 2]

Besides life expectancy at birth, **life expectancy at the age of 65** has also been continuously increasing for the past few decades, which means that old age life-stage is increasing even within the life cycle. An increase can be observed in the case of both genders, while the rate of increase is higher among women. As compared to the EU28 average, the life expectancy data is lower by 3 years on average, so between 2010-2014 the indicator rose by an average of 0.4 years in Hungary, at a rate slightly below the EU average (EU average: an improvement by 0.6 years). In the case of men the indicator improved by 0.5 years (improvement in the EU: 0.7 years), while in the case of women it improved by 0.4 years, when in the EU the rate of improvement came to 0.6 years. [See: Annex 2, Table 3]

The tendency of this process in the long term is characterised by the fact, that based on data published by the Hungarian Central Statistical Office, the **old age dependency ratio** (the number of older persons (65+) per 100 persons of working age (aged 15–64)) increased from 20 (1990) to above 26 (2015), and based on preliminary calculations by Eurostat, in the long term, by 2060 it will be more than 50, which means that there will be about one citizen of 65 years or over per two working-age citizens. In 2012 the ageing index (the ratio of older persons of 65
years or over per population of persons of 14 years or under) was 116.4, while in 2015 it was 123.6.

**Expected development of the costs of ageing**

The basic question in connection with ageing is how the related costs will change in the future. Can these systems be sustained in the long term? The table prepared on the basis of the projection included in the European Commission’s ageing report for 2015 contains long-term projections of ageing expenditures in total and broken down by main sectors – pension, healthcare, long-term care – between 2013 and 2060.

Projection of the long-term development of age-related expenditure, as percentage of GDP

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2030</th>
<th>2060</th>
<th>2013</th>
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<tr>
<td><strong>Total ageing spending</strong>*</td>
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<td><strong>Czech R.</strong></td>
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<td>20.4</td>
<td>22.5</td>
<td>9.0</td>
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<td>9.7</td>
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<td>7.0</td>
<td>0.7</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Hungary</strong></td>
<td>20.8</td>
<td>18.2</td>
<td>21.9</td>
<td>11.5</td>
<td>8.9</td>
<td>11.4</td>
<td>4.7</td>
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<td>5.7</td>
<td>0.8</td>
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<tr>
<td><strong>Poland</strong></td>
<td>20.9</td>
<td>20.5</td>
<td>22.3</td>
<td>11.3</td>
<td>10.4</td>
<td>10.7</td>
<td>4.2</td>
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<td>5.6</td>
<td>0.8</td>
<td>1.1</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Slovenia</strong></td>
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<td>31.6</td>
<td>11.8</td>
<td>12.3</td>
<td>15.3</td>
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<tr>
<td><strong>Slovakia</strong></td>
<td>17.7</td>
<td>17.9</td>
<td>21.8</td>
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<tr>
<td><strong>EU28</strong></td>
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<td>26.4</td>
<td>27.3</td>
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<td>2.8</td>
</tr>
</tbody>
</table>


Consequently, in respect of the expenditure on ageing, Hungary, compared to similarly developed EU Member States, is in the mid-range, and it may be able to maintain this situation until 2060 (the costs under this title increase by only slightly more than 1% point). This proportion remains significantly – by 5% points – below the currently incurred costs of the EU28, and the costs to be incurred in the long term. The more favourable development of the level of expenditures is also due to the fact that in respect of life expectancy, despite the convergence, Hungary will have lower indicators in the future too.

The level of spending on social insurance pensions practically does not change, in the long term indexation based on consumer prices results in a deterioration in the level of pensions as compared to wages. The other two components playing a role in the development of ageing expenditure are expected to increase at a higher rate: the projections indicate an increase by about 1% point in healthcare spending, and an increase in GDP by 0.4% points in the field of long-term care. In the case of healthcare this is due to the fact that currently it is one of the fields where spending is the lowest, and the situation is the same in the case of long-term care, where high latency and a fast increase in demands can be expected due to ageing.

**b. National economic indicators**

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1 The central rate of the euro as compared to the Hungarian forint on 15/06/2016: EUR 1=HUF 313.77.
In 2015 a total amount of 3,502,436 million HUF was spent on pensions and retirement expenses, which was 10.4% of the GDP. The total number of recipients was 2,687 thousand, and 2,018 thousand of them received old-age pension. [See: Annex 2, Table 4]

c. Pensions and other old-age-related benefits

The social security pension system ensures benefits in the case of a reduction in income at old age or the loss of a relative, such as old-age pension (öregségi nyugdíj), widow's pension (özvegyi nyugdíj), orphan's allowance (árvaelőadás) and parental pension (szülői nyugdíj). In 2015, a total amount of 2,987,724 million HUF was spent from the Pension Insurance Fund on pensions and retirement expenses, which was 8.9% of the GDP. The average number of recipients was 2,177 thousand, the average spending per person amounted to HUF 114,391 per month, which, expressed as a percentage of net wages, amounted to 71.8%. On the basis of the indicators, the relative situation of Hungarian pensions – in international, EU comparison – can be said to be good. [See: Annex 2, Table 5]

Following the millennium, but mainly after the economic and financial crisis, several measures and reform steps were taken within the Hungarian pension system, which were aimed at adjusting the system to the changed circumstances. Such actions included, but were not limited to the following: raising the retirement age from 62 to 65 years, tightening and then eliminating the possibilities of retiring before reaching the retirement age, reconstruction of the invalidity scheme focusing on rehabilitation, adjustment of pensions by linking them only to the predicted increase in consumer prices instead of using the former mixed method (taking into account both consumer prices and wages), reconstruction of the private pension fund system.

The average age taking retirement significantly increased in the past years due to the stricter eligibility criteria and the raised retirement age. In 2011 the average age of people retiring for old age was 59.2 years, while in 2014 it was 60.1 years, first of all as a result of phasing out pre-retirement benefits and pensions.

Pre-retirement pensions were phased out of the social security pension scheme starting from 2012, and these measures significantly contributed to restoring the balance of the Pension Insurance Fund. As of 1 January 2012, the diversified system of pre-retirement pensions, which often managed employment, work safety and other issues, was separated from the pension system. In 2012, the number of former pensions changed to benefits prior to retirement age (korhatár előtti ellátások) the number of which was 202 thousand, while by 2015 the average monthly number of benefits dropped to 71 thousand.

As of 1 January 2011, only for women a special old-age pension based on an eligibility period of 40 years was introduced. The aim of this measure was to recognize the multiple load on and the role of women. Its main point is that based on a long eligibility period of 40 years, women, irrespective of the age limit, can retire even if they have not reached the retirement age. This is the only benefit that can be established without an age limit and requires the payment of contributions based on wages and salaries, over a long period. Following introduction of this measure (2011), the number of persons receiving pension determined on the basis of an eligibility period of 40 years reached 160 thousand by December 2015.

Old-age allowance
Old-age allowance (időskorúak járadéka) is a financial support granted to older persons with no income to cover their livelihood. In 2014, this type of allowance was paid to 6,619 persons, totalling to about HUF 2131 million. The eligibility criteria and the amounts of the allowance paid are differentiated based on the family status and age of the eligible persons: its monthly amount paid to single persons under and above the age of 75 is 95% and 130% of the minimum old-age pension, respectively, while in the case of not single persons above 75 it is 80% of the minimum old-age pension. [See: Annex 2, Table 6-7]

Jubilee benefits for seniors reaching the age of 90
As a symbolic gesture of showing respect for old age, people reaching the age of 90, 95 and 100, 105, 110, 115 are rewarded. This jubilee reward includes a certificate and a grant equivalent to the number of years the given elderly person has lived multiplied by one thousand forints.

Preserving the real value of pensions
At the beginning of every year, pensions must be adjusted at an extent proportional to the consumer price increase predicted in the given year. If during the year the estimated increase in the pensioner consumer price index exceeds this amount for the entire year pursuant to the pensioners' consumption basket, an additional increase in the pensions must take place in November. As from 2012, every year pensions rose at an extent exceeding the consumer price increase, consequently, by the end of 2015 (starting from 2011), the purchasing power of pensions increased by 8.4% in relation to the increase in the pensioner consumer price index.

The pensioner consumer price index is calculated on the basis of the actual consumption of pensioners' households (pensioners' consumption basket) and the development of the prices of products and services within this scope. Food consumption, household energy consumption and the consumption of other articles is slightly higher among older consumers (while the proportion of pharmaceutical and other medical products – as other articles – within the consumer price index is 3.1%, this proportion is 6.3% in the case of retired persons). As compared to the general population, older persons spend less on clothing articles, alcoholic drinks and tobacco products, and on using services. [See: Annex 2, Table 8]

d. Social field

A few characteristic data based on the data published by the Hungarian Central Statistical Office at the end of 2015: the number of people participating in social catering was about 171,000, and among them people aged 80-89 represented the highest proportion (22.9%). 998 of every 10 thousand persons above 65 participated in catering. In 2015, 113,000 persons received home care (házi segítségnyújtás), and 640 of every 10 thousand persons above 65 were recipients of such benefits, and 36.2% of the users were above the age of 80.

In 2015, 38,500 older persons used day care, which means that there were 221 users per 10 thousand persons above 65. As compared to 2011, the number of people living in retirement homes increased by slightly more than 2,100, so in 2015 there were 51,312 persons living in retirement homes in Hungary (consequently 295 of every 10 thousand persons above 65 lived in retirements homes). 21,240 of them are aged between 80 and 89 years.

e. Healthcare

3 Cash benefits pursuant to Act III of 1993 on Social Administration and Social Services.
The greatest challenge faced by the health care system is represented by handling the burdens caused by chronic diseases. These burdens occur not only in respect of patients, but also their relatives, and at the level of the entire society.

Based on healthy life expectancy, an increase can be observed in both genders. The difference between the average indicators of men and women is below two years, they are nearly the same in the case of healthy life expectancy at the age of 65, and the backlog as compared to the EU average shows a declining tendency. In European comparison, based on life expectancy at birth, Hungary is in the mid-range among less economically developed countries in respect of the life expectancy data. At the same time, it is also true that between 2010 and 2014, healthy life expectancy in Hungary increased by 2.6 years in the case of men (the EU average is a reduction by 0.4 years) and by 2.2 years in the case of women (the EU average is a reduction by 0.8 years). [See: Annex, Table 9-10]

The number of healthy years expected at the age of 65 (in 2014, women: 6.1, men: 6.0 years) is below the EU average, at the same time an improvement can be observed as compared to 2005 and 2010 in the case of both genders. In Hungary, between 2010 and 2014, this indicator increased by an average of 0.4 years, while the EU average reduced by 0.2 years. [See: Annex 2, Table 11]

Lower life expectancy is basically due to lifestyle-related chronic diseases. Factors of outstanding significance regarding the years lived in deteriorated health condition and the Disability-Adjusted Life Year (DALY) summarizing “premature” death: cardiovascular diseases (27%), malignant tumours (18%), musculoskeletal disorders (11%) and suicides. Both morbidity and mortality data indicate the significance of circulatory diseases at old age, which, altogether, represent 57% and 45-55% of old-age (at and above the age of 65) mortality and morbidity, respectively. The most characteristic chronic diseases include diabetes, tumours, chronic obstructive pulmonary diseases, diseases of the bones, joints and muscles, mental health disorders, as well as visual impairment, blindness and hearing disorders.

Many people find that the deterioration of their health condition is the most serious problem in their old age. This problem increases as people get older, although social differences also play a dominant role in its quality and assessment. In 2013, nearly 20% of men and 22.6% of women with a degree obtained in higher education, while only 6.5% and 5% of them with basic schooling, respectively, rated their health condition as good. 34% of men and 40% of women with low levels of educational attainment rated their health condition as bad, while this proportion was around 19% in the case of people with a degree obtained in higher education.

In health policy an approach is increasingly gaining ground according to which some diseases can be prevented, or can be treated at significantly lower costs in the case that they are detected early, so an important aim is to strengthen the gatekeeper role of basic healthcare and to divert public healthcare from more expensive hospital care towards basic and outpatient care.

This approach is also reflected by the fact that in Act CXXIII of 2015 on basic healthcare adopted in the summer of 2015, special home nursing care (otthoni szakápolás) and home hospice service (otthoni hospice ellátás) is defined as population-focused activities directly related to basic healthcare. Another aim of strengthening these service forms is to replace inpatient medical care, the development and harmonisation of which is on the agenda. From the aspect of older generations, a key element of maintaining health is to ensure appropriate screening and promote their active participation in prevention.
Promoting screening and informing the public intensively also serves the protection of older persons. Occasional screening, regular check-ups and tests at the general practitioner (blood pressure, blood sugar, cholesterol), the administration of vaccines (vaccination against influenza and pneumococcus is available for older persons free of charge), and participation in public health screening (breast and cervical screening, pilot colorectal screening) all contribute significantly to primary and secondary prevention and to maintaining health.

f. Employment

In respect of its employment situation, Hungary is slightly below the EU28 average: it ranks 18-19th in respect of its employment rate, and it is among the last 3-4 Member States in respect of older employees (aged 55-64).

At the same time, significant progress has taken place in the past years in respect of both indicators, especially regarding the employment of older persons, which is first of all due to the raising of the retirement age for old-age pension, which was adopted by the Parliament in 2009 and is still in process (ending in 2022) [For the data relating to 2008-2015 see: Annex 2, Table 12].

In Hungary the obstacles to the employment of older persons include outdated, non-marketable qualifications, low levels of mobility and adaptability at work, and frequent health problems. Older persons often lack in abilities required by the labour market (e.g. computer skills, knowledge of foreign languages) and necessary in most special fields. When older persons lose their jobs, they face more difficulties in finding a new job, consequently the risk of being permanently unemployed is higher in their case.

