



**EU Partnerships to  
Reduce HIV & Public Health Vulnerabilities  
Associated with Population Mobility**

**Country Report  
Hungary**



**Budapest, September 2007**

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Reduce HIV & Public Health Vulnerabilities  
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This report was prepared for the request of the IOM  
(International Organization of Migration)

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**Budapest, September 2007**

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## 1. General information on Hungary



## **1.1. Statistical data on Hungary**

National statistical data are easily available and accessible in official publications, as well as on the website of the Hungarian Central Statistical Office (HCSO) <http://portal.ksh.hu>. Statistical information is available in Hungarian and in English.

The national statistical data collection is based on the law (Act 46. of 1993. on the Statistics, together with the 170/1993. (XII. 3.) Govt. Decree on its implementation. Ordering the annual statistical data collection takes place each year by a government decree, setting up the format and deadlines of data collection.

### **Country: Hungary**

Official name: Republic of Hungary  
 Form of state: republic  
 Location: Central Europe  
 Size: 93 030 km<sup>2</sup>  
 Capital city: Budapest  
 Administrative districts: Budapest and 19 counties (5 regions)

### **Demographic data**

Population: 10 076 581 person (end of 2006)  
     Male: 4 784 579 person (47.5%)  
     Female: 5 292 002 person (52.5%)

Rate of live birth 9.9 ‰  
 Mortality rate: 13.1 ‰  
 Natural increase of population: -3.2  
 Population growth: -1.3

Life expectancy at birth (2006):  
     Female: 77.35 year  
     Male: 69.03 year

### **Economic data**

GDP amounted in 2006 to: 23.753 billion HUF (2006, at current prices)  
 GDP growth in 2007: + 2,7%

GDP volume: 103,9% (2006)  
                   101.9% (2007 July)

Industrial gross volume index: 109.9% (2006)  
   108.9% (2007 June)

Consumers price index (inflation): 103,9% (2006)  
   108.4% (2007 July)

Number of employed persons: 3 942 500  
 Number of registered unemployed: 296 900  
 Unemployment rate: 7% (2007 May-June)

Internet subscribers: 1292 per thousand inhabitants (end of 2006)  
 1512 per thousand inhabitants (1<sup>st</sup> Q of 2007)

### **Health care data**

Health finance indicators (2004)  
 Health expenditures total: 8% of GDP (2004)

Health expenditures consist of the expenditures by the National Health Insurance Fund, local governments and private expenditures.

Health expenditures (in billion HUF):

	public expenditures	private expenditures:
2003:	1139	452
2004:	1195	499
2005:	1324	555

The National Health Insurance Fund expenditures in 2006 were: 1 678 617.2 HUF  
 The planned expenditures in 2007 are: 1 665 246.5 HUF

Tuberculosis incidence: 25 per 100.000 persons (2004)  
 42 per 100.000 persons (1994)

### **Minorities**

90% of population belongs to the Hungarian majority.  
 Major minorities: Roma, German, Slovak and Romanian nationalities

### **Religions**

Under the National Census in Hungary the religious belief is subject of voluntary self-declaration. At the 2001 National Census 10.1% was not willing to reply to this question, at 0.7% no data was available. 90.2% of the population replied. The other churches category included altogether 255 various religion, 150 had less than 100 members, most of these people were of foreign origin.

Non-religious:	15.5%
Roman catholic	51.9%
Greek catholic	2.6%
Calvinist reformat:	15.9%
Lutherans:	3.0%
Israelites	0.1%
Other churches:	1.1 %



## 2. Migrants in Hungary

Analysis of the structure and effects of migration started in the 1990-ies. The reason of launching research projects was that burdens of migrants' social care were on the increase in the host countries, meanwhile the target states were at the same time welfare states just making efforts for harmonizing their social support and benefit systems.

### 2.1. Terminologies regarding migrants

There are different terminologies and classifications for migrants, as indicated in this section.

#### **Documented migrants**

Permanent immigrants: legally admitted migrants who are expected to settle in the country, including persons admitted to reunite families.

#### Documented labour migrants:

- *Temporary migrant workers* are skilled, semi-skilled or untrained workers who remain in the receiving country for finite periods as set out in an individual work contract or service contract made with an agency.
- *Temporary professional transients* are professional or skilled workers who move from one country to another, often with international firms

Asylum seekers: appeal for refugee status because they fear persecution in their country of origin.

Recognized refugees: those deemed at risk of persecution if they return to their own country. Decision on asylum status and refugee status are based on the United Nations Convention Relating to the Status of Refugees, 1951

Internally displaced persons: are those, who have valid forced reason for moving from their original settlement/region to an other one within their home country (such as civil war, ethnic cleansing etc)

Externally displaced persons: are those, not recognized as refugees but who have valid reasons for fleeing their country of origin (such as a war).

#### **Undocumented migrants**

Undocumented labour migrants: do not have a legal status in the receiving country because of illegal entry or overstay

Trafficking in Human beings is: „the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person, having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

Smuggling of Human Beings: „the procurement, in order to obtain, directly or indirectly, a financial or other material benefit, of the illegal entry of a person into a State Party of which the person is not a national or a permanent resident.”

There is another classification of migrants dividing them into three main groups according to the codification by the law entered into force by 1st of January 2001:

- **Foreign citizen residing in Hungary:** a foreign citizen having a residence permit, an immigration permit, or a settlement permit who stayed in Hungary on 1 January of the given year. Since 1 January 2001 people with invalid residence permits do not belong to the foreign citizens residing in the country. This is the administrative reason why in 2001 there is a fall of more than forty thousand in this group.
- **Refugees:** a foreign citizen or displaced person who for racial or religious reasons or because of his nationality or belonging to a certain group of society or as a result of his political views is pursued or has good reasons to fear pursuit in his home country, and consequently doesn't live in the country of his citizenship or in the case of a displaced person in the country of his usual residence, but is staying in the Hungarian Republic and cannot or doesn't wish to have the shelter of that country for fear of pursuit, provided that at his request the person concerned has been acknowledged refugee by the authority of refugee affairs.
- **Asylum seekers:** a foreign citizen or displaced person who for racial or religious reasons or because of his nationality or belonging to a certain group of society or as a result of his political views is pursued or has good reasons to fear pursuit in his home country, and consequently doesn't live in the country of his citizenship or in the case of a displaced person in the country of his usual residence, but is staying in the Hungarian Republic and cannot or doesn't wish to have the shelter of that country for fear of pursuit, provided that this person sent up a petition for refugee status in the refugee affairs (1).

## **2.2. Statistical figures on migrants**

According to the National Central Statistical Office (NCSO) 154900 foreigners lived by 1st of January 2006 in Hungary with a valid permission for stay and 164000 foreigners by 1<sup>st</sup> of January 2007 (5.8% increase), representing 1.5% and 1.6%, resp. rate of the whole population of Hungary.

The exact number of foreigners in possession of immigration permit (Table 1.) or with settlement permit (Table 2.) or residence permit (Table 3.) with a breakdown by main nationalities (31st of December 2006) are shown below.

Almost three quarters of all foreigners living in Hungary are Hungarian nationalities with Hungarian mother tongue and they are citizens of the neighboring countries: Romania, Ukraine, Ex-Yugoslavia or Slovakia.

Nearly half of all foreigners came from Romania. This kind of Hungarian migration is rooted in the country's history. Approximately 10% of all foreigners are from other countries of Europe and other 10% is from Asia (most of them from China). The number of other nationalities is minimal (America 2%, Africa 1%) (Table 13.) (3, 4, 5).

## **2.3. Changing profile of legal migrants since 2002**

According to the annual data (between 2002-2006) on the number of residential visa request by different nationalities, submitted to OIN Visa Department (Table 4.) the year 2004 seems to be the most prominent for Romanians (33%), other nationals are on the increase (Chinese in 2002 only 5.3%, in 2006 already 39%).

## **2.4. Profile of asylum seekers since 2002**

Data on asylum-seekers, arriving into Hungary between 2002-2006, can be seen in (Table 5.)

The peak was observed in 2002 (45%). Origin of 93.1% of refugees was non-European. More than 80% of asylum-seekers arrived illegally (Table 7.)

The number of recognized refugees in Hungary (breakdown by year and nationality) between 2002-2006 is in Table 6.

## **2.5. Effect of the Yugoslavian civil war onto the migration profile**

When analyzing the data from other aspects, the Ethnical crisis in Romania (1990), or the civil war in Croatia (1991-92) and Bosnia-Herzegovina (1992), or the Dayton Peace Agreement (1995) a strong correlation can be seen between them and the refugee waves. (Table 8)

Before 1992 the Romanian refugees and asylum seekers were in majority, a peak in arrival of refugees from ex-Yugoslavia can be observed between 1990-1994, and after 1997 the number of refugees from non-European countries has been on the rise. (Table 9)

The number of illegal refugees (compared to the legal ones) is on the increase since 1997. (Table 10)

A growing number of migrant Chinese can be observed since the early 1990'ies. (Table 11, Table 12)

## 2.6. Migrant's distribution in Hungary

The territory of the country is not equally attractive for the foreigners. The capital, Budapest plays a major role in their settlement. Every third foreign citizen, staying in the country more than for one year, is living in Budapest. Their population is significant in 3 other counties (Pest, Csongrád, and Szabolcs-Szatmár-Bereg county), 7-10% of them live in each. Their number is even less in other parts of the country.

Foreigners with different country of origin settle down in different geographic areas of Hungary.