The European tendency of the ageing and reduction of the population can also be observed in Hungary: the number of the working-age population (aged 15-64) dropped by 145 thousand between the last two census surveys. Based on the data obtained during the census survey of 2011, the age distribution of the economically active population significantly changed: due to the raising of the retirement age, an increasingly greater proportion of women aged 55-59 and men above 60 is still actively present on the labour market. Due to the restrictions on pre-retirement options and the raising of the retirement age, older persons remain active on the labour market for a longer time.

The continued employment of older persons is one of the key factors of the sustainability of the system and maintenance of appropriate pensions. The favourable process will also continue in the future in line with raising the retirement age, and a further improvement of the indicator can be expected. According to preliminary estimates relating to the development of the working population, the raising of the retirement age will result in an increase in the participation rate in Hungary among the population aged 55-64, where this rate may increase by 16 % points until 2020, and by over 20 % points by 2060. In Hungary and in several V4 countries, in the case of older persons the economic dependency ratio\(^4\) is expected to increase from 40% in 2010 to 90% by 2060, which is above the EU average of 70%.

g. Voluntary work

Voluntary work has been one of the most successful segments in the Government policy of the past period. The life situation of older persons makes it easier for them to become voluntary workers and become more intensively involved in the life of their local and small communities' micro-society. This is facilitated by establishing forums promoting participation in voluntary work. In these forums older persons can learn about possibilities through which their

\(^4\) The proportion of retired persons and contribution payers.
participation at old age can be maintained in the long term, which is a guarantee of a meaningful, peaceful and adequate old age. In 2014, about 815 thousand people in the affected age group between 55-74 did voluntary work, which is 35% of the corresponding population [See: Annex 2, Table 13]. Information for people doing voluntary work and for people interested is provided on the website maintained by the Ministry of Human Capacities (www.onkentes.gov.hu), and the register of organisations accepting volunteers is accessible at the Civil Information Portal (www.civil.info.hu). The website www.onkentes.hu launched in 2015 partly from EU funds also helps to bring together demands and volunteers. Community service provides an adequate framework for the social integration of older persons, for reducing their isolation and expanding their social relationships through voluntary work.

h. Legal environment

The Fundamental Law of Hungary accepted on 24 April 2011, in article XV(5) also mentions the elderly as a group in need of special care and protection, and orders their protection by means of separate measures.

Article XIX(4) of the Fundamental Law lays down separate measures in the scope of regulating social security with a view to ensuring the livelihood for the elderly by maintaining a single compulsory pension system based on social solidarity by authorising the operation of social institutions established on a voluntary basis. The Fundamental Law also makes it possible to design the state pension system in such a way as to take into consideration the requirement of increased protection for women.

Stronger protection is also reflected by the fact that pursuant to Article 40 of the Fundamental Law, in the interest of ensuring a secure livelihood for the elderly, the basic rules governing the pension system must be laid down in an implementing Act to be adopted by a majority of two-thirds of the Members of Parliament present.

Resolution 81/2009 (X. 2.) of the Parliament on the National Old Age Policy, which is the most important document of the policy on older persons in our legal system, contains the Government's and the society's approaches, preferences, programmes concerning older persons, and there are also several legal acts in the field of social insurance and other sectors dealing with issues affecting older persons.

We find that besides the theoretical grounds and guarantees established by the Fundamental Law and the implementing acts, and with the currently existing National Old Age Policy, which is subject to continuous implementation and revision, there is no need for an act on affairs concerning older persons. We find that it would be more important and efficient to assert the objectives and means of the policy on older persons in legal regulations relating to smaller sectors and special fields, rather than in a comprehensive statutory regulation. Furthermore, additional expert studies and researches need to be maintained in this field, besides continuing the reconciliation of interests and exchange of views at the level of the society. A prominent platform for this is the extensive network of organisations for older persons and the Senior Council.

Human Rights Roundtable, Thematic Working Group for the Rights of Older Persons

The working group was established with a view to asserting the protection of the rights and interests of older persons at a high level. In the scope of this, besides the organisations representing older persons, the representatives of care provision services and local authorities
performing tasks of basic significance in the lives of and care for older persons meet regularly to discuss current issues concerning the protection of the rights of older persons.

**Criminal regulations and crime prevention**

Act C of 2012 on the Criminal Code regards **offence committed against older persons** as an aggravating circumstance in respect of several offences; this is based on a criminal policy complying with the Fundamental Law, according to which elderly people must be provided with increased protection among the most vulnerable age groups.

The **National Crime Prevention Strategy**\(^5\) declares that all areas of intervention must prioritise the elderly. Based on this approach, the Action Plan of the National Crime Prevention Strategy for 2016-2017 also contains elements directly aimed at this age group. Older persons form a group at increased risk, basically because of their good faith, naivety, or vulnerability due to their physical or health condition in a given case. Before the end of 2015 regional police bodies organised lectures, training courses and preparation courses for professionals on 1 150 occasions with the participation of ageing and older persons, aimed at preventing the victimisation of older persons. Leaflets were made for this age group on how to avoid tricky thefts. The Strategy also focused on the active involvement of older persons – as they, with their life experience and wisdom, can provide efficient help for younger generations –, as a result of which 58 programmes operated in Hungary in 2015-2016 based upon the dominant role and active participation of the oldest generation.

**Consumer protection**

Older generations are a key target group for trips and health preserving programmes combined with product presentation events, and because of their specific features due to their age, they are more exposed to unfair commercial practices. Based on this recognition, stricter consumer protection rules have been elaborated and awareness raising campaigns have been organised aimed specifically at the older generations to increase their protection. The period of the right of withdrawal has been extended, traders are obliged to operate customer service desks, seductive advertising has been banned (gifts, allowances, lotteries, etc.) together with on-site loans extended during product presentation events.

**i. Social environment**

The continuously declining proportion of three or more generations living together plays an important role in the development of grandparent-grandchild relationships, work and time transfers between generations. There is a decreasing number of older persons living together with their children or grandchildren, consequently only a smaller part of the population has direct, everyday relationships of this nature. At the same time, grandparents living in independent households may also provide great help in sharing the burdens of families with children. 40.6% of men and 55.3% of women of retirement age interviewed in 2013 said that they were undertaking a significant role in looking after their grandchildren.

Local authorities and civil organisations play a significant role in the field of facilitating the flow of information, making necessary information available, realising social participation and involvement, asserting the principle of “nothing for them without them”, reducing discrimination, life-long learning, ensuring access to services, physical and mental security at old...
age, preserving independence as long as possible, creating a sense of usefulness, propagating voluntary work (done by and for older persons), strengthening relationships between generations, and minimising disruptive forces.

2. **Process**

The report is based on a bottom-up approach. Before preparing the report, the Ministry of Human Capacities set up an intersectoral and a civil working group. Special fields, state secretariats and background institutes dealing with issues affecting older persons were invited to participate in the intersectoral working group, and they reported on their experiences and activities in this field. Members of civil organisations and of the Cooperation Forum of Elderly Councils of Local Municipalities were invited to participate in the civil working group. The latter members represented partly civil organisations and partly local governments. The background materials submitted by them made it clear that both civil organisations and local authorities continuously focus on the aspects of the policy on older persons. They endeavour to make older persons living in Hungary valued members of the society and ensure them a healthy, safe and secure living. *Annex 5* of the report contains a short description of the good practices presented by local authorities and civil organisations.

The members of the intersectoral working group reported on the measures, initiatives and programmes that were organised in the preceding years in order to realise the objectives of the Regional Implementation Strategy for the Madrid International Plan of Action on Ageing (MIPAA/RIS). The following chapter of the report on national actions and progress steps had been prepared on the basis of the documents submitted by the members of the working group, and then it was discussed, corrected and supplemented by both working groups.

The data included in the report is supported by surveys made by the Hungarian Central Statistical Office, data collection by the Central Administration of National Pension Insurance and Eurostat publications and studies. The methodology applied by the Hungarian Central Statistical Office is different from that of the Eurostat, so there may be slight differences between the data.

**Part II – Implementation of the MIPAA/RIS**

**Commitments of the MIPAA/RIS**

The list of the organisations submitting background material for preparing the report is included in *Annex 7*.

**COMMITMENT 1.**

**TO MAINSTREAM AGEING IN ALL POLICY FIELDS WITH THE AIM OF BRINGING SOCIETIES AND ECONOMIES WITH DEMOGRAPHIC CHANGE TO ACHIEVE A SOCIETY FOR ALL AGES**

The **Senior Council** (Idősek Tanácsa) is as an advisory body of the Government to facilitate respect, appreciation and safety of older persons, and to represent the interests and proposals of ageing persons in the elaboration of government decisions. During the decision-making process, the members of the Senior Council transfer their knowledge and experience regarding issues affecting older persons and all other generations of society.
The Cooperation Forum of Elderly Councils of Local Municipalities (Önkormányzati Időssügyi Tanácsok Együttműködési Fóruma) was established in 2011, by concluding an agreement with the legal predecessor Ministry of National Resources. Its primary aim is to facilitate the flow of information between the Ministry and the Senior Councils operating in different structures at different settlements all over the country.

The Senior-Friendly Municipality Award (Idősbarát Önkormányzat Díj) and the Prize for the Elderly (Idősekért Díj) are of symbolic significance, emphasising the Government's commitment to this issue.

Since 2004, the Ministry of Human Capacities and the Ministry of Interior invites proposals for the Senior-Friendly Municipality Award every year. Applicants include local authorities that do more for elderly citizens (e.g. improve their quality of life or community life, or promote collaboration between generations) than the tasks set out in legislation.

The winners – 6 local authorities every year – are awarded a gratuity of one million forints each, based on the decision made by the two ministers. Between 2004 and 2015 the prize was awarded to 75 local authorities, accompanied by a brass plaque, which was handed over to them at a grand central ceremony organised on the International Day of Older Persons. The Prize for the Elderly is awarded during the same ceremony, and it is given to specialists doing outstanding work for older persons.

(The initiative is described in detail in Annex 4.)

The Healthy Hungary 2014-2020 Health Sector Strategy defines the mission of health sector under the slogan “In harmony for health!” The general objectives of the document – such as increasing the number of healthy years expected at birth, life expectancy at birth, reducing the standardised mortality rate by 10%, promoting health-conscious attitudes, improving the preservation of physical and mental health, reducing inequalities – define aims that are also relevant from the aspect of the ageing population.

The Equal Treatment Authority (Egyenlő Bánásmód Hatóság) set up in 2003 is a fundamental institute for acting against discrimination. It is an institute that guarantees human dignity, and an autonomous public forum for legal remedy controlling the fulfilment of the requirements of equal treatment. Pursuant to Act CXXV of 2003, the Office can be contacted for example in the case of discrimination on grounds of age, otherwise proceedings can also be initiated ex officio.

The number of complaints submitted by persons above the age of 65 is below 1% per year. In the field of employment, on one occasion, in the case of a retired employee the Authority found that there had been an infringement, when the equal pay for equal work requirement was violated.

COMMITMENT 2.
TO ENSURE FULL INTEGRATION AND PARTICIPATION OF OLDER PERSONS IN SOCIETY

During the 2012 campaign of the European Year for Active Ageing and Solidarity between Generations, conferences and programmes were organised and proposals were invited, which were continued in the following years, making it possible for thousands of older persons and organisations to participate in the events and projects. The national programmes and events

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organised in association with the European campaign year significantly contributed to emphasising the importance of this issue from the aspect of the society.

In the scope of the memoir writing projects (2011-2013), 315 of the nearly 4 000 retired memoir writers were awarded a prize, and the winning works were collected in 3 anthologies. The authors met the public at events organised all over the country.

Between 2013 and 2015 cultural meetings were organised on two occasions for people above the age of 60 (Cross-border cultural and art contest for older persons). In both years, when the competition was organised, about 10 thousand people applied for participation. The semi-finals at county level took place at 16 different locations, nearly one thousand people took part in the national semi-finals, and at the national finals 190 participants appeared in 32 and 36 performances, in the two years, respectively.

In the framework of the component concerning older persons within the “Family-friendly Country” project announced in 2015, the value-creating activity carried out jointly by older and younger people was supported: such cultural, leisure and educational activities and workshops, in which older and younger generations participated side by side. 94 applicants won funding from the Ministry of Human Capacities for programmes organised for and with the participation of older persons.

In the framework of the Erzsébet Programme, 64 thousand retired persons were given the possibility to go on holiday since 2012. Furthermore, 45 thousand eligible retired applicants were given entrance tickets to baths at reduced prices. This programme is extremely popular. The winners can choose between 80 different baths and 40 holiday resorts all over the country.

The work of civil organisations is supported by the network of the Civil Information Centre, which provides services free of charge. The network provides help for, among others, civil organisations representing/bringing together older persons in raising funds (especially through the National Cooperation Fund) and in communicating with each other. As a result of this, their relationship network is extended, and they can represent their interests and perform their tasks more extensively. Events aimed at providing IT support and training for older persons proved to be very useful. The participants can acquire basic IT skills and learn how to handle projects electronically.

The aim of the Integrated Community Service Venues (Integrált Közösségi és Szolgáltató Terek) is to expand the circle of locally accessible basic services in the interest of retaining the rural population. In July 2015 there were 464 Integrated Community Service Spaces operating all over the country. Integrated Community Service Spaces represent a tool of outstanding significance for involving older persons in local community life. A further task is to draw the attention of Integrated Community Service Spaces to their role in active ageing and in the integration of older persons into society, and to propagate the ensuing possibilities and good practices.

The “Helping Hands Infocommunications Model Programme” was elaborated with a view to improve older persons' quality of life. Its main aim is to encourage the active participation of older persons becoming isolated due to their health condition or weakening relationship network. The programme is organised at 3 settlements. In the scope of community service, volunteering students teach older persons how to use infocommunication tools, e.g. Skype, which makes them feel less lonely. Furthermore, wrist blood pressure monitors and status monitoring emergency
wristbands operating via automatic data transmission, aimed at preventing stroke, are ensured continuously for the persons participating in the experimental project, for the purposes of maintaining their sense of safety.

**COMMITMENT 3.**
**TO PROMOTE EQUITABLE AND SUSTAINABLE ECONOMIC GROWTH IN RESPONSE TO POPULATION AGEING**

Act CXCIV of 2011 on the economic stability of Hungary provides that the value of awarded pensions in real terms must be guaranteed, and it is the task of the Pension Insurance Fund to ensure the coverage needed for the payment of state pensions. Act LXXXI of 1997 on social insurance pension provision contains the rule relating to pension payment as a guiding principle, according to which the state must ensure the payment of social insurance retirement benefits even if the expenses of the Pension Insurance Fund exceed its income. In the latter case the amount of the difference is ensured from the central budget in the form of appropriations. These regulations defined at three levels provide sufficient guarantee for the payment of the currently due retirement benefits in time. Furthermore, it is not allowed to reduce the amount of pensions, and their value must be maintained.

**COMMITMENT 4.**
**TO ADJUST SOCIAL PROTECTION SYSTEMS IN RESPONSE TO DEMOGRAPHIC CHANGES AND THEIR SOCIAL AND ECONOMIC CONSEQUENCES**

It is a basic requirement to ensure the long-term sustainability of the social insurance pension system, its stability and predictability. In the interest of this, several measures were taken to reorganise the system in 2009, and employment policy, occupational health and special professional allowances were separated from the pension system in 2012. Instead of the disability pension, a more modern system was introduced for disabled persons, focusing on the ability of work they still possess.

The process of raising the retirement age limit — introduced by Act XL of 2009 amending Act LXXXI of 1997 on social insurance pension provision — will end in 2022. In 2016 the retirement age is 63 years, while it will be 63.5 years in 2017 and 2018, 64 years in 2019, 64.5 years in 2020 and 2021, and 65 years starting from 2022.

By reorganising the system of social benefits the Government's aim is to focus more extensively on those who are the most in need, to ensure nursing care and assistance for them. A further aim is to make sure that the available resources are targeted more specifically and more efficiently to those who are concerned. This is also supported by the reorganisation of the home care (házi segítségnyújtás) service started in 2014.

The cash benefit and occupation rehabilitation system for disabled persons was reorganised as of 1 January 2012. Former disability allowances and contributions, as types of benefits, were terminated. Instead of these, new and uniform sick-pay type benefits were introduced (rehabilitation benefits and disability benefits) in the framework of health insurance. Eligibility for the benefits is based on – among other factors – complex qualification focusing on health, employment and social aspects.

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7 Act CXCI of 2011 on the benefits of persons with reduced capacity to work and on the amendment of specific acts (Mmtv.)
In order to reduce the bureaucratic burden on clients, as from 1 April 2013 the procedure for determining old-age allowance (időskoriak járadéka) is instituted ex officio, in case the given person did not receive social benefits of those unemployed prior to reaching the retirement age.

As from 1 January 2014, the amount of the increased care allowance (ápolási díj) provided for family members nursing their severely disabled relatives requiring intensive nursing rose from HUF 38 350 to HUF 44 250, and at the same time special care allowance was introduced for relatives nursing patients with the most severe diseases, the monthly amount of which is HUF 53 100.

In the scope of the Social Renewal Operational Programme (Társadalmi Megújulás Operatív Program – TÁMOP) entitled “Modernising social services, strengthening strategic planning capacities and establishing social policy decisions (2012-2014)” (TÁMOP 5.4.1-12 projects), professional and methodological developments have taken place, which ensure a more professional and more predictable operation of the system of benefits, and provide appropriate support for those who work in this field. In the scope of this of this a national representative survey was carried out among persons above the age of 50. The aim of the study was to survey the life situation, social problems, demands and needs of people above 50 and their families.

In the EU-funded project named “The Human Rights of Older Persons in Long-term Care” (in short: project regarding older persons) elaborated and conducted by the European Network of National Human Rights Institutions (Nemzeti Emberi Jogi Intézmények Európai Hálózata – ENNHRI), Hungary is represented by the Office of the Commissioner for Fundamental Rights. Hungary, as a pilot member, actively cooperates in the project work realised with the participation of nearly 20 countries, ending in 2017 following a term of two and a half years. The aim of the project is to monitor care for older persons, and to study the experience, problems and good practices, on the basis of which the participants will submit their common recommendations and a package of proposals to the European Commission. In the scope of the project the collaborators of the Office will hold lectures at 10 residential institutions to the residents and the employees about the significance of human dignity and human rights in general by the end of 2016.

**COMMITMENT 5.**
**TO ENABLE LABOUR MARKETS TO RESPOND TO THE ECONOMIC AND SOCIAL CONSEQUENCES OF POPULATION AGEING.**

The Job Protection Action Plan was launched on 1 January 2013 with the aim to reduce employers’ wage costs incurred in connection with the most vulnerable worker groups (unskilled workers, workers below 25 and above 55, long-term job seekers, parents with young children), encouraging job retention and employment growth. From 2013 to December 2015, employers in the private sector asserted job protection allowance of a total amount of HUF 357.2 billion. In 2015, this allowance was used in respect of 317 917 persons above the age of 55, amounting to HUF 48 076 billion altogether, which is 6.3% more than the data recorded in the previous year. It meant an extra 18 673 persons and an increase by HUF 2.851 billion on average per month as compared to 2014.

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8 The final report of the study is available in electronic form at: (http://www.modernizacio.hu/iii-pillerkutatas/orszagos-reprezentatív-adatfelvetel-az-50-evesek-koreben).
In the framework of the employment programmes (TÁMOP 1.1.2. and 1.1.4) implemented between 2011 and 2015, the Ministry for National Economy provided outstanding support for workers with labour market disadvantages, particularly for those above the age of 50. In the scope of the programmes, the employment of a total number of about 162 thousand disadvantaged job seekers was improved between 2011 and 2015, and 22 190 of them were in the age group above 50. The aim of the project was to support the integration of job seekers and inactive persons into the labour market. Job seekers were provided with tailor-made training, services and support to help them find jobs.

At the beginning of the Women 40 plus programme, those women were regarded eligible who could certify an eligibility period of at least 39 years, had been certified job seekers for at least six months, and were registered in the records of the employment office. The expanded central labour market programme launched again in 2016 can be joined by women who have been registered job seekers for at least a month, have reached the age of 55 and can certify an eligibility period of at least 37 years or have turned 60 (irrespective of their period of eligibility).

In the case of the employment of the persons participating in the programme based on an employment contract, the employers receive a subsidy.⁹

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⁹ The total amount of the wages (maximum HUF 146 600) and the actually paid social contribution tax can be paid during the period lasting until the eligibility period needed for retirement on preferential terms is acquired, but for a maximum of 8 months.
COMMITMENT 6.
TO PROMOTE LIFE-LONG LEARNING AND ADAPT THE EDUCATIONAL SYSTEM IN ORDER TO MEET THE
CHANGING ECONOMIC, SOCIAL AND DEMOGRAPHIC CONDITIONS

During the active life period, people aged between 55 and 64 are the least active in adult
education. In life-long learning the proportion of participants in adult training in Hungary is very
low, only 3.2%.\textsuperscript{10} As opposed to this, recognising the significance of life-long learning, an
increasing number of senior training centres are being established offering training courses for
older persons.

Senior training forums can be found all over Hungary, especially linked to major institutes of
higher education, and they are becoming increasingly more widespread; e.g.: the Senior
Academy of Pécs; Pázmány Senior University; the Senior Training Programme of the University
of Kaposvár, the Miskolc University of the Third Age, the Pensioners’ Academy in Óbuda. As
the number of training locations increases year after year, the number of topics and special fields
dealt with increases too. At the King Zsigmond University, students may also obtain a degree in
educating or training older persons. Senior training takes place at 26 further locations outside the
institute, with the participation of 3 600 retired students, free of charge.

Besides popular courses aimed at acquiring computer skills or foreign languages, other courses
that are popular among older persons cover various different areas reflecting upon the special
demands of the age group, and these courses can be attended free of charge or for a low
participation fee.

Projects within the framework of the Economic Development and Innovation Operational
Programme (Gazdaságfejlesztési és Innovációs Operatív Program – GINOP) encourage the
participation of more adults above the age of 50 in adult education. Their retraining and the
updated skills and competences acquired all contribute to them permanently remaining on the
labour market. On areas, such as the acquisition of digital competences or the development of
foreign language skills of the adult population, there is no maximum age limit – older employees
may also join these programmes. (The concrete initiatives of the programme are described in
detail in Annex 6.)

COMMITMENT 7.
TO STRIVE TO ENSURE QUALITY OF LIFE AT ALL AGES, AND MAINTAIN INDEPENDENT LIVING,
INCLUDING HEALTH AND WELL-BEING

In October 2015, a working group “dealing with the social and health issues of care for older
persons” was set up with the participation of the Senior Council and external specialists. The
working group primarily focuses on the possibilities of improving the institutional and care
provision organisation, developing the skills of the institutional employees, and promoting a
geriatric-based approach. The social field and the field of healthcare work together on
developing an integrated form of providing healthcare and social care services, which would
make it possible to create a more differentiated care system; they are also examining further
possibilities of setting up social care institutes.

\footnotesize{\textsuperscript{10} Data from 2014, source: European Commission ”Education and Training Monitor 2015 Country analysis”}
The “multi-generation family leisure programme” working group operating within similar frameworks examines, among other things, how it could be possible to organise complex leisure parks ensuring active recreation for the entire family in different cities. Physical fitness also affects mental and spiritual well-being, and doing leisure activities together strengthens family and intergenerational relationships.

In the field of health promotion and fighting against smoking as a risk to general public health, it can be regarded as a milestone that a measure was introduced, according to which, as a main rule, it is not allowed to smoke in enclosed public places and community areas from 1 January 2012. As a result of this measure, the average concentration of indoor air pollution dropped by 90% at public entertainment venues and catering establishments, and as compared to the data from 2009, a significant improvement can be observed in respect of exposure to second-hand smoke.

Since 2010 numerous programmes have been organised and measures have been taken in the interest of the prevention and elimination of consumption-related risk factors. The main aim of these provisions is to limit the consumption of food products with an unfavourable composition from the aspect of nutritional health, and to ensure healthy food choices, which, in a few years, may result a reduction in the occurrence of cardiovascular deaths.

Movement, physical activity: The “Ten thousand steps” Walking Programme has been continuously operating since October 2004. Its aim is to ensure regular physical exercise for the retired population of Hungary, which they do together, and to provide professional help and advice for a healthy life conduct in old age. The programme also involves personal consulting and information booklets.

The aim of organised public health screening is to reduce the number of tumorous diseases in the long term. A short-term goal is to involve the target population considered as vulnerable on the basis of their age (breast screening: women aged between 45-65 years, cervix screening: women aged between 25-65 years, colorectal screening: men and women aged between 50-70 years) in the organised screening scheme in as high numbers as possible. In order to increase participation in organised cervical screening and improve accessibility and availability, as a “population-oriented solution” based on international examples, district nurses – as new participants – have been involved in organising and realising public health screening. The organised colorectal screening currently operating as a pilot programme will be extended to the whole country during the 2014-2020 development period using EU funds.

In order to enhance the prevention capacities of the healthcare system, 61 Health Improvement Offices (Egészségfejlesztési Iroda – EFI) have been set up in Hungary, in the framework of an EU development project. The fundamental objective of the operation of such offices is to contribute to reducing the number of cardiovascular and tumorous diseases, reducing early and

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11 On 26 April 2011 the National Assembly adopted the amendment of Act XLII of 1999 on the Protection of Non-Smokers and Certain Regulations on the Consumption and Distribution of Tobacco Products, by an outstandingly large – 84% – majority.

12 Act CIII of 2011 on the public health product tax, and Decree 71/2013. (XI. 20.) EMMI of the Ministry of Human Capacities on the highest permissible amount of trans fatty acids in food products, the conditions and official control of the distribution of food products containing trans fatty acids, and the rules relating to monitoring the population's intake of trans fatty acids entered into force. Decree 37/2014. (IV. 30.) EMMI of the Ministry of Human Capacities on nutritional health prescriptions, the provisions of which are applicable as of 1 September 2015.
avoidable mortality and improving the ways of life that determine health quality, as well as the 
attitudes and habits having an impact on health preservation. Older generations are also among 
the target groups. 34 offices offer programmes specifically aimed at older persons. 
Representatives of the older age groups form a significant proportion of the participants 
attending the programmes organised by the offices in order to promote a change of life conduct, 
undergoing health checks and risk assessment.

The Health Communication Centre\(^{13}\) established in 2013, due to the quality of information 
provision, is a genuine focal point for the population, recognised as a trademark in the field of 
promoting a healthy way of life and preventing diseases. Its aim is to improve communication 
with the population and to increase health awareness.

Based on the data collected by the Hungarian Central Statistical Office, ageing and elderly 
generations typically participate in domestic trips lasting for several days. People above 65 travel 
more than younger people, and they also spend more during their domestic trips. Among the 
different types of tourism, older generations primarily use the services of medical and health 
tourism and cultural tourism. In this field, the favourable features of Hungary from the aspect 
of medical tourism also significantly contribute to the well-being of the older generations. In 
recent years several measures were taken to support this objective: significant infrastructural 
developments took place in health tourism, and the number of qualified health resorts increased. 
The aim of the national certification mark introduced in 2014 for the purposes of classifying the 
quality of baths is to provide appropriate information on the standard of the available services.