*Ukrainians and citizens of ex-Yugoslavia* mostly prefer the regions near to their own country. More than 40% of Ukrainians chose Szabolcs-Szatmár-Bereg County, nearly 20% live in Budapest and most of the rest live in the neighboring counties (Pest, Hajdú-Bihar and Borsod-Abaúj-Zemplén) with 6-6 % each.

Most of the residence of migrants from *Ex-Yugoslavia* is living in Csongrád-county (44%) and in Bács-Kiskun county (16%) and only 16% of them went to Budapest

*Romanians*, in contrary, do not settle nearby the border but they are concentrated in the capital and its surroundings. One third of them live in Budapest and further 15% live in Pest-county. Their number in the counties next to the Romanian border is relatively low (In Szabolcs-Szatmár-Bereg and in Hajdú-Bihar: below 10%, in Békés: below 5%).

Decisive majority of *Chinese* can be found in Budapest (more, than 80%). In their case other regional preference can't be observed.

Significant number of *EU citizens* is concentrated in Budapest (36%), further 8% in Pest-county and the rest is living in various regions of Trans-Danubia (3, 6). (Table 14)

## 2.7. Outcomes of the interviews with questionnaires among migrants

### NGO-s participating in the interview

Menedék Egyesület;  
Mahatma Gandhi Egyesület;  
Multikultúra Egyesület;  
Erdélyi MagyarokEgyesülete;  
Közel–Keleti Iráni Közösség;  
Kínai Közösség.

Number of questionnaires filled: 41

### Answers to the questionnaire

*Q1: If you or someone in your family get sick what would you do?*

#### Summary of answers:

With any kind of health problem many migrant would go to the general practitioner, like any Hungarian inhabitant would do it. But also a significant number of them answered that first he would try to ask advice or assistance from a doctor who is from the same nationality as he is. Thus the migrant doctor could organize the migrant patient's way in the health care system. Only one person answered, that he trusts more the traditional healers than the Western type health care system. With serious diseases (as HIV, or TB) even this person would go to hospital.

*Q2: Where can you get information about HIV, TBC, STD's?*

#### Summary of answers:

Nearly everybody answered that the easiest way to get information from is the TV, newspapers and Internet. The interviewed NGO-s stated that they perform or are planning to perform education campaigns in these topics.

*Q3: What is the main problem in case if you turn to health care?*

#### Summary of answers:

Migrants from the neighboring countries who are of Hungarian nationality obviously have no communication problem. Migrants from other countries do have language problems, but a doctor of the same nationality can help them. Some migrants complained about the high costs of certain health services.

*Q4: Have you ever had a bad personal experience in hospital?*

#### Summary of answers:

Half of the migrants answered "YES" to this question. Here there was no difference between the Hungarian and the other nationality migrants.

*Q5: Do you fear of losing your job/deportation when you need health care?*

#### Summary of answers:

Only a few migrants answered that they were afraid of being fired out if getting ill. This depends on their employer. According to the NGO-s, only those migrants are afraid of deportation, whose immigration papers are not valid.

*Q6: Have you ever been tested for TB or HIV?*

#### Summary of answers:

Most of the migrants underwent X-ray check for TBC and HIV test, upon their arrival into Hungary.

### 3. Relevant legislation and the national migration agency

#### 3.1 Accessibility of legislation

Hungarian legislation is easily accessible free for those who have computer and Internet access, but only in read-only version, pieces of legislation can not be downloaded or printed out. Legislation can be found free on [www.magyarorszag.hu](http://www.magyarorszag.hu), go to „jogszabályok” (legislation) and search by title, or by type, number and year of legislation.

Other service providers (as Complex Jogtár) are not free. Complex provides CD, or DVD including Internet access to up-to-date legislation for about 400 Euro per year.

The electronic version of the Magyar Közlöny (National Official Journal) for the publication on new legislation) has several months delay in the electronic publication of the pieces of legislation in effect.

Ministries provide free access on their website to the most important legislation of their sector, although, for example on the website of the Ministry of Health can not be find all health care related legislation in effect.

Most of the legislation is not available in foreign languages (English), it is available only in Hungarian language.

Hungarian legislation is easily accessible free for those who have computer and Internet access, but only in read-only version, pieces of legislation can not be downloaded or printed out. Legislation can be found free on [www.magyarorszag.hu](http://www.magyarorszag.hu), go to „jogszabályok” (legislation) and search by title, or by type, number and year of legislation.

Therefore it was not a simply task for us to gather the legislation in effect of the migration related field.

#### 3.2. Relevant legislation

**Act 11 of 1991** on the health care public procedural and administrative activities

**Act 66 of 1992** on the registration of citizens' personal data and address, together with the **146/1993 (X.26) Govt. Decree** on its implementation. [Relevant paragraph: 4.§ (1) a)-b)]

**Act 80 of 1997** on the entitlement for social insurance care and private pension.

[Relevant paragraphs: 4.§j) and p-z) 11.-13.§, 16.§, 19§, 26.§(5), 34.§ (10)-(13), 35.§(1)-(2) and (4)-(6)]

**195/1997 (XI.5.) Govt. Decree** on the implementation of Act 80 on social insurance and private pension services and on funds covering these services. [Relevant paragraphs: 8.§(3), 26.§]

**Act 139 of 1997** on the rights of asylum seekers.

**Act 83 of 1997** on the compulsory health insurance care services.

[Relevant paragraphs: 5/B.§aa), 6. §-8/A.§, 12.§, 27.§ (1) (6), 28.§, 29.§ (3)-(4) and (8)]

**217/1997. (XII.1.) Govt. decree** on the implementation of Act 83 of 1997 on the compulsory health insurance services [Relevant paragraphs: 12/A.§ (9)-(13)]

**Act 34 of 2001** on the entry and stay of foreigners.

**316/2005 (XII. 25.) Govt. Decree** on the compulsory minimal wage (minimum salary) and on the establishment of a guaranteed minimum wage.

**Act 1 of 2007** on the Immigration and stay of persons possessig a right for free movement and stay. [Relevant paragraphs: 1-2.§, 6-32.§]

**32/2007 (VI.27.) Decree of the Minister of Health** on the diseases of endangering public health of persons with a right for free movement and stay and of citizens of a third country, in relation to their stay in Hungary.

### **3.3. The Hungarian Office of Immigration and Nationality (OIN)**

As part of the inception phase of developing and integrated migration organization the Government of Hungary established the Office of Immigration and Nationality (hereinafter OIN) on January 1, 2000. The OIN, based on the Government Decree No. 162/1999 (XI.19.) is an independent central authority. Legal harmonization and institutional development were part of Hungary's preparation for EU accession. In order to achieve these goals on May 29, 2000, the Hungarian Parliament adopted a new Act, regulating the entry and stay of foreigners in Hungary and amended the Act CXXXIX of 1997 on Asylum. This removed the legislative barriers from the way of developing a unified migration organization. The amendment made to the Government Decree No. 162/1999 (XI.19.) on the Office of Immigration and Nationality enabled the Government to set up the OIN's regional branches, the so-called OIN Regional Directorates.

Subsequent to the dissolution of the Ministry of the Interior, the Office acts under the direction of the Ministry of Justice and Law Enforcement according to Act LV of 2006 on the specification of the ministries of the Republic of Hungary that entered into force on 9 June 2006.

The OIN with a national competence is responsible for:

- In accordance with the provisions of law on nationality discharging all the duties related to nationality falling in the line of duty of the Minister of the Justice and Law Enforcement;
- Carrying out all the aliens policing tasks in the capacity of a central aliens policing authority;
- Executing all the tasks related to the administration of refugees in the capacity of a refugee authority.

Additionally the OFFICE is responsible for:

- Supporting the decision-making process of the Government concerning migration and drafting legal provisions, falling within its competence;
- Executing tasks related to migration arising from international conventions;
- Co-operating with international organizations, Hungarian governmental and non-governmental organizations;
- Managing and operating the refugee reception centers, temporary accommodations and community shelters.

The OIN is an independent budgetary organization. Its budget is shown separated within the budget of the Ministry of Justice and Law Enforcement. The Director General, supervised by the Minister of Justice and Law Enforcement, directs the Office.

The OIN consists of 8 organizational units (the Central Office and 7 Regional Directorates).



## 4. Education for migrants in Hungary

### 4.1. Terminology

From the aspects of international migration „**the student**” is a foreign citizen, who stays in the territory of a host country in a secondary or higher education institute, which is accredited for the purposes of international students education.

The term „**international students**” tries to better capture international mobility of students than the term „**foreign students**”. Here, „foreign students” are defined, as non-citizens of the country in which they study, and „international students” are defined either as students who are not permanent or usual residents of their country of study, or alternatively, as students, who obtained their prior education in a different country.

The **statistical** recommendations of the UN of 1981 declare that the students, who stay or settle in the host country with a purpose of learning, are not compulsory part of regular statistics. Experiences show that those countries where it is meant, that migration of graduated manpower is an important tool for their national development, do explore these data in their statistics and research.

### 4.2. International students’ migration

65% of the total number of students learning abroad is accepted in 21 target countries.  
[www.nafsa.org](http://www.nafsa.org)

Under the estimation of the UNESCO in the year 2000 1.7 million students participated in higher education abroad. 80% of them targetted 5 countries only, namely the U.S.A. (43%), Great-Britain (16%), Germany (13%), France (11%) and Australia (8%).

The concentrated geographical distribution of education abroad is shown in the Atlas of Student Mobility. [www.atlas.uenetwork.org](http://www.atlas.uenetwork.org)

The English language of education plays an important role in choosing the host country for learning.