**COMMITMENT 8.**
**TO MAINSTREAM A GENDER APPROACH IN AN AGEING SOCIETY**

For demographic reasons, in older generations there is an increase in the gender-gap, as well as 
in their family status, life conduct and life circumstances. As women – regarding their life 
expectancy – live 4-7 years longer than men, they mostly outlive their older husbands, and an 
excess of women occurs above the age of 60-65; and the older the generation, the greater is this 
difference. 
During the 2011 census survey, 2 million 331 thousand persons above the age of 60 were 
registered in Hungary, 23.5% of the entire population. The proportion of women was 61% within 
the old-age population, while their proportion was 52.5% within the entire population. In 2011 
there were 1 559 elderly women per one thousand elderly men. The excess of women increases 
as people get older, and above the age of 80 there are three times as many women as men. 
According to the latest census survey data, in the age group of 60-69 years the proportion of 
single persons is still below 40%, in the age group of 70-79 years this proportion is 51%, while 
76% of people above 80 live alone. Above the age of 80: 6 out of 10 men, while only 1 out of 
10 women live in a relationship. Based on demographic characteristics, a special profile can be 
observed in older generations: the single status is mostly characteristic of women, and women 
have a lower income or pension. It is significantly more expensive to maintain a household alone 
than from two persons' income. It follows from this that as women get older they are exposed 
to the risk of poverty more than men.

It is good news, however, that the pension gap between genders is changing favourably in 
**Hungary**, it is only 15% (as opposed to the average 40% difference recorded in the EU). This 
pension gap is even lower than the 18% wage gap, consequently the pension system has a

\(^{13}\) www.egeszseg.hu
compensatory effect on incomes. Another positive feature is the widow's pension, the recipients of which are mainly women, and it amounts to 30% of the deceased spouse's pension. In many cases it slightly compensates for the financial disadvantages deriving from the departure of the spouse. However, in order to avoid mass poverty at old age, it is necessary to continuously monitor the life circumstances and financial situation of the affected population, basically elderly women, and to introduce efficient countermeasures, if necessary.

The legal framework allows for positive discrimination in the case of women. In this context, the Women 40 Programme was launched, which makes early retirement possible for women, in case they have an appropriate eligibility period of at least 40 years. Since the launch of the programme, more than 160 000 women have used the possibility of early retirement ensured for them.

**COMMITMENT 9.**

**TO SUPPORT FAMILIES THAT PROVIDE CARE FOR OLDER PERSONS AND PROMOTE INTERGENERATIONAL AND INTRA-GENERATIONAL SOLIDARITY AMONG THEIR MEMBERS**

In pensioners’ clubs and in organisations bringing together older persons, systematic work is done in the interest of resolving conflicts between generations and strengthening relationships between grandparents and their grandchildren.

The memoir writing projects described under the 2nd commitment encouraged the authors to write their memoirs and recall memories together with their grandchildren, neighbours or friends from other generations.

The national network of Family, Opportunity-creating and Volunteer Houses (Család, Esélyteremtési és Őnkéntes Házak) is formed by 19 county offices and one office in Budapest. These offices promote the social integration of disadvantaged groups that most frequently suffer from discrimination, and implement at local level the Government's professional policy objectives linked to this area. Opportunity lessons are parts of a programme operating as good practice in the national network. The aim of opportunity lessons concerning older persons is to create active and close relationships between generations, raise awareness among younger people and fight down their prejudices. Every year, the opportunity creating offices organise several cultural, sports and other family leisure programmes with the aim of helping different generations to have experiences together and of strengthening relationships between different generations.

The programme announced every year since 2012 by the Ministry of Human Capacities under the title “Propagating a family friendly public approach” supports – besides other objectives of strengthening family cohesion – programmes organised by civil organisations and church communities to encourage cooperation between generations.

In 2011, the Department for Family Policy within the former Ministry for National Resources announced a project for civil organisations and church communities entitled “Propagating a family friendly public approach”, in the framework of which it provided outstanding support for projects with a programme that includes events organised on the occasion of the Day of Solidarity between Generations. The budget available for supporting the projects amounted to HUF 62 000 000, and over 100 of the 700 projects submitted were supported.

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14 Article 18((2a)-(2d) of Act LXXXI of 1997 on social insurance pension provision, enacted by article 1 of Act CLXX of 2010, effective from 1 January 2011.
By order of the Ministry of Human Capacities, the National Institute for Family and Social Policy announced a project entitled “Relax Together!” to encourage joint recreational activities for communities of families with children – within the territory of Hungary –, and also to support community-building programmes organised by the applying organisations, as well as programmes propagating family values and solidarity between generations. The available budget is HUF 31 million. During the evaluation of the applications, programmes encouraging the joint recreation of several generations and programmes organised for older persons and aimed at supporting older persons are given preference.

**Conclusions and priorities regarding the future**

**Appropriate management of the ageing process: preparing for old age**

The conviction that preparation for old age and the appropriate attitude to ageing should be acquired through a lifelong process, following the rules of the harmonious coexistence of generations, is increasingly gaining ground. An **important scene for this is the family** where, as small children and as young people, the relationship with grandparents can be experienced intimately. Mutuality and the intention to accept each other is essential in intergenerational relationships: older persons can contribute to the healthy coexistence of generations by transferring their knowledge, experience and mediating examples, while younger generations can contribute by using advanced technologies and by radiating a fresh approach. Besides experiencing family relationships, which is the most important for ageing people, it is also essential that they should undertake an active role in their direct environment, and that they should have common experiences within their own age groups and do joint activities in the most different areas of life.

It is important to continue the previously started work in the following fields:

- In the interest of **ensuring appropriate income security at old age** it is necessary to raise awareness as widely as possible of the fact that in order to have appropriate pensions, appropriate contribution payment and self-reliance is needed. This message must be conveyed to all generations.

- As a result of the transformation of the functions of the family and the significant changes in the family structure, the special needs of older persons very often cannot be satisfied or can only be satisfied partly within the framework of a family. Analysing the typical needs and special demands in old age, as a specific life situation is of outstanding significance, therefore **we are planning large-scale research concerning older persons’ quality of life**, which would provide an overall picture of older persons’ current life situation, needs, and the quality of their family relationships and social relationships. Based on the analysis of such data, adequate solutions could be elaborated. An **important challenge in this field is to provide support for families in home care and nursing of their older relatives**, or if this is not possible, then ensure appropriate care and nursing via other forms of care. In order to perform this task, it is necessary to coordinate a number of activities: measures aimed at harmonising work and family life, training family members participating in home care, providing more information, setting up a supporting network, establishing an appropriate background of residential services, ensuring alarm system monitoring at home, etc.

- A further essential task is to ensure decent circumstances for caring for such old persons in a severe health condition, in the case of whom home care is not possible.
• It is also important to support voluntary social participation aimed at caring for older persons and resolving their isolation. Involving society as widely as possible and the participation of volunteers contributes to providing help for older persons in several areas (helping mutually supportive networks of volunteers, younger old people, people in the same age groups). It is important that in line with setting up these networks, awareness raising events and campaigns should be organised all over the country. The participation of civil organisations and civil networks in the process represents an important added value, and it may significantly contribute to resolving isolation among older persons. The ongoing process of bringing together volunteers and people in need of help should be continued, and such activities should be encouraged in an effort to increase the recognition and appreciation of this branch of so-called invisible work in society.

• In the field of handling challenges relating to ageing, priority will be given in the future to creating an environment that supports security of the elderly, propagating innovations and practices ensuring accessibility in the direct surroundings of older persons in order to make it possible for them to remain in their home as long as possible and to prevent accidents even in the case of severe loss of functions related to old age. Another similarly important area where further developments are required is the use and expansion of so-called supporting technologies offering various customised solutions for the provision of help for older persons during their everyday life.

• It is demonstrated by international studies that regular physical exercise started at any age significantly contributes to preserving health at old age and maintaining an independent living as long as possible. In the National Sports Strategy\(^\text{15}\) accepted in 2007 it is emphasised that sports are among the most suitable tools for strengthening community cohesion, and the role of regular physical exercise is invaluable in preserving and maintaining health. When defining the action programmes linked to the strategy, efforts should be made to focus on older generations among the target groups. This process can be adequately supported by setting up and consciously developing integrated multifunctional sports facilities, with a special focus on increasing the willingness to participate.

• In the field of mental health promotion, the “Kopp Mária” Mental Health Strategy 2016-2020 has been elaborated and is waiting to be adopted. Its main objectives include the development of services focusing on mental health, making such services available near the place of residence or work for wide layers of the society, including older persons. The Strategy supports the development of services for older persons and the promotion of active ageing via maintaining the sense of usefulness and encouraging dignified ageing. An essential aim is to prevent dementia and treat its consequences through establishing and financing the Community Dementia Network, which is cost-efficient even in the current circumstances. In the case of mental decline, the network seeks to ensure the accessibility of care of an adequate standard, and to provide support and protection for relatives and helpers.

• In the field of the policy on older persons it is necessary to continue the use of best practices (Senior-Friendly Municipality Award, Prize for the Elderly, maintaining senior universities, family-friendly country approach), and during the implementation of EU-funded development projects efforts should be made to assert an integrated approach in the case of initiatives affecting certain human fields, and to make sure that in the target groups older persons are properly represented. It is especially important to ensure that the public health and health promotion/prevention programmes launched in the scope of the projects should be sensitive to the specific needs of the ageing generations. (A short summary of the programmes is included in Annex 6.)

\(^{15}\) (Resolution 65/2007. (VI. 27.) of the National Assembly)
The propagation and use of the Active Ageing Index (AAI) developed as a result of cooperation between the EU and the UNECE may significantly increase receptiveness and commitment in respect of this issue among those who are concerned. The index does not simply designate our place and the direction in which we should improve in the future, but its indicators also provide orientation for the harmonious progress in areas related to ageing, and they may also prove useful in laying down the foundations of further innovative policies. Furthermore, the index has an indicative value for local initiations – e.g. in the field of voluntary work, mental well-being, healthy years in life, use of info-communications tools, development of training possibilities, etc. – so it is important to make the content of the index known to local policy-makers and decision-makers as widely as possible.
Part III – Annexes

Annex 1 List of statistical indicators in the field of active ageing
Annex 2 Tables showing the national situation of ageing
Annex 3 A summary of the National Old Age Policy
Annex 4 The Senior-Friendly Municipality Award
Annex 5 Activities performed by local authorities, Elderly Councils of Local Municipalities and civil organisations in order to realise the objectives of the MIPAA/RIS in Hungary
Annex 6 Description of the Operational Programmes concerning older persons, financed by the European Union, in process or planned
Annex 7 Contributors to the preparation of the National Report on the implementation of the Madrid International Plan of Action on Ageing
List of statistical indicators in the field of active ageing

**HUNGARY**

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Proposed variable</th>
<th>Possible resources</th>
<th>1st year (2005 or later)</th>
<th>2nd year (2010 or later)</th>
<th>3rd year (2015 or later)</th>
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<td></td>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>1. Labour market (older people’s contribution through paid activities)</td>
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<td></td>
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<td>41.8</td>
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<td>20.9</td>
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<td>1.3. Employment rate for the age group of 65-69 years</td>
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<td>1.4. Employment rate for the age group of 70-74 years</td>
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<td>2. Particpation in society (older people’s contribution through unpaid activities)</td>
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<td>4.1</td>
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<td>2.1. Voluntary work by the older population (55+)</td>
<td>Proportion of older persons performing unpaid voluntary work via an organisation</td>
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<td>N/A</td>
<td>N/A</td>
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<td>2.2. Care to children, grandchildren by older population (aged 55+)</td>
<td>Proportion of older persons (55+) looking after children, grandchildren (at least once a week)</td>
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<td>N/A</td>
<td>N/A</td>
</tr>
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</table>

Annex 1
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<th>2nd year (2010 or later)</th>
<th>3rd year (2015 or later)</th>
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<td></td>
<td></td>
<td>Women</td>
<td>14.7</td>
<td>13.1</td>
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<tr>
<td>2.4. Political participation of the older population (55+)</td>
<td>Proportion of older persons (55+) participating in the work of trade unions, political parties, political groups</td>
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<td></td>
<td>Women</td>
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<td>2.9</td>
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<td>3. Independent, healthy, secure living</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1. Physical exercise for older adults</td>
<td>Proportion of people above 55 among people doing physical exercise or sports nearly every day</td>
<td>EQLS 2012 for both years*</td>
<td>N/A</td>
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<td>4.2</td>
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<tr>
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<td></td>
<td></td>
<td>Men</td>
<td>7.5</td>
<td>5.6</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Women</td>
<td>4.2</td>
<td>7.5</td>
</tr>
<tr>
<td>3.2. Access to healthcare and dental care (55+)</td>
<td>Proportion of people above 55 who did not report unsatisfied demands in the past 12 months in connection with medical or dental examination or treatment</td>
<td>SILC</td>
<td>77.2</td>
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<td>89.5</td>
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<td>75.0</td>
<td>89.0</td>
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<td></td>
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<tr>
<td>3.3. Independent living arrangements (75+)</td>
<td>Proportion of people above 75 living in one-person households or as a couple</td>
<td>SILC</td>
<td>72.4</td>
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<td>69.0</td>
<td>83.8</td>
<td></td>
</tr>
<tr>
<td>3.4. Relative median income (65+)</td>
<td>Ratio of equivalent median income available to persons above 65 in relation to persons below 65</td>
<td>SILC</td>
<td>1.01</td>
<td>1.01</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.07</td>
<td>1.06</td>
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<td></td>
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<td>0.97</td>
<td>0.99</td>
<td></td>
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<tr>
<td>3.5. No poverty risk (for those aged 65+)</td>
<td>Proportion of persons above 65 not at risk of poverty (based on the 50% threshold of the median income)</td>
<td>SILC</td>
<td>97.8</td>
<td>97.8</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>99.0</td>
<td>97.5</td>
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<td></td>
<td></td>
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<tr>
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<td>1st year (2005 or later)</td>
<td>2nd year (2010 or later)</td>
<td>3rd year (2015 or later)</td>
</tr>
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<td>-----------</td>
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<td>--------------------------</td>
</tr>
<tr>
<td>3.6 No severe material deprivation (for those aged 65+)</td>
<td>Proportion of persons above 65 not at risk of severe material deprivation (cannot afford 4 out of 9 things selected)</td>
<td>SILC</td>
<td>80.1</td>
<td>84.2</td>
<td>77.7</td>
</tr>
<tr>
<td>3.7. Physical safety (55+)</td>
<td>Proportion of persons above 55 who very confidently or confidently walk in their neighbourhood after dark</td>
<td>ESS* 2008/2010/2012</td>
<td>60.7</td>
<td>63.4</td>
<td>58.7</td>
</tr>
<tr>
<td>3.8. Lifelong learning (55–74)</td>
<td>persons aged 55-74 years who reported participating in training during the past 4 weeks</td>
<td>LFS</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