The volume, the economic and political significance of the students’ migration is on a rapid increase. 10-15% of students of EU Member States in higher education are learning for a longer or shorter time abroad. In Hungary the rate of students learning abroad is estimated for about 2%. (1)

### 4.3. Educational system in Hungary

Under the latest statistical data<sup>1</sup> of the Hungarian Central Statistical Office (HCSO) in the 2003/2004 school year 192 000 teachers worked and 2 315 700 students learnt in the Hungarian

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<sup>1</sup> HCSO Data on education – 2003/2004 – preliminary data. KSH. Budapest. 2004.

educational system (including nurseries, primary schools, vocational schools and secondary grammar schools, the colleges and universities. In the higher education 2 315 700 students took part in full-time education and 292 300 students in part-time (adult) education (learning beside working). (See Table 10)

During the 1990-ies and early 2000-ies the number of pupils entering primary education has been declined in line with the demographic trends, although the higher education had to face yet the baby boom of the 1970-ies, as well to meet the demand for the improving labor market chances. Therefore enrolment opportunities have been made broader. .

The Republic of Hungary became a full member of the European Union in 2004. Following the accession to the European Union, the Hungarian educational system is directly involved in the process of creating a Single European Educational Area, which aims to fully implement the democratic principles and practices commonly adopted by European nations. Hungary takes an active part in forming the common European education policy within the renewed Lisbon strategy. Tasks regarding the education and schooling of migrant pupils constitute an organic part of the objectives and instruments of this policy.

Over the last decade, in accordance with Community principles and regulations a series of measures have been taken by the authorities responsible for the management of Hungarian education to guarantee to migrant children of school age full access to and participation in public education on equal footing with their Hungarian counterparts. Beyond guaranteeing equal conditions on a legal basis, in order to promote harmonious social and cultural integration of nearly 20000 pupils of foreign nationality in the academic year 2004/05, the Minister of Education issued a pedagogical programme for the intercultural education of migrant children. Those schools, which organise the education of their non-Hungarian speaking pupils based on this pedagogical programme, may claim additional support. Furthermore, the 1<sup>st</sup> National Development Plan (2004-2006) of Hungary supported the development and introduction of pedagogical and methodological tools for teaching Hungarian, as a foreign language.

Since 2003 a multilingual home page with many useful facts and much information for pupils and parents of foreign nationality has been accessible on the Ministry of Education's Internet portal. This provides particulars of the Hungarian educational system, the regulations on the admission and studies of migrant children of school age, as well as brief information on civil organizations, providing professional assistance with the integration and education of refugees, especially refugee children of school age. ( [www.okm.gov.hu](http://www.okm.gov.hu) )

#### **4.4. University education for international (foreign) students in Hungary**

The first Hungarian university was set up in 1367 in Pécs, by now it is more than 640 years old and is not only a well functioning institution, but the first among the universities accepting foreign students in Hungary.

After World War II Hungary has received foreign students in the higher education since the 1960-ies, mainly from the developing world. Students had to learn first the Hungarian language in a one-year course in the Language and Preparatory College in Budapest and than could participate in the university courses together with the Hungarian students.

After the political and economic transition in 1990 a number of university courses were organized for foreign (international) students at the Hungarian universities in English, German

and French language. Up to now the higher education system was reconstructed in Hungary. An extended system of foreign language courses was developed for international students at one third of the educational institutions.

The Hungarian higher education institutions are autonomous, state or non-state (private and religious) institutions, recognized by the state. There are 72 higher education institutions in Hungary (18 state universities, 13 state colleges, 41 non-state universities, and 34 non-state colleges).

More detailed, regularly updated information on the universities and their courses is available on the website of the Ministry of Education [www.okm.hu](http://www.okm.hu) - entitled: "Come and learn in Hungary - Higher education programs for foreign students in 2007/2008 school year in Hungary". This publication offers full-scale standardized information about the curriculum of the universities, the number and scientific qualification of the academic staff, number of institutions, number of students, as well as on the content and price of (foreign language) courses and about the living costs and circumstances.

From this publication it can be learned also, which were the universities most frequented by foreign students in 2006/2007. From the 72 there are 16 universities and 8 colleges, which organized various courses in foreign language (English, German, French) on undergraduate, or graduate and postgraduate level. (*See Tables 11, 12, 13*)

Few data are available on the migrant students in Hungary. The statistical system does not seem to make a difference between the Hungarian citizen and foreign citizen students.

Altogether 12.275 foreign students were enrolled for the 2006/2007 academic years. Part of them attends foreign language studies. However, there are a significant number of Hungarian nationals, living (and coming from) the surrounding countries (mainly Hungarian minority from Romania and Slovakia), who perform their higher education in Hungary.

#### **4.5. European regulation regarding foreign students**

If somebody wants stay in a foreign country for the purpose of education for more than a 3-month length, he/she has to turn to the authorities of the host country for permission of stay. (*This means also that statistical data are available only on longer than 3 months stay.*)

Permit for foreign students to stay in an EU member country can be issued if the student can certify that he/she is gained entry in a regular (day-time) course of an educational institute, has enough financial tools for costs of living and have a full-scale health insurance. Expectation is also to meet the requirements of national regulation on working besides learning.

#### **Remarks:**

- *The list of national legislation (including the health care provision for foreigners, foreign students) is included in the Legislation chapter.*
- *Information on the health care of migrant students is found at the end of Chapter 6.*

## 5. Overview of the national health care system in Hungary

### 5.1. Historical overview

#### Political and economic transition (1990) in Hungary

Although Hungary's health system (2001) consumes a 5.6 percent of GDP (about \$320 per capita which isn't bad), it has been ineffective in promoting good health.<sup>2</sup> Hungary's life expectancy (74 years for women and 65 for men) is among the lowest in industrial countries. By comparison, life expectancy at birth in Western Europe is around 77 years for women and 71 years for men. This worsening trend has started around 1960 and it is still getting worse. Mortality from cardiovascular disease, nearly the highest in the world, is increasing, particularly for males between 35 and 55. The major causes of death are cardiovascular disease, cancers, chronic respiratory diseases, cirrhosis and suicide. During the past two decades, life expectancy at birth has fallen by 0.9 year for Hungarian males, and life expectancy for males at age 30 by 4.2 years. The middle aged Hungarian male is an 'endangered species'. But at the core of this grim the reality in Hungary are the high and increasing mortality rates from non communicable adult ailments, such as heart disease, stroke, and cancer.

Obviously this terrible epidemiological scenario isn't caused by health care, although health care could play a better role in limiting suffering by providing a better service. The real causes are in the nature of the social fabric, life experience and living conditions in this part of the world. No wonder that since 1960 epidemiologists have been talking about the East- West mortality divides. There has been something about living life in the former socialist block that causes people to die early and be sick more.<sup>3</sup> Hungary's unfavorable health status can largely be attributed to socio-economic factors such as unhealthy lifestyles, overwork and related stress, and occupational and environmental hazards. The population has a traditionally permissive attitude with respect to the consumption of alcohol and tobacco products. Health promoting life style (and the structures making this feasible) is not widespread.

Health care decision makers and reform minded politicians of the new Hungarian democracy inherited a hard row to plow from their socialist predecessors in 1990.

Three different types of challenges had to be faced simultaneously.

- First, they had to keep the inefficient and inflated health care system inherited in operation. You cannot put out an 'out of order' sign, shot down a health care system for maintenance work and start afresh.
- Second, the problems inherited from the state socialist system had to be solved or at least tamed.
- Third, a health care system compatible with a democratic market economy had to be established and operationalized.

Despite the heavy reform activities of four consecutive governments these problems have still remained. Health care is still under financed, real performance is unevaluated, doctors and nurses are underpaid, quality assurance is limited, and most everybody is generally dissatisfied. Many of the debates relevant in 1990 about performance indicators, mode of financing,

privatization in health care, the role of compulsory and private insurance and gratitude money is just as relevant today.

An expert group of the World Bank Health Project Mission summarized the main problems of the Hungarian health care system in 1991 in the following way:

‘Short life expectancy, high infant mortality rates and other indicators of poor health status compared with Western countries is a serious indictment of the low performance of the existing Hungarian health system. There is a considerable disillusionment with the curative services. Entitlement to universal and free health care is meaningless in the face of widespread informal gratitude (payment). The rigid centrally organized National Health Service creates many barriers to access and continuity of care. Health services in Hungary are administered inefficiently without any management in the Western sense of the word and central bureaucratic dictates still leave little latitude for responding to local needs. Despite the extensive network of clinical facilities, which has more beds and doctors per capita than many Western countries, shortages in some critical drugs, equipment and supplies led to ineffective and low quality services. At the same time, imbalance between different levels of care among different groups of health care providers often lead to inappropriate care. Although it is generally recognized that scarce financial resources are wasted by excessive utilization of services, there are few deterrents to such practices other than waiting lists and gratitude (payments).

Controlling expenditure on drugs and imported equipment will be especially important during the liberalization prices and the present period of high inflation... uncontrolled increases in health care sector expenditure would threaten the government’s economic reforms’.

These observations were made in 1991, but, as many experts agree, they could have been made today. According to a government report prepared in early 2000 for the European Union's Commission, the major tasks of the health care system for the immediate future are to improve public health, to increase efficiency of financing healthcare providers, and to eliminate regional differences in the quality of services. Nothing much has changed.

It is not only the persistence of old problems that cause difficulties but the arrival of new ones, too. Many of these problems were caused by the stop and go nature of reforms implemented. Just to illustrate continuity, since the transition, Hungary had four and a half period of government, but eleven Ministers of Health up to now. The Ministry itself was renamed four times, meaning changes in its function.

Gulácsi sums up and illustrates the problem of discontinuity as follows:

‘At different stages of the transition of the Hungarian health care system various elements and mechanisms were imported from abroad and implemented in the system without adaptation. ... Diagnosis Related Group financing mechanisms (475 DRG categories in the beginning) were implemented, for example, to reimburse all hospitals and a rather complicated German point system was introduced for primary health care in Hungary. However the implementation of these techniques has been fraught with several contradictions, also implementation of different methods has stopped at different levels of completeness. For example the DRG system has never been introduced in completeness...Market, competition, free patient choice, privatization, liberalization of drug import, various and often changing insurance ideas and licensing were implemented, at least partly, without coherent health policy and clearly defined goals.

Although the solutions were short lived and haphazard, the challenges that faced Hungarian health policy in the past 15 years were in many respects continuous. The characteristic components of this continuity include:

- The deteriorating health status of the population;
- Growing inequalities (regional and social class) in health status and in access to health care;
- The marginalized situation and misfinancing of the health sector;
- Technical backwardness;
- Reluctance to define and rank priorities and evaluate outcomes so vital for rational policymaking;
- The significant role played by ‘in the pocket gratitude payments’ to doctors from patients;
- Lack of rational decision making in health care.

The reform experience we are about to discuss is no way unique to Hungary. Many welfare states with more or less nationalized health services went through or are going through similar processes to some degree.

## **5.2. Financing and patients’ contribution**

Hungary’s health care system is financed through *the National Health Insurance Fund (NHIF)*, which is primarily responsible for recurrent health care cost. The NHIF collects premiums at the national level and allocates funds to 20 country branches, which in turn enter into contracts with health care providers. The coverage is universal, and provides access to all primary health care (PHC) and secondary hospital health care. All citizens are covered, regardless of employment status, with the government paying contributions for groups, such as the unemployed and pensioners.

Patients make co-payments on certain services, including pharmaceuticals, dental care, and rehabilitation.

## **5.3. Role of the National Health Insurance Fund (NIHF)**

The NHIF is able to contract freely with providers, and is supervised by the Ministry of Finance. The Medical Chamber membership is not compulsory any more, although the Chamber could veto the physician’s contract with the NHIF. The main regulatory and governing body of the entire health care system is the Ministry of Health.

A practical reform implementation has proven difficult in Hungary with the challenge of operating a primary health care based system, within the infrastructure of an excessively large hospital system.

#### **5.4. Recommendation of the Parliamentary Assembly** about the reform of health care systems in Europe: reconciling equity, quality and efficiency (2003).

The Assembly recommends considering prevention as an independent „fourth pillar” in addition to acute care, long-term care and rehabilitation: giving greater priority to primary care and the role of GPs and strengthening the respect for patient’s rights.

The guiding principles for reform in Central and Eastern Europe makes clear that the health care systems in the CEECs were over-scaled, especially in terms of hospital facilities and medical staff, but ill-provided with modern technologies; their doctors, most on salaries, and their nursing staff were underpaid and consequently, the management and information system were bureaucratic. General health was deficient.

#### **5.5. Reform, started in 2007 in the Hungarian health care system**

A health care reform has been started in Hungary, under the recommendations of the Parliamentary Assembly. New legislation entered into force with the following goals (some measures are yet under development).

- The health care system will be organized by 7 Region (up to now it was organized on a county level - 19 county plus Budapest);
- Radical reduction of hospital facilities and medical staff (to change ratio between the hospital beds for acute and long-term care), and close the needless institutions;
- To centralize some function (treatment centers for patients with cancer, or bone marrow transplantation);
- To change the night and weekend duty system;
- To introduce Performance Volumen Control (TVK) to reduce the non-necessary interventions);
- To strengthen the family doctor’ scope;
- To change the NHIF (National Health Insurance Fund) system involving some private insurance companies;
- To introduce a „visit fee” - what patients has to pay per each visit at the doctor’s consultancy room, outpatient clinics, and a daily fee in case of hospital treatment;
- To introduce a new information system for checking whether the social insurance was paid or not.

## 6. Health care for foreigners in Hungary

### 6.1. Beneficiaries of health care with special regard to foreigners

At the home page of the Ministry of Health the following information is found at the time of this study, dated in April 2006, regarding health care for foreigners in Hungary ([www.eum.hu](http://www.eum.hu))

Foreign nationals may stay temporarily, or live permanently in Hungary. In the latter case, the foreign national has moved his residence to Hungary for the purposes of either taking up employment, or as an old-age pensioner, or for performing studies, or as the dependent of a Hungarian worker (insured person), or having a refugee, asylum seeker or admitted status. From the point of view of health insurance, entitlement to health care differs by specific groups of foreigners.

Foreigners qualifying as insured must prove entitlement to benefits of the Hungarian health insurance scheme by the form "Certificate of entitlement to healthcare benefit", or in other cases, in keeping with the relevant agreements (e.g. by their passports).

A natural person, who is not qualified as a national, shall be deemed a foreigner (for social insurance purposes).

The following persons are qualified as nationals (for social insurance purposes):

- Hungarian nationals residing in the territory of the Republic of Hungary;
- Immigrants, holding an immigration permit;
- Holders of permanent residence permit (residents);
- Persons recognized as refugees;
- EEA citizens (citizens of European Economic Area member states);
- Family members of EEA citizens (provided they are holders of EEA residence permit issued by the Hungarian alien policing authority);
- Citizens of third countries who enjoy identical status with citizens of EEA states, provided they are in possession of a residence permit;
- Persons without citizenship.

On the basis of specific agreements, State Parties to such agreements provide for those entitled a certain range of health care services, on a mutual basis for their citizens during their stay in the other country. Nationals of State Parties to such agreements, who are not insured in Hungary, are entitled to health care benefits free of charge (with expenses borne by the health insurance fund on the basis of different methods of accounting) during their stay in Hungary, to the extent such care is necessary due to an acute illness episode or in case of emergency, if certified by their passport. The benefits include primary health care services, outpatient care and inpatient (hospital) treatment.

The Republic of Hungary has bilateral agreements in effect with the following countries: Angola, Bulgaria, North-Korea, Iraq, Jordan, Serbia-Montenegro, Cuba, Kuwait, Mongolia, Romania, and the legal successor states of the former Soviet Union except the Baltic States. With the Member States of the European Union Hungary applies European Community Law, namely Regulation 1408/71/EEC on the coordination of social security schemes. With Croatia,



as from 1 March 2006 a new agreement entered into force which applies the same principles as those enshrining in Regulation 1408/71/EEC.

In keeping with the general rule, foreign nationals, who come to Hungary with the aim of taking up employment shall qualify as insured from the beginning of their employment relationship with an employer deemed a national in Hungary and the employer is required to make contribution to the insurance fund on behalf of these workers. By virtue of the contributions made on their behalf, these workers shall acquire entitlement to all benefits of the health insurance scheme.

Furthermore, dependant close relatives and common law partner of the insured person shall be entitled to health services, provided their monthly income does not exceed 30% of the minimum wage for any specific year, which currently means a cap of 18750 HUF/month, based on the minimum wage of 62500 HUF/month in 2006. Dependant relatives must be notified to the county health insurance fund that is competent by the place of residence of the persons concerned.

The Social Insurance Identification Number (in Hungarian: TAJ-szám) and the entitlement of foreigners who are entitled to health care in Hungary are certified by the form "Certificate of entitlement to health care in Hungary", on which the employer certifies entitlement to use health services (or rather, the payment of contribution every 3 months) by affixing a stamp on it. Upon termination of the employment relationship, the employer withdraws the certificate.

In the case of foreigners, studying in Hungary, entitlement to health care services in Hungary is restricted to foreign nationals who pursue full-time studies at an institution of secondary or higher education and whose student status is based on an international agreement or a fellowship granted by the Hungarian Ministry of Education.

Other foreign students, who fail to meet these requirements, may become entitled to health care services only if they sign an "Agreement" with the Health Insurance Fund.

The Act on entitlement to social insurance benefits takes out certain categories of non-national workers from the scope of the main rule on the insured. The statutory health insurance scheme does not cover non-national employees at diplomatic representations, in other words, diplomats, non-national members of the staff at diplomatic representations and non-national spouses and children living together with them."

The home page of the National Tax and Financial Control Authority communicates the following obligation: "The minimum wage by 1<sup>st</sup> of January 2007 is 65500 HUF, the health care services fee is 16%" - that is 10000 HUF for this year for those employees, earning minimum wage.

## **6.2. Health care services available during temporary stay in Hungary**

According to a new legislation each insured person in Hungary have to pay a fee per visit to the outpatient clinic at a doctor and a daily fee in case of hospital treatment as of 15. February 2007. This applies to those as well, who enjoy the same right to health care, as Hungarian insured persons, on the basis of EC regulations or bilateral agreements. The co-payment rules were amended as of 1 July 2007.

### 6.3. Residents of EEA (European Economic Area) countries and Switzerland

Residents of EU, Iceland, Norway, Liechtenstein, Switzerland, who are entitled to health care of the national health service or mandatory health insurance scheme of their respective countries of residence, can receive in Hungary the health care: which becomes necessary; on medical grounds; during temporary stay in Hungary; taking into account the nature of the benefits required and expected length of stay.