4. Capacity and enabling environment for active ageing

4.1. Life expectancy at the age of 55 | Same as the indicator | Demographic statistics, estimates relating to life expectancy 2005/2010/2014 | 22.3 | 19.2 | 24.9 | 23.0 | 19.9 | 25.6 | 23.6 | 20.8 | 26.1 |

4.2. Healthy life expectancy at the age of 55 | Same as the indicator | Demographic statistics, SILC | - | 8.9 | 11.1 | - | 10.9 | 11.5 | - | 11.0 | 11.6 |

4.3. Mental well-being of persons above 55 | the indicator reflects self-reported emotions, positive, happy mood and spirit | Based on WHO ICD-10 survey EQLS* | N/A | N/A | N/A | 63.4 | 73.9 | 55.7 | 61.5 | 66.6 | 57.9 |

4.4.1. Use of ICT by older adults (55-74 years) | Use of the internet at least once a week among persons aged 55-74 years (within the population) | ICT | 1.0 | 0.5 | 0.5 | 2.2 | 0.9 | 1.3 | 2.6 | 1.1 | 1.5 |
### 4.4.2. Use of ICT by older adults (55-74 years)

Use of the internet at least once a week among persons aged 55-74 years (among internet users)

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Proposed variable</th>
<th>Possible resources</th>
<th>1st year (2005 or later)</th>
<th>2nd year (2010 or later)</th>
<th>3rd year (2015 or later)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>4.4.2. Use of ICT by older adults (55-74 years)</td>
<td>Use of the internet at least once a week among persons aged 55-74 years (among internet users)</td>
<td>ICT</td>
<td>2.1</td>
<td>1.1</td>
<td>1.0</td>
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</tbody>
</table>

### 4.5. Connectedness of older people (aged 55+)

Proportion of persons above 55 who meet friends, relatives, colleagues several times a week or daily

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Proposed variable</th>
<th>Possible resources</th>
<th>1st year (2005 or later)</th>
<th>2nd year (2010 or later)</th>
<th>3rd year (2015 or later)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>4.5. Connectedness of older people (aged 55+)</td>
<td>Proportion of persons above 55 who meet friends, relatives, colleagues several times a week or daily</td>
<td>ESS* 2008/2010/2012</td>
<td>26.3</td>
<td>24.4</td>
<td>27.8</td>
</tr>
</tbody>
</table>

### 4.6. Educational attainment of older people (aged 55+)

Proportion of persons aged 55-74 years with secondary or higher qualifications

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>Proposed variable</th>
<th>Possible resources</th>
<th>1st year (2005 or later)</th>
<th>2nd year (2010 or later)</th>
<th>3rd year (2015 or later)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>4.6. Educational attainment of older people (aged 55+)</td>
<td>Proportion of persons aged 55-74 years with secondary or higher qualifications</td>
<td>LFA/ survey of educational attainment according to age group</td>
<td>46.7</td>
<td>54.5</td>
<td>40.9</td>
</tr>
</tbody>
</table>

### 5. Other indicators (if applicable)

*As stated in the description of the methodology, data sources were the 2007 and 2010 EQLS (European Quality of Life Survey) and the 2008, 2010 and 2012 ESS (European Social Survey). The data of the indexes are public. Data not calculated by the Hungarian Central Statistical Office.

Source: [http://www1.unece.org/stat/platform/pages/viewpage.action?pagId=76287845](http://www1.unece.org/stat/platform/pages/viewpage.action?pagId=76287845)
### Annex 2

#### Tables of the national situation of ageing

**Table 1**

Proportion of the population above 60 within the population, per age group and gender

(1 January)

<table>
<thead>
<tr>
<th></th>
<th>1990</th>
<th></th>
<th></th>
<th>2001</th>
<th></th>
<th></th>
<th>2015</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
<td>Total</td>
<td>Men</td>
<td>Women</td>
<td>Total</td>
</tr>
<tr>
<td>60-64</td>
<td>5.2</td>
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<td>5.6</td>
<td>4.7</td>
<td>5.7</td>
<td>5.2</td>
<td>6.8</td>
<td>7.5</td>
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<td>65-69</td>
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<td>5.7</td>
<td>5.1</td>
<td>4.2</td>
<td>5.4</td>
<td>4.8</td>
<td>5.0</td>
<td>6.1</td>
<td>5.6</td>
</tr>
<tr>
<td>70-74</td>
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<td>3.0</td>
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<td>4.1</td>
<td>3.3</td>
<td>2.5</td>
<td>4.2</td>
<td>3.4</td>
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<tr>
<td>80-</td>
<td>1.7</td>
<td>3.3</td>
<td>2.5</td>
<td>1.7</td>
<td>3.6</td>
<td>2.7</td>
<td>2.6</td>
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<td>4.2</td>
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<tr>
<td>Total</td>
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<td>21.8</td>
<td>18.9</td>
<td>16.6</td>
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<td>20.4</td>
<td>20.8</td>
<td>29.0</td>
<td>25.1</td>
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</table>

Source: KSH (Hungarian Central Statistical Office)

**Table 2**

Average life expectancy at birth

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<th>Women</th>
<th>Average</th>
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</thead>
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<td>65.5</td>
<td>72.8</td>
<td>69.1</td>
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<tr>
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<td>65.2</td>
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<tr>
<td>2000</td>
<td>67.5</td>
<td>76.2</td>
<td>71.9</td>
</tr>
<tr>
<td>2010</td>
<td>70.7 (76.9)</td>
<td>78.6 (82.8)</td>
<td>74.7 (79.9)</td>
</tr>
<tr>
<td>2011</td>
<td>71.2 (77.3)</td>
<td>78.7 (83.1)</td>
<td>75.1 (80.3)</td>
</tr>
<tr>
<td>2012</td>
<td>71.6 (77.4)</td>
<td>78.7 (83.1)</td>
<td>75.3 (80.3)</td>
</tr>
<tr>
<td>2013</td>
<td>72.2 (77.8)</td>
<td>79.1 (83.3)</td>
<td>75.8 (80.6)</td>
</tr>
<tr>
<td>2014</td>
<td>72.3 (78.1)</td>
<td>79.4 (83.6)</td>
<td>76.0 (80.9)</td>
</tr>
</tbody>
</table>

[http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_int008.html#](http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_int008.html#)

* The EU average is stated in brackets.

---

1 Due to the different methods applied in calculations, the Eurostat data is slightly different from the indicators calculated by the Hungarian Central Statistical Office (KSH)
Table 3

<table>
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<tr>
<th>Year</th>
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<th>Women</th>
<th>Average</th>
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<td>13.3</td>
</tr>
<tr>
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<td>16.9 (20.0)</td>
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http://ec.europa.eu/eurostat/data/database

* The EU average is stated in brackets.

Table 4

Pensions, benefits, annuities and other allowances expenditure

<table>
<thead>
<tr>
<th>Year</th>
<th>Pensions, benefits, annuities and other allowances expenditure (millions HUF)</th>
<th>Average number of recipients (thousand persons) in percentage of GDP</th>
<th>Among them, persons receiving old-age pension (thousand persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>3,177,721</td>
<td>11.3</td>
<td>2,901</td>
</tr>
<tr>
<td>2014</td>
<td>3,478,273</td>
<td>10.8</td>
<td>2,755</td>
</tr>
<tr>
<td>2015</td>
<td>3,502,436</td>
<td>10.4</td>
<td>2,687</td>
</tr>
</tbody>
</table>

Source: Central Administration of National Pension Insurance (ONYF)
### Table 5

Main data of retirement benefits financed by the Pension Insurance Fund

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure on pension benefits (million HUF)</th>
<th>Expenditure as a percentage of GDP (%)</th>
<th>Number of people receiving pension benefits (thousand persons)</th>
<th>Average amount of benefits per person (HUF/month)</th>
<th>Average amount of benefits as a percentage of average net earnings (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2,887,822</td>
<td>10.7</td>
<td>2,692</td>
<td>89,386</td>
<td>67.4</td>
</tr>
<tr>
<td>2011</td>
<td>3,028,109</td>
<td>10.8</td>
<td>2,673</td>
<td>94,415</td>
<td>66.9</td>
</tr>
<tr>
<td>2012</td>
<td>2,642,782</td>
<td>9.2</td>
<td>2,168</td>
<td>101,593</td>
<td>70.5</td>
</tr>
<tr>
<td>2013</td>
<td>2,838,539</td>
<td>9.4</td>
<td>2,191</td>
<td>107,947</td>
<td>71.4</td>
</tr>
<tr>
<td>2014</td>
<td>2,915,049</td>
<td>9.1</td>
<td>2,187</td>
<td>111,073</td>
<td>71.3</td>
</tr>
<tr>
<td>2015</td>
<td>2,987,724</td>
<td>8.9</td>
<td>2,177</td>
<td>114,391</td>
<td>71.8</td>
</tr>
</tbody>
</table>

Source: ONYF Statistical Yearbook, 2014; Planning guide for the 2017 budget (GDP) and the annual report by the KSH (average net earnings)

### Table 6

Number of persons receiving old-age allowance on 31 December in the year in question

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>living in a</td>
<td>1,418</td>
<td>1,279</td>
<td>987</td>
<td>862</td>
</tr>
<tr>
<td>relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, below 75</td>
<td>3,001</td>
<td>3,369</td>
<td>3,990</td>
<td>4,153</td>
</tr>
<tr>
<td>years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single, above 75</td>
<td>1,556</td>
<td>1,507</td>
<td>1,578</td>
<td>1,604</td>
</tr>
<tr>
<td>years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5,975</td>
<td>6,155</td>
<td>6,555</td>
<td>6,619</td>
</tr>
</tbody>
</table>

Source: KSH

### Table 7

Expenditure on old-age allowance (million HUF)

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>1,913</td>
</tr>
<tr>
<td>2012</td>
<td>1,947</td>
</tr>
<tr>
<td>2013</td>
<td>2,035</td>
</tr>
<tr>
<td>2014</td>
<td>2,131</td>
</tr>
</tbody>
</table>

Source: KSH

---

2 Profile-filtered data from 2012.
Table 8  
Consumer basket, distribution of consumption expenditure, 2014\(^3\)  

<table>
<thead>
<tr>
<th>Name of product</th>
<th>In the consumer price index</th>
<th>In the pensioner consumer price index(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>24.96</td>
<td>26.79</td>
</tr>
<tr>
<td>Alcoholic drinks, tobacco</td>
<td>9.86</td>
<td>8.62</td>
</tr>
<tr>
<td>Clothing articles</td>
<td>3.41</td>
<td>1.93</td>
</tr>
<tr>
<td>Consumer durables</td>
<td>6.62</td>
<td>5.61</td>
</tr>
<tr>
<td>Household energy</td>
<td>7.65</td>
<td>9.95</td>
</tr>
<tr>
<td>Other articles, fuels(^5)</td>
<td>19.68</td>
<td>19.36</td>
</tr>
<tr>
<td>Services</td>
<td>27.82</td>
<td>27.74</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: KSH

Table 9  
Average healthy life expectancy at birth*  

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>52.2 (61.1)</td>
<td>54.3 (62.5)</td>
</tr>
<tr>
<td>2006</td>
<td>54.4 (61.8)</td>
<td>57.2 (62.5)</td>
</tr>
<tr>
<td>2007</td>
<td>55.1 (61.7)</td>
<td>57.8 (62.6)</td>
</tr>
<tr>
<td>2008</td>
<td>54.8 (61.1)</td>
<td>58.2 (62.2)</td>
</tr>
<tr>
<td>2009</td>
<td>55.9 (61.3)</td>
<td>58.2 (62.0)</td>
</tr>
<tr>
<td>2010</td>
<td>56.3 (61.8)</td>
<td>58.6 (62.6)</td>
</tr>
<tr>
<td>2011</td>
<td>57.6 (61.7)</td>
<td>59.1 (62.1)</td>
</tr>
<tr>
<td>2012</td>
<td>59.2 (61.5)</td>
<td>60.5 (62.1)</td>
</tr>
<tr>
<td>2013</td>
<td>59.1 (61.4)</td>
<td>60.1 (61.5)</td>
</tr>
<tr>
<td>2014</td>
<td>58.9 (61.4)</td>
<td>60.8 (61.8)</td>
</tr>
</tbody>
</table>

Source: [http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tsdph100&language=en](http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tsdph100&language=en)  
* The EU average is stated in brackets.