In the case of medically necessary treatment the patients has to pay a „visit fee” or a daily charge in hospitals. However by virtue of decisions of the European Commission (N: 2004/481/EC 2004/482/EC) all treatments are deemed necessary in case of: Dialysis, oxygen therapy and pregnancy and childbirth.

### 6.4. Entitlement certificates

For receiving treatment under the same conditions as the Hungarian insured persons, a European Health Insurance Card (EHIC) or a Provisional Replacement Certificate (PRC) must be submitted to the health care provider. The EHIC is valid only with the passport or ID.

### 6.5. Rate of visit fee for foreign citizens in Hungary:<sup>4</sup>

1 Fee	Service provision
600 HUF	Treatment by GP
300 HUF	Fee of outpatient treatment, referral issued by GP, Or without referral, if the treatment given is of dermatology, gynecology, urology, oncology, ophthalmology, or general surgery.
1000 HUF	Health care in an outpatient centre without referral from a GP, services at night or off consultation hours.
Visit fee is not to be paid	Under 18 years of age, at renal dialysis, or life saving urgent treatments.
HUF 300 per day maximum for 20 days	Hospital treatment: No charge is due from the 21st day of hospital stay.
Co-payment of 30 per cent (maximum 100.000 HUF)	When obtaining hospital treatment without a referral from a primary health care provider.

*Remark: 1 EURO is the equivalent of about 250 HUF*

### 6.6. Bilateral agreements on health care and social assistance

Based on bilateral agreements in effect: the citizens from Angola, Cuba, Iraq, Jordan, Kuwait, Macedonia, Mongolia, North Korea, Russia, Serbia, Montenegro, Ukraine, and Other States of the Commonwealth of Independent States can receive health care in immediately necessary cases. The document certifying the entitlement is the **passport** only.

<sup>4</sup> As per international terminus: co-payment

## 6.7. Non EEA citizens

Citizens and /or residents of countries, which are not part of European Economic Area and which don't have bilateral agreements with Hungary on the provision of health care, have to pay full price for the health care service rendered in Hungary.

Under the Hungarian legislation in effect, the health care provider has the right to set the fee to be paid. Therefore the Hungarian National Health Insurance Fund has no influence on the amount of the fee charged by the hospital, or outpatient clinic. However, in order to avoid discrimination, it is important, that the health care provider applies consequently the same fee for the same service. For this purpose most health care providers have established price lists that can be consulted before the treatment.

## 6.8. Refugees, asylum seekers

The refugees are authorized exactly according the same legislation as the Hungarian citizens. They have to demand the health insurance card (TAJ kártya) from the Health Insurance Fund (NHIF). And as all of insured persons in Hungary they have to pay a fee per visit to the doctor's as a daily fee in case of hospital treatment as of 15 February 2007.

For refugees it is obligatory: to take part in health screening, treatment and vaccination

## **6.9. Health care for foreign students learning in Hungary**

### **6.9.1. Legal and financial conditions for health care of foreign students**

Under the legal regulations in effect<sup>5</sup> the health care provision for foreign students learning in Hungary differs by country of origin.

The website of the National Health Insurance Fund (OEP), [www.oep.hu](http://www.oep.hu) provides information on the rights and obligations of (foreign) students and the official procedure to get a certificate entitling for health care. (*Appropriate legislation can be downloaded in Hungarian language.*)

In case of students who are citizens of any of the EU Member States, the health care is provided free in another EU Member State (including Hungary), if:

- the student has a valid health insurance in his/her home country, or
- has a valid EU health insurance card.

In case of a third country (any other country outside the European Union) two possibilities exist:

- either there is a bilateral agreement on health care between Hungary and the said country, which serves as a basis for free health care, or
- the student has to acquire entitlement for health care based on a fellowship, or on the individual payment of the costs of insurance.

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1.1.1.1.1.1.1.1 <sup>5</sup> The list of national legislation (including the health care provision for foreigners, foreign students) can be find in the Legislation chapter of this chapter

In case of emergency, basic health care is provided free for all.

### **6.9.2. Administrative provisions, certification of entitlement for health care**

Responsible authority for validation of certification of foreign students (and his/her family members) entitled for health insurance in Hungary: the educational institute (school or university) and the County Health Insurance Cashier of that county where the institute is based. The educational institute should start this procedure (in case of family member: by the County Health Insurance Cashier).

Those who have a health insurance paid, receive a so-called TAJ number (social insurance identification number), which is a special identification number, issued by the National Health Insurance Fund. This number is used by the health insurance and by the pension insurance authorities when confirm entitlements for these services.

A foreign citizen (student) can get a TAJ number when set up a legal relation for insurance or concludes a contract for acquiring entitlement for health care services.

When requesting a TAJ number, the foreign student has to certify its entitlement with a certification of his/her legal status of being a student in Hungary, based either on an international contract or on a stipend donated by the Hungarian Ministry of Education.

Student, who concludes a contract, has to submit a certificate of visiting the educational institute.

For a foreigner with a legal status of being a student in Hungary, who is entitled for health care in Hungary a health care certificate should be issued by the relevant County Health Insurance Cashier. This should be signed and stamped for validation by the educational institute (when he/she is learning) at the end of each month, preceding the subject month. On the last day of the student's entitlement (when his legal status of being a student is finished), the educational institute has to withdraw the certificate and inform the County Health Insurance Cashier in 3 days and returns the form in 8 days. (If the certificate were not returned in due time, the health care costs, deriving from this delay should be covered by the educational institute.)

The family member of the foreign student entitled for health care insurance can request the certificate together with the foreign student, after the student had accepted his/her certificate. The further procedure is the same.

There is also a possibility for foreign students to conclude a private insurance contract with one of the international insurance companies for health care during their stay in Hungary. For example the Central European University of Budapest took care to arrange an insurance package for its international students by a company, for 9000 HUF/month. [www.ceu.hu](http://www.ceu.hu)

If a Hungarian student is learning with a state-fellowship in a EU Member State, he/she is entitled for the same rights and services as the citizen students of that state.

If the Hungarian student is learning on his/her own cost abroad, in EU MS, he/she has to pay for health insurance and has to have the costs of living for getting staying permission for the length of his/her studies (for more than 3 months). During the time he/she is insured abroad, he/she is not obliged to pay the 9% of wage health care contribution in Hungary. There is a possibility to buy an EU Card, based on the payment of foreign health insurance, which provides for health care also when returning home (e.g. for holiday) during his/her studies.

Conclusion: the health care provision for international students is settled.

## 7. HIV/AIDS in Hungary

### 7.1. Historical overview

The first HIV infected patient was diagnosed in 1985 in Hungary.

The first AIDS patient was diagnosed in 1986.

The first AIDS death was registered in 1987.

The nationwide HIV antibody screening was introduced by 1st of July 1986.

The viral load measure was introduced in 1997

To measure the HIV drug resistance and subtype analysis was introduced in 2004.

### 7.2. Regulation of HIV screening

#### Prehistory of legislation

- HIV antibody screening of every blood donation was introduced in Hungary by 1st July 1986.
- 23/1988 Decree of the Health Minister introduced the mandatory HIV testing among risk groups (not in effect any more due to the decision of the Constitutional Court).

#### Present legislation

At present the HIV testing in Hungary is regulated by the 18/2002 (XII 28) Decree of the Minister of Health, defining the terminology and circumstances of anonym, voluntary and mandatory testing. Performing HIV screening in Hungary is licensed only for the following agencies:

- Laboratories of the National Public Health Service,
- National Blood Bank and
- Szent László Hospital.

HIV positive results have to be confirmed by the Confirmation laboratories of the above institutions.

### 7.3. HIV/AIDS epidemiology

Epidemiological data on HIV-infected and AIDS patients in Hungary are summarized in the relevant tables (See in Annex). (Source: EPINFO 3. August 2007)

According to the cumulative epidemiological data since 2005 newly diagnosed HIV positive cases are on the increase.

76% of the patients are male.

88% of the AIDS patients are male, which is characteristic of this infectious disease.

91 % of those died of AIDS, were males.

According to the data analysis: 38% of HIV infected patients had developed AIDS, 20% of HIV infected patients had died, as a result of AIDS related complications.

According to the risk group data analysis: 51% of homo/bisexual HIV infected patients became AIDS patients, and 29% of homo/bisexual HIV infected patients had died already.

Among hemophiliacs and transfusion recipients nearly 50% has died.

The data analysis from other aspects shows that 51% of HIV infected patients are known as homo/bisexual, 67% of AIDS patients are homo/bisexual and 73% of the died AIDS patients were homo/bisexual. These data indicate that the HIV/AIDS problem in Hungary is concentrated mostly in the homosexual and bisexual population.

The number of young HIV infected girls is on the increase, mainly because of the unprotected sexual intercourses with young heterosexual males, migrated from highly infected African countries.

It is a fact that there were non-registered HIV infected injecting drug users in Hungary, who were either re-patriated or migrant HIV positive drug addicts.

#### **7.4. Prevalence of HIV cases and incidence of TBC cases in Hungary**

When comparing the prevalence of registered HIV cases in Hungary (Table 15) and the incidence of the registered TBC cases in Hungary (Table 16) we can find geographical differences. The prevalence of HIV positive cases and TBC is high in Budapest and in its agglomeration area. At the Hungarian/Ukrainian border region very few HIV positive cases were registered. The incidence of TBC cases is the highest in the North-Eastern region that is along the Ukrainian border.