\(^3\) Weights used in the consumer price index for 2016, according to the consumption structure of 2014  
\(^4\) When calculating the pensioner consumer price index, in addition to overweighting the spending on food, medicine and housing expenses, products and services not characteristic of the consumption of pensioners are omitted (e.g. components relating to child raising and care).  
\(^5\) Pharmaceutical and other medical products are within the category of “Other articles, fuels”, where the proportion of pharmaceutical and other medical products in the “ordinary” consumer price index is 3.1%, while it is 6.3% in pensioners' spending structure.
Table 10
Development in the number of healthy life expectancy at birth in Hungary, per gender, 2005-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>5.1 (8.6)</td>
<td>5.0 (8.9)</td>
</tr>
<tr>
<td>2006</td>
<td>5.1 (8.8)</td>
<td>5.6 (9.0)</td>
</tr>
<tr>
<td>2007</td>
<td>5.3 (8.7)</td>
<td>5.9 (9.0)</td>
</tr>
<tr>
<td>2008</td>
<td>5.6 (8.3)</td>
<td>6.4 (8.5)</td>
</tr>
<tr>
<td>2009</td>
<td>5.7 (8.4)</td>
<td>5.7 (8.4)</td>
</tr>
<tr>
<td>2010</td>
<td>5.4 (8.7)</td>
<td>5.9 (8.9)</td>
</tr>
<tr>
<td>2011</td>
<td>6.0 (8.5)</td>
<td>6.0 (8.6)</td>
</tr>
<tr>
<td>2012</td>
<td>6.4 (8.5)</td>
<td>6.4 (8.5)</td>
</tr>
<tr>
<td>2013</td>
<td>6.2 (8.5)</td>
<td>6.1 (8.6)</td>
</tr>
<tr>
<td>2014</td>
<td>6.0 (8.6)</td>
<td>6.1 (8.6)</td>
</tr>
</tbody>
</table>

Source of data: Eurostat (http://ec.europa.eu/eurostat/data/database)

Table 11
Average healthy life expectancy at the age of 65 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>5.1 (8.6)</td>
<td>5.0 (8.9)</td>
</tr>
<tr>
<td>2006</td>
<td>5.1 (8.8)</td>
<td>5.6 (9.0)</td>
</tr>
<tr>
<td>2007</td>
<td>5.3 (8.7)</td>
<td>5.9 (9.0)</td>
</tr>
<tr>
<td>2008</td>
<td>5.6 (8.3)</td>
<td>6.4 (8.5)</td>
</tr>
<tr>
<td>2009</td>
<td>5.7 (8.4)</td>
<td>5.7 (8.4)</td>
</tr>
<tr>
<td>2010</td>
<td>5.4 (8.7)</td>
<td>5.9 (8.9)</td>
</tr>
<tr>
<td>2011</td>
<td>6.0 (8.5)</td>
<td>6.0 (8.6)</td>
</tr>
<tr>
<td>2012</td>
<td>6.4 (8.5)</td>
<td>6.4 (8.5)</td>
</tr>
<tr>
<td>2013</td>
<td>6.2 (8.5)</td>
<td>6.1 (8.6)</td>
</tr>
<tr>
<td>2014</td>
<td>6.0 (8.6)</td>
<td>6.1 (8.6)</td>
</tr>
</tbody>
</table>

Source:
http://ec.europa.eu/eurostat/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tsdph220&language=en
* The EU average is stated in brackets.
### Table 12

Employment rate of older workers (aged 55-64), %

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>37.7</td>
<td>38.7</td>
<td>38.6</td>
<td>39.3</td>
<td>41.4</td>
<td>44.8</td>
<td>49.6</td>
<td>45.3</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>25.3</td>
<td>26.3</td>
<td>29.4</td>
<td>31.9</td>
<td>31.7</td>
<td>32.1</td>
<td>35.2</td>
<td>54.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30.9</td>
<td>31.9</td>
<td>33.6</td>
<td>35.3</td>
<td>36.1</td>
<td>37.9</td>
<td>41.7</td>
<td>32.7</td>
</tr>
</tbody>
</table>


### Table 13

Voluntary work done by the population aged 55-74, in 2014

<table>
<thead>
<tr>
<th>Age</th>
<th>The number of persons doing voluntary work</th>
<th>Their proportion within the population of the same age, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-59</td>
<td>274,576</td>
<td>38.2</td>
</tr>
<tr>
<td>60-64</td>
<td>249,580</td>
<td>37.9</td>
</tr>
<tr>
<td>65-69</td>
<td>183,533</td>
<td>34.8</td>
</tr>
<tr>
<td>70-74</td>
<td>107,689</td>
<td>25.0</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>815,379</strong></td>
<td><strong>34.9</strong></td>
</tr>
</tbody>
</table>

Source: KSH, Ezüstkor (Silver Age) 2014
A summary of the National Old Age Policy

In 2009, the elaboration of the National Old Age Policy was preceded by research, analyses and workshops lasting for years, spanning several governments, taking into consideration relevant international and EU directives. The National Old Age Policy was adopted by the Parliament under No. 81/2009. (X. 2.), and then it was followed by the National Old Age Policy, Plan of Action I (2010–2012.). In the context of the EY2012, Government Decision 1089/2012. (IV. 2.) on Hungary's Programme of the European Year for Active Ageing and Solidarity between Generations was adopted, and the implementation of the programmes included therein was also adjusted to the objectives defined in the National Old Age Policy.

The National Old Age Policy analyses the situation of older persons based on statistical data, with a critical approach, and it outlines the directions for achieving a vision (target) by 2034, and describes the developments needed for reaching the objectives.

The schedule of the implementation of the National Old Age Policy was determined in such a way that it follows the country's economic development, adapts to social and economic policy, and makes it possible for the Government to take into account the current economic and social environment when determining the schedule of the intervention tasks and actions plans needed for the development.

The National Old Age Policy covers a long-term period: it focuses both on the present and the future, and aims at performing tasks more efficiently. The tasks involved: accurate assessment and overall improvement of the situation of older persons, bringing life expectancy at birth closer to the EU average, increasing the number of healthy years and the active life-cycle, strengthening social integration, focused action against discrimination and bias, promoting self-reliance among younger generations in the interest of improving old-age income security.

The document explains that in order to assert a positive approach in respect of ageing, it is necessary to integrate older persons' knowledge, wisdom and competences in the operation of the service provision systems, and older persons' contributions to the common good should be recognised, for example by promoting supportive relationships between households and neighbourhoods. With the help of a further developed voluntary work neighbourhood-based voluntary movements should be encouraged, as well as the cooperation between younger and older persons in helping each other. Voluntary work strengthens intergenerational relationships, it facilitates the transfer of knowledge and experience, as well as the transmission of values and creative problem-solving skills.

The document emphasises that the essence of active old age lies in integral relationships and mutual support between generations. Consequently, older persons' activity and quality of life should not be irrelevant for younger generations either, as they should see the possibilities of their own future old age there. The vision and mental approach of middle generations is also significantly influenced by the state of old age they can expect. For this reason, the National Old Age Policy does not simply address older persons, but also middle-aged people and the new generations, it wants to influence them with its objectives, as the foundations of successful ageing should be laid down well in advance. Managing the ageing process is nothing other than consciously preparing for old age, and this process should be started as early as possible.

A separate chapter of the strategic document is devoted to social involvement and intergenerational relationships, pointing out the inherent potentials and restrictive factors. The
document also urges that intergenerational relationships should be rebuilt, solidarity should be strengthened, and e-Inclusion, i.e. the use of life quality improving social networking possibilities offered by information technology should be encouraged.

The document also concludes that no sufficient amount of research data of adequate quality is available on the social participation of older people, and without such data the developments cannot be efficiently targeted and their content cannot be appropriately adjusted to the needs. Besides having a deep knowledge of the national features, collecting information would also enable international data comparison.
Senior-Friendly Municipality Award - Summary

The central focus of the Principles for Older Persons adopted by the United Nations in 1991 is that Member States are encouraged to elaborate such policies regarding older persons, which ensure their independence, social participation, care, self-fulfilment and dignity all through their lives. Further important aspects in respect of ageing include social publicity and raising awareness in all generations. As a result of this, the social esteem of older persons and solidarity with them can be strengthened, their social participation and activity can be encouraged, and cooperation between different generations and local communities can be facilitated.

The Award was established based on the initiative of the members of the Senior Council submitted in 2004 to the ministers in charge of the social field and local authorities. The Senior - Friendly Municipality Award was established in 2004 by the Minister of Health, Social and Family Affairs and Minister of Interior by joint Decree 58/2004. (VI. 18.) ESZCSM–BM.

By awarding the Award, the Ministers intended to recognise the work and activity of local authorities undertaking an outstanding role in caring for older persons, making their lives easier, and filling their years spent in retirement with meaning. The aim of the initiative was to draw attention to the fact that local authorities can do the most at local level – by ensuring flow of information and by initiating dialogues – for the implementation of the policy on older persons, for the recognition of the results by making them known, and for the development of communities.

The Award can be awarded by application to local authorities, which, besides their obligatory basic tasks within the sphere of social care provision:

− facilitate, with their active participation – especially by taking advantage of tendering opportunities –, the operation of older persons' local organisations, and provide support in organising leisure programmes for them,
− establish exemplary cooperation with organisations and persons active in the field of affairs concerning older persons,
− involve a wide range of older citizens and their organisations in local public life and in shaping local public life,
− have set up a system of local elderly-friendly policy, which can ensure successful operation in this field in the long term.

Any municipality (of any settlement, county or capital city district) can apply for the Senior-Friendly Municipality Award, in case – in addition to its basic tasks – it has taken exemplary initiatives in the interest of its elderly population, with a view to preserving their dignity, promoting their activity, developing relationships between generations and ensuring their independence.

Target groups addressed by the programme:

− the given settlement's residents over the age of 60, whose life, independence, social participation, self-fulfilment, dignity and care is described in the settlement's overall situation included in the application.
− the entire local community via awareness raising.
The Committee evaluates the submitted applications on the basis of the criteria determined in the call for applications, and submits a proposal to the ministers concerning the local authorities to be awarded. The ministers make a joint decision on awarding the Award. Six local governments are awarded every year.

Local authorities with successful applications are awarded an Award and a Certificate of Merit. The Award is awarded by the ministers at a ceremony organised every year on the occasion of The International Day of Older Persons. A reward of one million HUF is also granted with the Award, which can be used by the municipality in the field concerning older persons.

In 2012, in connection with the “European Year for Active Ageing and Solidarity between Generations”, Hungary devoted special attention to promoting the social participation of older persons. It will take a long time to achieve the objectives defined then, consequently it is important to pay outstanding attention to realising these objectives in the future too. Every year, the call for applications focus on a different topic, which is regarded important in the given year. In 2015, by awarding the Award, the founders wanted to draw the attention of the exercisers of public authority to culture and public culture, encouraging them to make it possible for older persons living in their settlements to attend different cultural programmes regularly and in large numbers, free of charge or at reduced prices.

The applicants undertook to perform several additional tasks in the interest of improving the quality of life and well-being of older residents, including – but not limited to – the following: organising holidays, trips; health days, screenings and providing health information; learning courses; family days to bring generations together; local history walks and competitions; use of swimming pools and spas free of charge or at reduced rates; music afternoons; computer and language training courses free of charge; free library services including door-to-door delivery; lectures, training courses; community development, encouraging neighbourhood relationships; special events relating to religious and secular holidays; traditional events, competitions; creative craft workshops; creating opportunities for the transfer of knowledge: transferring knowledge relating to traditional gastronomy, folklore and popular medicine to younger generations; reading groups; psychological group sessions; lawn mowing free of charge; home assistance service under an alarm system; special residential nursing service; jubilee benefits for seniors; discounted sale of flower and potatoes; advice on crime prevention; establishing fitness parks; rental of medical appliances; support services; exhibition possibilities for amateur artists; concerts; transportation to local events and to the market; free use of sport grounds; regular laundry services.

The target group of the programmes, depending on specific local circumstances and features, include both highly qualified population with a high quality of life and disadvantaged older persons with lower qualifications, as well as couples, families and single persons, and particular attention is paid to those who live alone or live on farmlands, to disabled persons, and to those whose daily living is severely restricted.

As a result of the programmes, older persons are becoming more active, with an increasing sense of usefulness, mobility, initiative and, not least, responsibility for each other. Community tasks strengthen relationships, which improves especially single persons' well-being and reduces their isolation. Older volunteers who join the programmes set an example to their contemporaries and contribute to the social integration of retired persons.
In 2016, the call for applications focuses on care provided for older persons at home, particularly within the family and on a voluntary basis. Furthermore, such local authorities are also appreciated that facilitate communication between younger family members living far from home and older family members living in the given settlement.
Annex 5

**Good practices performed by municipalities, Elderly Councils of Local Municipalities and civil organisations in order to realise the objectives of the MIPAA/RIS in Hungary**

Based on the summaries prepared between December 2015 and February 2016 by the participants of the Civil Working Group set up to prepare a report on the national situation of ageing, the following programmes, initiatives and events were realised in Hungary with a view to elderly-friendly society in the recent years:

**Municipality of District 11, Újbuda, Budapest**
The Újbuda 60+ Programme has been operating since 2008 with the primary goal of organising different programmes and services on a regular basis in order to improve older persons' quality of life and increase the number of years they spend in their own homes in independent and active living. The priority objectives include the involvement of older persons in society, asserting their interests and reducing discrimination against them, by improving their self-esteem, providing opportunities for them for self-expression, and presenting and mediating their values (e.g. via talent contests).

Initiatives:

- encouraging people to lengthen the period of time spent working (providing support in finding jobs, increasing the working capacity of persons aged 50-62 in the framework of the EU-funded Senior Capital programme, and the Újbuda 50+ programme);
- life-long learning (Senior Programme Centre of Újbuda: foreign language and computer courses, ensuring possibilities for exercising skills, personal consulting and written teaching materials, courses on the use of smart phones and the latest computer programmes, Újbuda Senior Academy);
- supporting civil organisations' and volunteers' own programmes (Esperanto, English and German conversation groups, bridge, handicraft, health clubs);
- besides social and healthcare services provided by local authorities with compulsory effect, within the framework of the Újbuda 60+ Programme 300 different programmes and services are offered on a monthly basis, which are aimed at improving older persons' quality of life by promoting prevention, activity and – indirectly – independent living (discount card, community development sub-program, media workshop);
- solidarity between generations (e.g. Márton Karinthy and a young confectioner at Hadik Café worked together on creating the Karinthy cake on the basis of an old family recipe, and the cake is still offered on the café's menu; computer training courses with the participation of young university students, university students spending their period of professional practice working in the framework of the 60+ programme, elderly volunteers read stories to children at nurseries, National Senior Crossword Puzzle Competition (grandparents with their grandchildren), “Shopping Tour” in the spring (students and older persons visit shops together and give advice on healthy diet), “Story Marathon” story writing competition, making birdhouses together, etc.).