#### **7.5. Screening sex-workers (both male and female) for sexually transmitted diseases, as targeted risk groups in Hungary**

The 10.§ (1) of Act 47 of 1997 on the protection of personal data and Act 75 of 1999 4§ (e) and the 18/2002 Decree of the Ministry of Health, Social and Family Affairs 1 §(1)b regulated the compulsory medical investigation and laboratory screening on HIV, HBsAg, Syphilis, Chlamydia, Gonorrhea for sex workers in every 3 months, in order to validate their health certificate.

Between 1996-1999 a *special outpatient clinic* was organized for voluntary, anonym and free of charge screening (HIV, HBV, HCV, Syphilis, HPV, HSV, Chlamydia, Gonorrhea, Candida, Trichomonas, drug addiction) for sex workers in the 8<sup>th</sup> District of Budapest, Józsefváros, a central area for street prostitution. A gynecologist was contracted. Soon it became a very popular service. Several hundred patients per year (male and female and many of them of roam minority) visited the clinic. Very high incidence of Syphilis, Chlamydia and HCV was found. The costs of testing and medical investigation were financed by the annual budget of the National AIDS Committee. Unfortunately, funding of this service was cut down; therefore it had to be closed. Budget was about 3.5 million HUF/year.

In 2005-2006 a *special mobile bus* was equipped for the purposes of the sex workers' medical investigation and STD screening. The National Public Health Institute operated the bus. The budget was 90 million HUF (equivalent of 360000 Euro), used for the maintenance and running

of the bus, salary of driver and staff for 6 months. The equipment of the bus was an extra cost, financed by the Ministry of Youth and Sports. During the 6-month period 517 sex workers visited the bus, which is about 4 persons per workday. For many of them it was the very first medical investigation and thus they could gain a medical certificate necessary for sex-workers. In this project also several Romanian and Ukrainian sex worker went under medical investigation. Although, this is only about 2.5% of the estimated total number of Hungarian street prostitutes. The sex workers had to pay occasionally 10000 HUF for the investigation (a total of 5170000 HUF). Counting the investment and the operational costs, one examination costs this way 184081 HUF (about 740 Euro), which is 6-times more than in a gynecological outpatient clinic. Operation of this service costs 27-times more than the operation of the above-mentioned special outpatient clinic.

Analysis of these examples indicate that such experiences should be always subject of piloting and preliminary cost-efficiency estimation.

## **7.6. Anonym screening and VCT**

When the HIV infection first emerged in Hungary testing possibilities for risk groups were not yet available. The first anonym HIV testing and consultation room was opened in 1988 in Budapest. The National Blood Donation Service financed the project until 1998, after it an NGO took over its operation. At present the project is called Anonym AIDS Advisory Service. Majority of clients are MSM. The NGO performs since its opening yearly about 2-3.000 anonym, voluntary counseling and testing (VCT) for HIV, HBV, HCV and syphilis. They do outreach work to find the target group in bathhouses.

There is another important VCT program in Hungary since 2000. It performs anonym counseling and screening (with rapid HIV tests) during the 1-week long Sziget Music Festival among young people each August. This year (2007) 762 persons were screened by the Szent László Hospital. Financing difficulties emerged each year.

According to the legislation in effect (18/2002 Decree of the Minister of Health) anonym testing should be promoted.

Training of staff for counseling and blood sample taking is an important element at the preparation and implementation of VCT programs.

***As concerns screening and VCT the main obstacle is the lack of financing!***

## **7.7. Screening migrants for infectious diseases**

Mandatory health screening for non-Hungarian residents, who spend more than 3 months in Hungary, was introduced by 94.§ (5) of Act 39 of 2001, and by the 48/2001 (XII.27.) Decree of the Minister of Health, Social and Family Affairs. The latter one was deregulated in connection with the accession of Hungary to the European Union.

Because of public health reasons, each non-Hungarian citizens, who stay more than 3 months in Hungary was subject of the following medical examinations: TBC, HIV, lepra, lues, typhus and parathypus. This measure is not in effect any more. Act 34 of 2001 empowered the government



to regulate the detailed public health rules of the conditions for entry and stay of foreigners. The 32/2007 (VI.27.) Decree of the Minister of Health prescribes that those foreigners who are infected with any of the above diseases, has to leave the country. It seems that a legal gap remained, as migrants are not any more obliged for a laboratory test for these infections.

## **7.8. Problem-inventory regarding screening and health data**

The information available and accessible regarding migrants and their health situation, especially data on their possible HIV and TBC infection is insufficient. We compiled a problem inventory regarding migrants' health problems.

- The detailed data collection on HIV/AIDS started in 1996, before this year there had been only cumulative statistical figures available.
- As we know from our own earlier practice, some of the early registered HIV infected patients in 1987 have been migrants, but this data that time was not yet registered. Later it is impossible to figure out, who was migrant at those times. Many of them had relatives in Hungary, so they could avoid the refugee' camps.
- Analysing HIV epidemiological data of the 1990-ies, many HIV infected patients, registered were coming from Romania. Some of them were in child age or in their infancy, who had been infected in Romania on a nosocomial route. In addition some parents disappeared, having left their children in the hospital.
- Some heterosexual males from Romania have been infected via anal sexual intercourse, because they believed, that the only way to earn money is with male prostitution. They returned later to their girlfriends and infected them.
- After the civil war in the former Yugoslavian Republic, in the refugee's camps there was not yet a mandatory HIV screening, except for those refugees, who wanted migrate to Australia, Canada, or the U.S.A.
- Significant rate of young heterosexual girls, who became infected with HIV, got the infection from their African boyfriends. Only few of these male partners were screened for HIV, because they left Hungary. There was no possibility to investigate their other girlfriends too.
- Between 1994-2004 legislation was in effect on mandatory HIV screening for every foreigners, spending more than 3 months in Hungary.
- There was, but at present there is no compulsory HIV screening in Hungarian prisons, hepatitis C has been never screened.
- There is no systematic screening for migrants on possible HIV, Hepatitis, Syphilis and TBC infections. Those migrants who had to go to hospital with the above infectious diseases, statistical data are registered.
- Problems arose regarding testing and screening are partly due to lack of appropriate attitude of decision makers at the responsible agencies, and due to lack of funds.

## 7.9. Financing

In Hungary there is no labeled budget in the Budgetary Act for AIDS screening and for AIDS prevention for several years. Funds are ensured for diagnostic testing. Besides, the Public Health Service Laboratories receive some funds for screening of pregnant women, not enough for the entire pregnant population.

However the WHO strongly recommends to introduce and perform VTC (anonym voluntary counseling and screening for target groups, as MSM's, IDU's, migrants, prostitutes, prison-inmates) – funds for such purposes are not ensured, except the above 2 projects.

Without funds the set goals of the National AIDS Strategy cannot be implemented! Neither preventive education, nor outreach work, or VCT can be performed without financial background!

***Hungary is not financed either by the Global Fund, or by World Bank or by any other international organization.***

## 7.10. Care for HIV positive persons and for AIDS patients in the Szent László Hospital of Infectious Diseases

The Szent László Hospital was established more than a century ago, in 1894 with 200 beds, to ensure modern treatment for patients with acute infectious diseases.

The Szent László Hospital for Infectious Diseases had been a designated Hospital for the request of the Ministry of Foreign Affairs by the Ministry of Health after WW2 up to 1990. All of the foreigners, living in Hungary (including migrants, businessmen, diplomats, students, etc.) were treated in this hospital with any of their health problems.

The HIV/AIDS Immunology Ward and Outpatient Clinic were opened two decades ago, in 1986. This is the only hospital ward in Hungary, where HAART treatment is provided for HIV/AIDS patients. The HIV/AIDS Immunology Ward started to treat migrants by 1987.

At the admittance to the Szent László Hospital the HIV/AIDS patient has to participate in the following examinations:

- i) Each patient, who was tested, as HIV positive, has to undergo a confirmation procedure at the Immunology Laboratory of the Ward, which performs the examination under a confirmation algorithm;
- ii) After confirmation the HIV/AIDS patient is registered in the ward's database.
- iii) Screening for other infectious diseases (HBV, HCV, CMV, EMV, HSV, TB), in the hospital's Microbiological Laboratory;
- iv) General immunology examination (cellular immunology - CD4 cell counting) and viral load investigation in the Immunology Laboratory.
- v) Depending on the results, a drug resistance and HIV-1 subtype determination test should be performed.

An adequate, client-matching treatment is offered for patients, depending on their nationality and status. The treatment is free for those (either Hungarian, or migrant patients), who have a valid health insurance card (TAJ kártya), proving that their health insurance is paid, because the NIHF refunds the cost for the hospital only in case of those patients who have a valid health insurance.

A special dental care unit was set up in the László Hospital in the early nineties for HIV positive and AIDS patients. 2 dentists plus 1 assistant supply the risky task of dental care. It is financed by the NHIF.

All insured persons have to pay a fee per visit to the doctor's or a daily fee in case of hospital treatment as of 15. February 2007. According to the regulations, the patients without Hungarian insurance or without EFA have to pay the entire cost of treatment.

The HIV/AIDS Immunology Ward plays its member of the European Network of AIDS Treatment (NEAT) and of other international pharmaceuticals treatment programs and treatment guidelines expansion programs.

### **7.11. HIV/AIDS prison inmates**

Under the new legislation prison inmates are not obliged to be HIV tested at the entry into prison any more. Voluntary testing is possible.

The Tököl Prison Hospital offers hotel service for HIV positive inmates, for Hungarian offenders, but also for those who entered as migrants into Hungary and became criminals. (The HIV positive inmates are not living any more in the prison building.)

Specialists (physicians) are delegated weekly by the HIV/AIDS Ward of the Szent László Hospital. Special medication is provided also by the László Hospital. In case of special care is needed the patient is referred to the Szent László Hospital. Dental care of HIV positive inmates is provided also by the László Hospital.

### **7.12. Covering treatment costs of HIV/AIDS patients**

In the first half of 2007 for about 600 HIV infected patients was given care and for about 400 patients were given treatment in the Szent László Hospital's Immunology Department.

Each HIV infected patient received a client-matching, adequate treatment before 2007. Starting by 2007 a new legislation entered into force prescribing that only those patients could get free-of-charge treatment, who own valid social insurance card. The patients, who do not have social insurance card, have to pay for the treatment. *(Health care services are made available free during temporary stay of foreigners in Hungary, details see in the relevant chapter.)*

In the Szent László Hospital all modern medicines used in HAART are made available for patients (NRTI-s, NNRTI-s, PI-s, and Entry inhibitor). They are so called „extra financed medicines”, covered from a separate budget of the National Health Insurance Fund. The cost is between 800-1.000 million HUF per year (equivalent of 30000-40000 Euro).

The National Health Insurance Fund finances the costs of laboratory testing and investigations for diagnostic purposes.

It is a big problem that funds for screening of risk groups and target groups are not ensured in the past some years in Hungary by the Ministry of Health, as screening of AIDS, STDs, and hepatitis could not be financed by the NHIF.

### 7.13. National AIDS Strategy for 2004-2010

The National AIDS Committee prepared its Strategy for the forthcoming seven years by December 2003. (*Regretfully no English translation is available.*)

#### Goals of the Strategy

- ◆ General survey
- ◆ Screening, diagnostics
- ◆ AIDS prevention for youth, socially disadvantaged groups, injecting drug users, homosexuals, prostitutes, **migrants, refugees, asylum seekers**
  - Development and organization of the counseling in refugees camps
  - Preparing and publishing multi-language publications
  - Ministerial and institutional cooperation
  - Coaching on HIV/AIDS information of institutions, experts and social workers, involved in migration projects.
- ◆ Social disadvantages and AIDS
- ◆ Help for HIV–infected persons and AIDS patients
- ◆ Care, treatment and social welfare for HIV infected patients
- ◆ Cooperation with the civil society
- ◆ Education
- ◆ Organization
- ◆ Financing
- ◆ Monitoring
- ◆ Communication

Implementation of the strategy is hindered by several reasons:

- i) There was no legal decision issued on the acceptance of the Strategy by the Minister of Health or by the Government.
- ii) Therefore it isn't possible to label budgetary funds for its implementation. Limited amount of funds are made available under the National Public Health Programme, but not enough for implementing its goals.
- iii) AIDS prevention does not represent a priority in the National Public Health Programme

#### 7.14. Prevention of epidemics

Monitoring the infectious and contagious diseases, prevention of epidemics and pandemics is the task of the well-developed **National Public Health Service**, consisting of the Office of the National Chief Public Health Physician, 5 Regional Offices and the City institutes. The Service based on Act 11 of 1991 on the public procedural and administration activities of health care performs the following tasks, among its public hygiene activities;

- Monitors the epidemiological situation, states, if there is a danger of epidemics, or if the epidemics started and orders the necessary measures for stopping its dissemination;
- Directs, controls and in certain cases performs itself the appropriate activities regarding infectious diseases, or infected persons;
- Issues the order on vaccinations.
- Organizes the screening for infectious diseases;
- Keeps the registers of those suffering of infectious diseases, subject of compulsory reporting.

Concerning migrants' public health no special information was found on the website of the Service. As regards AIDS prevention the only information found was out-of-date (conference on international AIDS day in 2003). The EPINFO (epidemics weekly) is regularly up-dated, and publishes aggregated statistical data on HIV/AIDS situation and the other infectious diseases in Hungary.

## **8. HIV and co-infection among migrant population in Hungary**

### **8.1. HIV incidence among migrant population since 1996**

To analyze the HIV incidence among migrant population, we collected the data from different aspects from the Laszlo Hospital. Laszlo Hospital (the former Infectious Hospital of Hungary) is the only Medical Centre where HIV/AIDS patient could be treated. The cumulative number of registered HIV positive cases in Hungary is 1418 (from 1985-to the first half of 2007). The cumulative number of patients treated in Laszlo Hospital is 754 (54,36%). The number of migrants has been treated in László Hospital since 1996 is 78 (10% of all treated HIV/AIDS patients) Table 0.

### **8.2. Origin of HIV infected migrants, registered in Hungary since 1996**

47% are of African origin (the highest rate comes from Nigeria), 41% from Europe (the highest rate comes from Ukraine), 6,4 % from Asia (Jordanian, Iran, Vietnam, India, Thailand), 3,8 % from America (Mexico, Cuba, USA) (Table 17, and Table 19)

### **8.3. Migration status of HIV infected documented migrants in Hungary since 1996**

Among HIV infected migrants there are 41 regular migrants (30 are employed, 1 is not employed, 10 are employed migrants' family member), and 36 irregular migrants (25 refugees, 5 asylum seekers, 6 others) (Table 18)

### **8.4. Gender and age distribution of HIV infected migrants in Hungary since 1996**

The distribution of HIV positive migrants according to gender and age indicates that infection frequently occurs among males. Only 13.4% are female, and 86.6 % are male. The age at the time of HIV diagnosis was between 20-30 years at 27% of patients, and between 30-40 years at 23% of patients. Only male can be found among those older than 40 years (14,4%) (Table 20)

### **8.5. Co-infection of HIV infected migrants in Hungary since 1996**

Only 33% of migrant HIV positive population had co-infection (7 HBsAg+, 7 HCV+, 14 CMV+, 2 TB+, 4 syphilis+) (Table 21)

### **8.6. Residency of HIV infected migrants in Hungary since 1996**

46% of migrant's residency was in Budapest, 16% of migrants was living in reception centre, 5,77% of migrants were prison inmate, residency of 7,7% somewhere else in Hungary. (Table 22.)

## 8.7. Follow-up the spread of HIV and HCV infection by molecular biological methods

### 8.7.1. Phylogenetic classification of HIV-1

There are 3 groups in HIV-1 virus (see Chart 11):

Group M, Group N, and Group O. Most of the infections belong to group M.

There are 10 subtypes of Group M (from A...to K), characteristic to the following geographical areas:

- A: West and Central Africa, Eastern Europe, Russia, Central Asia
- B: North and South America, Europe, Australia, Japan, China
- C : South and East Africa, Southern Asia, India, Nepal
- D: Central and East Africa
- E: Southeast Asia (Thailand)
- F: South America, Romania
- G: West Africa
- H: Equatorial Africa
- J: Equatorial Africa
- K: Equatorial Africa

There are mixed subtypes as well, e.g.:

Up to mid-2007 35 mixed subtypes were described.

**URF:** unique recombinant forms (individual recombination between new HIV variants strains)

**CRF:** Circulating recombinant forms (URF starts to circulate)

CRF01 AE Southeast Asia, sporadic in Central Africa

CRF03 AB Russia, Kaliningrad

CRF05 DF Congo

CRF07 BC Northwest China

CRF10 CD Tanzania)

**CPX-complex:** if the genom contains more than two original subtypes (circulating form)

CRF04-cpx AGHK: Greece Cyprus

CRF06-cpx AGJK: West Africa- Mali, Senegal, Nigeria

CRF11-cpx AEGJ: Central Africa, Cameroon, Gabon

### 8.7.2. Increasing HIV diversity (spread of HIV variants)

Reason:

- Tourism
- Migration
- Expatriate labor
- Sex workers

*(See Chart 12)*

### 8.7.3. Clinical impact of Genetic Diversity of the HIV Virus

- Clinical care
- Natural history and transmission studies
- Response on antiretroviral medication

Chart 12 shows the variability of the virus.

(The chart is lent from the lecture of Mr. Philip Ray entitled ‘HIV challenge to viral load and diagnostic testing’ on the 4th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Sydney 2007.

#### **8.7.4. HCV phylogenetic classification**

Six main groups are observed in the phylogenetic analysis of HCV: HCV genotypes 1-6, each group contains a different number of subtypes. (*See also Chart 13.*)

Geographical distribution of HCV genotypes

<b>Genotype</b>	<b>Area</b>
<b>1a</b>	Widely distributed throughout the world – Japan, Taiwan China in IDU’s in Europe USA, and Southeast Asia
<b>1b</b>	Southern and Eastern Europe, Northern Europe, USA, Turkey, Russia
<b>2a</b>	Widely distributed throughout the world, Japan, Taiwan China
<b>2b</b>	Widely distributed throughout the world, Japan, Taiwan China
<b>3</b>	Vietnam, Thailand, Indonesia, Pakistan
<b>3a</b>	Pakistan IDU-s in Europe, USA and Southeast Asia
<b>4</b>	Middle East, Egypt, Yemen, Kuwait, Iraq, Saudi Arabia North and Central Africa
<b>5a</b>	South Africa
<b>6</b>	Vietnam, Thailand, Indonesia
<b>6a</b>	Hong Kong

Parallel with the increasing migration and the population growth the patterns of HCV transmission are mixed and a huge difference is detectable by country and by viral subtype.

The role of migration in this is proved by the appearance of Subtype 4 (which was characteristic to the Middle-East) now in South of Spain and its gradual dissemination to other countries of Europe.