**Senior Committee within the Ministry of Human Capacities**
Enhancing participation in the society and in communities, and propagating voluntary work are among the goals of the organisation. The background material explains the necessity of part-time remote working, and emphasises that even besides performing their tasks in the
family, older persons should find time for themselves and for their hobbies, and keep active by doing so.

**Municipality of Győr**
- involving older persons in making decisions (Council of Elderly);
- independent living: a programme realised from EU funds (WEL_HOPS) is aimed at helping older persons to live in their own homes as long as possible. A publication was made in the scope of this programme, which contains recommendations about how to reconstruct and renovate the homes of older persons. Every year, the municipality provides funds based on applications for older persons above the age of 70 for making their own homes accessible so that they can remain in their homes as long as possible;
- access to information (operating an email and call-centre named Elderly Line (*Idősvonal*) from EU funds, information leaflets on old age, weekly and monthly columns for older persons in local papers);
- sending older residents the publication entitled Elderly-Friendly Győr (*Idősbárát Győr*), which contains a Health Map for the Elderly, a description of the concept aimed at improving the life quality of older persons living in Győr, and other useful information for older persons. (a programme within the WHO Healthy Cities / Health of Older Persons sub-network);
- exhibitions and events presenting older persons' works and performances, cultural fee discounts for older residents;
- life-long learning (Senior University, Grandparents' Net (*NagyiNet*) where young people teach older persons how to use infocommunication tools);
- The Health Market series of health promoting programmes for residents brings preventive services, screenings, consulting, and programmes on life conduct closer to people free of charge, in 12 different city districts;
- sport events for maintaining activity (exercises for old persons, regularly held in 8 districts, GyőrBike Bike Rental System, Senior Park and Playground), free season tickets to the baths;
- lectures on crime prevention;
- solidarity between generations (extraordinary lessons, Paper-Clip (*GÉM-Kapocs*) Programme for the life quality of generations, a mental hygiene programme based on the joint creative activity of three generations);
- voluntary work: “Conversation Network”, in the framework of which retired persons visit an old person living alone, for one or two hours a week, on a regular basis. The “**SÍP** (Segítsünk az Időseknek Program) Help the Elderly Programme” encourages secondary school students and university students to do voluntary work for older persons by assessing their needs and establishing relationships.

**Municipality of Hódmezővásárhely**

The objectives of the town with county rights and its sub-region defined in its Concept and Strategic Plan on Older Persons: older persons should be respected members of society, they should live in health and security, they should be protected, and they should not be lonely.

Initiatives:
- fee discounts (garbage collection, library ticket);
‐ health screening programme;
‐ sport grounds, sport events for multi-generations, senior sport competitions;
‐ supporting cultural events;
‐ crime prevention programme (especially for people living on farms), consulting, providing information;
‐ voluntary work (Volunteers' Point, bringing together people in need and people who want to help them);
‐ exchange of experience on farming in the Agricultural Centre.

LIGA Trade Union

Ambitions of asserting interests include the following:
‐ preserving health as long as possible,
‐ improving the working conditions of employees above the age of 60,
‐ enhancing social involvement and participation in decision-making,
‐ revising the calculation of pensions, restoring the possibility of early retirement,
‐ increasing older persons' economic security,
‐ involving older persons in the definition of the family, introducing parent care benefits,
‐ setting up the organisational system of senior training,
‐ providing support for older persons in living with their families as long as possible,
‐ strengthening the social network (health screenings, doing away with waiting lists)
‐ respecting human dignity, using positive discrimination, improving the security of older persons,
‐ deliberately preparing young people for handling age-related changes, raising awareness of the importance of preparing for their own old age, promoting voluntary work.

Hungarian Trade Union Confederation, Senior Division

Their aim is to enhance older persons' involvement in society and in making decisions concerning them, and to increase their interest representing abilities and awareness. Their ambitions include representing interests such as increasing the average number of healthy years, improving the conditions of retirement, increasing income security at old age, encouraging (physically and mentally) active old age, harmonising the services provided, such as:
‐ organising cultural and leisure programmes,
‐ three-day further training course for retired trade union activists on current issues of social and pension policy,
‐ strengthening and tightening intergenerational relationships in cooperation with the Youth Division.

Senior Committee within the Ministry for National Economy

The aim of the organisation is to invite colleagues who retired from the ministry or its background institutes and keep a register of them in order to be able to provide help for them in solving their potential problems. Active community spirit is traditionally maintained in order to foster relationships between former employees and their old workplace, represent the interests of retired persons, provide information and advice for those who need it, organise
joint programmes where former colleagues can meet with each other and make their days spent in retirement more interesting by doing so.

**Municipality of Nyíregyháza**

Guiding principles: independence, participation, care, self-fulfilment, dignity. Compliance with the guiding principles does not simply depend on financial conditions, but also on approach and attitude, where a great emphasis is laid on partnership. In 2015, the Digital Hungary sub-programme was launched first in Nyíregyháza, with the aim of asserting the right of access to services and information. The programme includes building and maintaining an internet network with an appropriate bandwidth, ensuring adequate infrastructure for using electronic services, improving digital literacy and extending the possibility of the electronic administration of affairs. The target groups of the programme include older persons, and the project was primarily announced for those who cannot afford digital devices. Initiatives:

- involving older persons in making decisions (Council of Elderly),
- life-long learning (Senior Academy),
- activity, health promotion (sport events, Senior Olympic Games),
- supporting civil organisations.

**Pensioners’ Social Forum**

In the scope of their interest representing and interest asserting activities they emphasise that providing correct and sound information is essential in government communication, in education, in mass culture, in the media, and also in the field of intergenerational cooperation. Their programmes are based on cooperation between different generations, they organise joint celebrations (Saint Nicholas' Day, Nativity Play, Christmas), local and regional events. Their ambitions include representing interests such as the recognition and remuneration of retired persons' achievements during their working life, preserving health as long as possible, making information accessible (e.g. on the conditions of using services); they organise programmes where they provide health advice and information on diseases. They support the involvement of older persons in local public affairs and in community life.

**Professional Association of Postal Workers, Senior Division**

One of the outstanding aims of the association is to support cooperation between senior members and younger generations – so that older persons spend their time doing substantial and healthy activities –, integrate older persons and encourage them to actively participate in the community, narrowing by this the gap between the generations. Further objectives include extending the knowledge and information available to their members by organising different awareness-raising programmes. The organisation also lays great emphasis on creating social values, undertaking responsibility, creating socially useful communities, which should be built on traditions; for this it is essential to maintain relationships and emphasise the role of the individual.

**Municipality of Szolnok**

Initiatives:

- involvement of older persons in making decisions (Council of Elderly, Civil Council of the Town of Szolnok),
− voluntary work (Volunteers' Centre, bringing together people in need and people who want to help them),
− life-long learning (Internet Academy in the framework of the T-City programme, where the participants are mainly older persons),
− crime prevention (Contemporary Helper Training for Crime Prevention),
− supporting civil organisations,
− access to information (a quarterly newsletter about older persons and for older persons, Golden Time – a thematic programme on local television),
− intergenerational solidarity (health promotion contests for primary school pupils have been organised for years with the participation of older persons, Generations' Theatre),
− health promotion, prevention of diseases (Healthcare Programme of Szolnok, screening programmes, small healthcare academy, physical exercises for senior citizens),
− fee discounts (garbage collection),
− leasing out apartments to persons above the age of 55, not based on social needs.

**National Association of Retired Railway Workers' Clubs**

The organisations have established Sub-regional Civil Associations of Retired Persons, and concluded civil cooperation agreements with settlement local authorities. The Senior Division of the country-wide Civil Union Forum was established with the aim of enhancing the assertion of the interests of older persons and retired persons. Their programmes:
− older persons teach their grandchildren's generation to respect their ancestors and heroes, and about Hungarian history,
− organising cultural and sport festivals, nature conservation and environmental protection camps with the participation of three generations (grandparents, parents, grandchildren),
− they joined the climate protection programme entitled Our Living Planet announced by János Áder, President of Hungary, and offered to socialise climate protection within the framework of the three-generational programme.

**Veszprém**

The “Senior Advisory Society”, a civil organisation in Veszprém, initiated the “Dynamic Seniors” (“Tettre kész Szeniorok”) movement, in the scope of which they set up, among others, a programme, where older persons help young people with multiple disadvantages by transferring their life experience and providing information (equal opportunities after-school programme). They give them advice when they make decisions on their future, and the older generations have the possibility to utilise and transfer their mental assets and moral values in an organised and regular form. Young people living in residential homes in the area and older persons living in Veszprém and Zirc meet every two weeks. Feedback given on questionnaires help the organisers adjust their work and topics to current demands. The behaviour of these young people may be a restrictive factor, but different techniques are used to handle this issue.

**Municipality of Zalaegerszeg**

The main objectives of the Concept on Older Persons for 2012:
1. supporting services satisfying the needs of older persons, facilitating access to the services;
2. strengthening old persons' sense of security, protecting their security;
3. supporting communities and interest representation bodies that strengthen older persons' identity and encourage their self-fulfilment, and promoting flow of information between these communities and between older persons;
4. older persons represent resources for families and the society, and they also have a community shaping power.

Initiatives:

− access to information (“Tuned to Each Other” project (“Egymásra hangolva”) – a single-gate information point was set up in the framework of a TÁMOP programme; Zalaegerszeg Town's Civil Register on Older Persons),
− involving older persons in decision-making (Council of Elderly of Zalaegerszeg Town with County Rights),
− supporting civil organisations,
− recognising senior sportspersons, volunteers, awarding prizes,
− the Month of the Elderly (cultural and sport competitions, awareness-raising lectures, photo contest, intergenerational programmes),
− life-long learning (awareness-raising lectures, the first trial term of the Senior Academy has ended),
− crime prevention (Old Challengers (“Hetvenkedő hatvanasok”)),
− In the framework of the Social Town Rehabilitation Programme, a prevention camp was organised with the participation of primary school pupils and older persons, during the camp, art therapy, bibliotherapy sessions and self-awareness group sessions were held,
− health promotion (the part of the Social Town Rehabilitation Programme concerning older persons contains numerous healthcare action programmes, such as physiotherapy, screening programmes and the prevention of diseases),
− Local Equal Opportunities programme (strengthening old persons' sense of security, health promotion, maintaining activity, supporting the organisations of retired persons).

Zala County Council of Elderly

The Zala County Council of Elderly, as an advisory organisation representing and protecting older persons' interests, cooperates with the county municipality, the county government office, the police headquarters and the Regional Court of Zalaegerszeg. During its work the Council involves older persons in decision-making, informs residents about the municipality's plans; they extend older persons' knowledge of the law and improve their security through cooperation between the regional court and the police, as well as promote the appearance of older persons and intergenerational relationships in the local media.
Description of the Operational Programmes concerning older persons, financed by the European Union, in process or planned

Human Resource Development Operational Programme (Emberi Erőforrás Fejlesztési Operatív Program EFOP):

In the framework of the programme – among other goals – a methodological and information publication will be prepared concerning older persons, covering important fields affecting the lives of older persons, such as the system of social benefits, the pension system, changes of health and condition in old age, the possibilities of active life, crime prevention, residential care, etc. The aim is to provide older persons with substantial information for the administration of their affairs, also concerning their demands and entitlements in respect of certain benefits. The programme makes it possible to set up an information point at every settlement, where older people can at least receive guidance on how to submit a claim or request. It supports organisations bringing together older persons and realising substantial programmes with a view to preserving the physical and mental fitness of ageing people. Besides younger generations, the active and voluntary participation of older persons is also needed to perform these tasks.

EFOP 1.2.1 – A safety net for families (2016-2018)

The project is aimed at the implementation of programmes enhancing family cohesion. The supported spheres of activities include organising family community building programmes (e.g. intergenerational cooperation, activating older generations to strengthen the community and integrating them into local communities. Reducing gaps between generations and organising meetings and events bringing together families with the participation of external organisations and institutions dealing with education, culture, physical and mental health; implementing voluntary solutions for child supervision, organising exchange of favours).

EFOP 1.2.1 – A family-friendly country (2016-2018)

The objectives of the priority project include, among others, activating older generations to strengthen the community and integrating them into local communities; reducing gaps between generations through strengthening cooperation between older and younger generations within families and communities; elaborating a comprehensive study on older persons, which forms the basis of the decision-making process for family and population policies.

EFOP-1.3.5 – Strengthening social involvement by developing communities (2016-2018)

The project supports the creation and development of local communities, intergenerational cooperation, relationships and communication; deepening cooperation between small communities and self-organisations (first of all young generations and older persons of retirement age), sharing knowledge and experience between them; implementation of voluntary programmes and charitable activities; and enhancing participation within the community.

In addition, a further aim is to draw the media's attention to ageing and older generations. In the interest of the operative work, the “Media for Older Persons” working group was set up with the participation of members of the Senior Council and external experts. A long-term
goal is to make a television and radio channel for older persons, and publish a nationwide magazine in a large number of copies.

The support and development of education for older persons and life-long learning is also a priority at national level with a view to providing opportunities for the ageing and older generations for self-improvement, developing potential new skills, obtaining new qualifications, which may contribute to their retired life by making it more meaningful.

EFOP-1.8.1-VEKOP/15 “Complex public health screening” priority project (implementation started on 1 March 2016)
The overall aim of the project:
• Increasing the efficiency of public health programmes, with special respect to preventing and reducing the risk of tumorous diseases. Increasing health awareness within the population (including willingness to participate in screening), health communication geared to the target groups, revision and modernisation of the screening system. Improving the health of the population.
• Reducing the risk of diseases and deaths that may be prevented with screening.
• Determining overall regulations concerning screening.

EFOP-1.8.2-16 “The overall development of the system of basic care and public health (basic care and public health system development)”
The aim of the project is to establish a professionally stronger and complex basic healthcare and public health system of renewed quality. The development’s aim is to harmonise the tasks and activities performed by basic healthcare and public health in such a way that it harmonises the illness-centred approach and function of healthcare with the health-centred approach of public health.

Another essential element of the programme involves improving the access to public health services and information, as well as prevention and health improvement, with special regard to reach disadvantaged high-risk child populations. The aims also include establishing a system of tools and care development possibilities, which make it possible to prevent, filter out and treat mental problems in time.

A further objective is to extend the existing capacities of community health organisation functions and local health improvement functions to the system of health improvement tasks on geographical areas not covered yet, and to introduce mental health improvement functions at local level.

Economic Development and Innovation Operational Programme (Gazdaságfejlesztési és Innovációs Operatív Program – GINOP)
The aims of the operation programme include improving access to the possibilities of lifelong learning for all ages; recognising knowledge obtained in formal, informal and non-formal ways; updating the knowledge, skills, and competences of workers; promoting flexible forms of learning, particularly through vocational guidance and recognition of the acquired competences.

GINOP-6.1.1 “Training of low-skilled people and public employees” priority project: the aim is to encourage the adult population – especially public employees – with low qualifications, or with no competences or special skills required on the labour market, to participate in education and training; and to make it possible for them to acquire
qualifications, knowledge, skills and competences that are relevant from the aspect of the labour market.

**GINOP-6.1.2 “Narrowing the digital gap”** priority project: it intends to develop the digital competences of disadvantaged adults. The aim is to improve the digital knowledge and skills of the digitally illiterate population of working age.

**GINOP-6.1.3. “Improving foreign language skills”** priority project: its aim is to develop the foreign language competences of the adult population.

**GINOP-6.1.4 “Development of key labour market competences”**: the aim of this measure is to set up innovative adult learning and training centres offering flexible alternative learning possibilities to enhance key competences and transversal skills that are essential on the labour market.

**GINOP-6.1.5 and GINOP-6.1.6 projects**: the aim is to improve the employability and skills and competences of employees and workers with a view to enhancing the competitiveness of enterprises and encouraging employers to continuously improve the knowledge of their employees, that is to train them. The former project is addressed to large enterprises, while the latter one is addressed to small and medium-sized enterprises.

**PIAAC (Programme for the International Assessment of Adult Competencies) implemented in the framework of GINOP 6.2.1** is an international programme controlled by OECD, in the scope of which the proficiency of adults aged 16-65 years in key information-processing skills – literacy, numeracy and problem solving in technology-rich environments – is measured and assessed via direct data recording, on a representative sample, in ten-year cycles.

**GINOP-6.2.4 “Improving the quality and content of 21st century vocational training and adult education”** project: the aim is to adapt education and training systems more efficiently to labour market demands, facilitating transition from school to work, strengthening vocational education and training systems and improving their quality, among others via mechanisms based on the anticipation of demands for skills, the adaptation of teaching materials, setting up and developing work-based learning systems.

**GINOP 5.1.1-15 — VEKOP 8.1.1-15 “Road to the labour market”** priority project: it was launched in October 2015 as the continuation of an initiative realised in the framework of an earlier operational programme. The aim of the project implemented on the basis of the public employment service (government offices, district offices) is to help disadvantaged job-seekers to enter the labour market. One of the priority target groups of the programme is formed by job-seekers above the age of 50 who can receive different customised services, wage support, mobility support, training and help in becoming entrepreneurs. Until May 2016 a total number of 4 664 registered job-seekers above the age of 50 had been involved in the programme, representing nearly 20% of all participants.

**GINOP-5.1.2-15 Encouraging enterprises with social aims priority project**: the aim is to provide professional advice for enterprises with social aims for developing their business models, and provide mentoring for organisations selected on the basis of professional aspects, and to facilitate their networking. Enterprises with social aims can receive non-refundable project funds and/or one single refundable financial instrument for human resources
development and investments needed for the production, marketing and distribution of their products and services, following preparation of the organisations and development of the projects. Enterprises with social aims are such non-profit and civil organisations that, in addition to their social objectives, have achievable business objectives, reinvest the results of their management in the interest of their social aim, and assert the principle of decision-making based on participation in their budget and organisational operation.

GINOP 7.1.2-15 Infrastructural development of active tourism networks
The aim of the call for applications is to create an integral system of relations between environment-friendly leisure activities performed in nature, based on a broad interpretation of nature tourism. The call for applications covers the development of five different types of nature tourism (walking, cycling – e.g. EuroVelo -, horse-riding, sailing, canoeing), and by establishing national networks in Hungary, it contributes to extending the services offered in active and eco-tourism. The developments realised make it possible for all age groups to travel around Hungary safely, and get to know the country better.
A basic pillar for the development of thematic routes and networks is that the entire network of trails should be realised in a uniform and systematic way, so contributing to the prolongation of the tourist season and to an increasing number of guests. As a result of the developments spanning at least three counties (hiking, cycling, horse-riding, water routes, etc.) a nationwide system of routes is created and supplemented.

GINOP 7.1.3-15 Complex touristic development of health resorts
Establishing and developing attractions and services offered to target groups suiting the profile of the health resorts at settlements registered as health resorts at the National Public Health and Medical Officer Service, Office of the Chief Medical Officer. Development of tourism products and services supplementing natural health resorts, prolonging the tourist season and operating all year round, with special regard to establishing visitor-friendly conditions for welcoming tourists, creating reception areas, technical developments resulting in attraction elements, interactive forms of introduction, development of infrastructural conditions suitable for organising regular cultural and art events and festivals linked to local history and traditions, services aimed at active recreation, suiting the demands of the target group.

Supporting the Deprived Operational Programme (Rászoruló Személyeket Támogató Operatív Program – RSZTOP)

RSZTOP-1-15 Benefits in kind granted to poor families with children and to persons with especially low income
The aim of the call for applications is to mitigate the scarceness of appropriate food and basic consumer goods, grant regular benefits to poor families with children, persons with reduced capacity to work and older persons with especially low income, and to alleviate the difficulties encountered in meeting everyday needs.
In the framework of the programme, measures are taken in the interest of reducing poverty in the following fields:
1. Providing food aid and basic consumer articles for poor families with children
2. Providing food aid for socially deprived persons with reduced capacity to work and older persons with especially low income
3. Providing food aid for persons living in public areas
Among the adult population, severe financial deprivation is more common in the case of people living below the poverty line (60% of the median equivalent income). According to Eurostat data, among families in the lowest income quintile, the proportion of those at risk of poverty or social exclusion is 87.1% in EU Member States and 86.8% in Hungary. The financial deprivation observed among people living below the poverty line primarily affects those who are unable to obtain an income because of their physical condition or age and do not receive residential institutional care. Therefore, socially deprived persons with a reduced capacity to work and older persons with an especially low income are also among the target group of the RSZTOP.

Regional and Settlement Development Operational Programme (Terület- és Településfejlesztési Operatív Program – TOP)

In the interest of strengthening social cohesion, one of the outstanding objectives of the TOP is to provide locally accessible, affordable, sustainable and high-quality municipality public services, especially in the field of healthcare and basic social services, creating appropriate infrastructural conditions for service provision.

**TOP-4.1.1-15 The infrastructural development of basic healthcare**
The infrastructural development of the basic healthcare system is aimed at modernising the services and infrastructural conditions of the institutions and reducing inequalities in access, with special respect to the following target groups: pregnant women, women, children and minors, disabled persons and older persons. The importance of developing basic healthcare lies in the fact that basic screening examinations and health assessments can be performed in the most efficient way at this level, so it has an outstanding role in prevention in the direct environment of the population. Infrastructural developments in healthcare contribute to increasing the population's healthy lifetime, and to prevention, early recognition, early development, healthy development, the improvement of the quality of life, as well as to the restoration of the working capacity as soon as possible. In the framework of developing the services provided within basic care, it is also possible to develop the buildings or building parts – or construct new buildings – accommodating general practitioner services, dental services, emergency services and nurse district services related to basic services, and also to develop the infrastructure of school health services operated beyond school buildings, in order to make the services of healthcare institutes with appropriate infrastructural backgrounds accessible to all residents living in the individual settlements.

**TOP-4.2.1-15 Extension and development of the infrastructure of basic social services**
The primary aim of this measure is to ensure and improve equal access to public services in the context of the challenges faced during the fight against poverty and deep poverty. Developing the infrastructure of basic social services is a condition for ensuring an appropriate institutional background for implementing the programmes aimed at improving the situation of groups exposed to the risk of social segregation, and also for reducing the burdens on families in order to increase the level of employment, and for launching new services improving people's quality of life. As a result of this measure regional differences will be mitigated or reduced. This measure affects the basic services providing personal care as defined in Act III of 1993 on social administration and social benefits, and the development of the child welfare service within the framework of personal care as defined in Act XXXI of 1997 on the protection of children and guardianship administration. The aim of this measure is to make the services accessible to people living in settlements lacking in services through the development of
infrastructure for new services, creation of new capacities and development of the infrastructure of already operating services.

**TOP-6.9.1-15 Complex programmes at local level for strengthening social cooperation**

The call for applications is primarily aimed at the social integration of people living in urban areas lagging behind or exposed to the risk of lagging behind, at the level of communities or individually, in compliance with the EU strategy for smart, sustainable and inclusive growth, with the document entitled “Hungary's Partnership Agreement for the 2014–2020 development period” and with the TOP 6.7 measure (rehabilitation of deteriorated urban areas). As a result of the activities, the life chances of disadvantaged persons will improve; programmes ensuring employment, social integration, community development, education, academic catch-up, family support, child welfare services, lifestyle consulting, individual development and social work will become accessible. Infrastructural interventions are supplemented with social, educational, mental hygiene, competence development, employment, health, anti-discrimination and public security programmes. It is essential that social urban rehabilitation projects should be accompanied by community development programmes, making it possible to involve the population living in the affected areas into planning and implementation, and to strengthen cohesion within local communities.

**Competitive Central Hungary Operational Programme (Versenyképes Közép-Magyarország Operatív Program – VEKOP)**

The main mission and overall objective of the Competitive Central Hungary Operational Programme is to ensure development and a further increase in economic competitiveness in the Central Hungarian region, as well as the reduction of differences in the state of development within the region.

**VEKOP-6.2.1-15 Improving the living conditions of the low-status population living in deteriorated districts of Budapest, their social and physical rehabilitation**

**VEKOP-6.2.2-15 Improving the living conditions of the low-status population living in deteriorated areas of Pest County, their social and physical rehabilitation**

The measure is aimed at the complex management of the social, physical and economic problems occurring in a concentrated form in urban areas lagging behind or at the risk of lagging behind, in the interest of facilitating the social integration of people living in such areas. The interventions are based on strengthening the residential function of the affected urban areas, extending and improving already existing functions, creating social, community and public area functions. Integrated social rehabilitation must be realised in urban districts where such rehabilitation is justified by an unfavourable demographic situation, low level of education, high unemployment rate, low social status and significantly deteriorated environment.
Contributors to the preparation of the National Report on the implementation of the Madrid International Plan of Action on Ageing

Ministries and other authorities

Ministry of Human Capacities
- Deputy State Secretariat for Family and Population Policy: Department for Elderly Affairs and Pension Insurance
- Deputy State Secretariat for Health Policy: Department for Public Health Affairs, Department for Health Policy
- Deputy State Secretariat for Church Relations
- Deputy State Secretariat for Youth Policy and Creating Opportunities
- Deputy State Secretariat for Public Education: Department for Public Education Programmes and Relations
- Deputy State Secretariat for Nationality and Civil Social Relations
- Deputy State Secretariat for Sports: Department of Sport Policy
- Deputy State Secretariat for Social Policy: Department of Benefits and Allowances, Department for Social and Child Welfare Services

Ministry of Justice
- Deputy State Secretariat for Harmonising Codification and for Public Legislation

Ministry for National Economy
- Deputy State Secretariat for the Treasury: Department of Healthcare and Social Affairs
- Deputy State Secretariat for the Labour Market: Department for Labour Market Programmes
- Deputy State Secretariat for Vocational Training and Adult Training Department for the Improvement of Training and for Supervising Institutes
- Deputy State Secretariat for Tourism: Department of Tourism and Catering Industry

Ministry of National Development
- Deputy State Secretariat for Infocommunication: Infocommunication Department for Economic and Social
Development

Office of the Commissioner for Fundamental Rights
Institute for Family, Youth and Demographic Policies
Equal Treatment Authority
Hungarian Central Statistical Office
National Crime Prevention Council
National Institute for Health Development

Municipalities and civil organisations

Capital City of Budapest, District 11, Municipality of Újbuda
Ministry of Human Capacities, Senior Committee
Municipality of Győr Town with County Rights
Municipality of Hódmezővásárhely Town with County Rights
LIGA Trade Unions, Senior Committee
Hungarian Trade Union Confederation, Senior Division
Ministry for National Economy, Senior Committee
Municipality of Nyíregyháza Town with County Rights
Pensioners’ Social Forum
Professional Association of Postal Workers, Senior Division
Municipality of Szolnok Town with County Rights
National Association of Retired Railway Workers' Clubs
Municipality of Veszprém Town with County Rights
Zala County Council of Elderly
Municipality of Zalaegerszeg Town with County Rights