The molecular biological analysis of the subtypes gives a chance to monitor and detect the route of infection (<http://medscape.com> )



## 9. CONCLUSIONS

### 9.1. Trends, needs and future perspectives of ‘migration in education’

- The migrant is living in several countries during his/her lifetime. Therefore there is a big need for the harmonization of the advantageous social benefits in relation with the foreign students legal status and of the acquired old-age care rights.
- The migration with the purpose of education prepares for the migration of highly educated manpower.
- The experiences gained during the times of education represent a risk for future immigration. The students are acquainted with the place, the customs and the culture and conclude human relations. In the developing world it is a family investment to send a young family member abroad to learn, and it is expected that later he/she should support the family from his income.
- Student mobility means an advantage for both the individual and the host country. The relation between the delegating and the host country is a mean for economic development. It is recommended to build up the conditions for return-migration in order to benefit the host country, as well.
- It is a fact that the migration with the purpose of education is on the increase. The host countries are in a supply-side situation, the profit-oriented migration policy has to address this issue. Although, after long years the student who learnt abroad can be a **mediator of the international economy**. The managers of transnational companies recognized these possibilities and therefore they are sitting by now around the table discussing the migration strategies.

### 9.2. Needs and future perspectives regarding migrants’ health care

- Health data of (undocumented) migrants seems not to be collected in Hungary, neither by the Public Health Service, nor by the Border Guard. Lack of data hinders significantly the preparation for prevention and the appropriate health care developments. Data collection on migrants’ health status must be urged to map up the accumulated problems and the trends for the future in order to prepare early intervention policies.
- Information is few about HIV and Hepatitis prevalence along the Eastern border region of Hungary (Ukraine, Romania). This should be urgently improved! A prevention and early intervention project, focussing on refugee camps should be implemented among HIV target groups and risk groups, with a special emphasis to VCT measures (voluntary counseling and testing).
- An in-depth assessment should be performed on the real dangers of spreading HIV and hepatitis C infection and TBC by risk groups, migrating from the countries alongside the Eastern common border (e.g. by Ukrainian injecting drug users and prostitutes).

Awareness of decision makers, especially of health and of migration authorities should be raised.

- Luckily IOM with the support of the European Commission and the relevant governments is launching currently a project along the new Eastern Schengen Border (Hungary, Poland, Slovakia) aiming to assess the current public health situation and develop public health standards in the border management.
- A 3-year long project is running under the European Public Health Programme on the monitoring of the migrants' health status within Europe with the following goals: development of indicators and establishing a network of epidemiological observatories on ethnic minorities health status. It is implemented by the IBMG / Erasmus MC and the European Public Health Association, with partners from Denmark, Germany, Italy, Slovakia and the U.K.
- A very intensive, well-targeted HIV prevention campaign should be performed among prostitutes who contact migrants.
- Prevention messages on how to avoid HIV and other STD infection and how to prevent injecting drug use, should be submitted for young migrants and/or international students.
- Peer educators among migrants of different countries of origin should be trained, based on the WHO recommendations<sup>6</sup> and piloting in Germany and their prevention work should be supported with professional guidance, training, and printed material.
- In the case of HIV and Hepatitis infection a partner notification system should be developed among migrants.
- In the case of HIV, Hepatitis and TBC infection a very clear referral system to hospital should be designated among migrants.
- A clear, free and vaccination program, confirmed, should be introduced against HBV, HAV, and HPV among migrants.
- A project should be developed for employment HIV positive migrants. Experiences indicate that the best way to keep them in relatively good health status is, if they are employed.

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<sup>6</sup> International migration, health and human rights. WHO. Geneva. 2003.

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## **ANNEX**

### **TABLES, GRAPHS, CHARTS**

**Table 1. Number of foreigners staying in Hungary (owning either immigration permit, or settlement permit or residence permit) by 31st December 2006**

	<b>Immigration Permit</b>	<b>Settlement Permit</b>	<b>Residence Permit</b>
Romanian	23139	21434	21473
Ukrainian	4654	3784	5386
Chinese	3547	1232	4114
(former) Yugoslavian	7497	1868	2216
(former) Soviet	2642	388	nd.
Vietnamese	1402	380	1601
American	nd.	nd.	1312
Other	9788	2428	8584
<b>Total</b>	<b>52669</b>	<b>31514</b>	<b>44686</b>

**Table 2.**  
**Number of applications for residence visa submitted to OIN Visa Department**  
**with a breakdown by main nationalities**  
**"D" type visa (residence visa)**

<b>Nationality</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Romanian</b>	4 829	19 359	29 914	18 458	19 141
<b>Ukrainian</b>	3 392	6 336	6 756	4 011	4 770
<b>American</b>	963	1 139	1 238	1 165	1338
<b>Serb-Montenegrin</b>	852	1 077	1 507	1 329	1 552
<b>Russian</b>	459	467	400	412	695
<b>Chinese</b>	196	384	912	777	1 440
<b>Other</b>	6 691	13 772	7 406	4 559	5 584
<b>Total:</b>	<b>17 382</b>	<b>42 534</b>	<b>48 133</b>	<b>30 711</b>	<b>34 520</b>

Source: Office of Immigration and Nationality

**Table 3.**  
**Number of asylum-seekers arrived in Hungary**

Year	Number of registered refugees	European		Non-European	
		persons	%	persons	%
<b>2002</b>	6 412	441	6,88	5 971	93,12
<b>2003</b>	2 401	659	27,45	1 742	75,55
<b>2004</b>	1 600	503	31,44	1 097	68,56
<b>2005</b>	1 609	548	36,29	1 025	63,71
<b>2006</b>	2 117	847	40,01	1 270	59,99

Source: Office of Immigration and Nationality

**Table 4.**  
**Number of recognised refugees in Hungary**  
**with a breakdown by main nationalities**

Nationality	2002	2003	2004	2005	2006
<b>Iraqi</b>	46	33	13	5	15
<b>Afghan</b>	10	28	19	7	5
<b>Serb-Montenegrin</b>	9	19	18	7	0
<b>Palestinian</b>	5	2	12	1	1
<b>Iranian</b>	3	9	20	10	6
<b>Other</b>	31	87	67	67	72
<b>Total:</b>	<b>104</b>	<b>178</b>	<b>149</b>	<b>97</b>	<b>99</b>

Source: Office of Immigration and Nationality



**Table 5.****Number of asylum-seekers arrived in Hungary****with a breakdown by way of arrival**

Year	Way of arrival	
	Legal	Illegal
<b>2002</b>	684	5 728
<b>2003</b>	558	1 843
<b>2004</b>	454	1 146
<b>2005</b>	569	1 040
<b>2006</b>	586	1 531

Source: Office of Immigration and Nationality

**Table 6. Registered HIV infected persons in Hungary**

Year of the diagnosis	Male	Female	Anonym*	Total
<b>1985-2001</b>	727	128	108	963
<b>2002</b>	65	13	0	78
<b>2003</b>	53	10	0	63
<b>2004</b>	63	12	0	75
<b>2005</b>	80	14	12	106
<b>2006</b>	48	13	20	81
<b>2007. Jan 1<sup>st</sup> - June 30<sup>th</sup></b>	35	2	15	52
<b>Total</b>	1071	192	155	1418
<b>Rate</b>	76%	14%	11%	100%

\*Between 2002-2004 anonym screening did not exist in Hungary.

**Table 7. Registered AIDS patients in Hungary**

Diagnosed in:	Male	Female	Total
1986-2001	361	36	397
2002	19	7	26
2003	22	4	26
2004	19	4	23
2005	29	4	33
2006	15	7	22
2007. Jan 1 <sup>st</sup> - June 30 <sup>th</sup>	11	2	13
<b>Total</b>	<b>476</b>	<b>64</b>	<b>540</b>
<b>Rate</b>	<b>88%</b>	<b>12%</b>	<b>100%</b>

**Table 8. AIDS death cases in Hungary**

Period	Male	Female	Total
1986-2007	262	25	287
	91%	9%	100%

**Table 9. AIDS death cases by risk groups, 1986- to 2007 June, Hungary**

	Hom o/bi sexu al	Hetero - sexual	Hemo- philiacs	Trans- fusion recipien ts	IDU-s All migrants	Nosoco mial infection	Materna l	Unkno wn	Total
HIV Infec- ted	716	252	32	23	18	15	5	357	<b>1418</b>
	51%	18%	2.2%	1.6%	1.2%	1.0%	0.3%	25%	
AIDS pat- ients	364	97	20	14	5	8	3	29	<b>540</b>
	67%	18%	4%	2.6%	0.9%	1.5%	0.6%	5.3%	
AIDS Deat h	210	32	13	11	3	3	1	14	<b>287</b>
Total	<b>73%</b>	<b>11%</b>	<b>5%</b>	<b>3.8%</b>	<b>1.0%</b>	<b>1.0%</b>	<b>0.3%</b>	<b>5%</b>	

**Table 10. Distribution of students by school type  
2003/2004, Hungary**

Type of educational institute	Number of students
Nurseries	377 400
Primary schools	913 000
Vocational schools	134 800
Secondary grammar schools	531 400
Universities	409100
<b>TOTAL</b>	<b>2 315 700</b>

**Table 11: Number of foreign students by universities, 2006/2007 Hungary**

<b>UNIVERSITY</b>	<b>Number of foreign students in the academic year 2006/07</b>
University of Pécs	3550
Semmelweis University, Budapest	1654
University of Debrecen	1343
Central European University, Budapest	1324
Corvinus University of Budapest	863
Szt. István University of Gödöllő	800
International Business School	800
University of Szeged	781
Budapest Univ. of Technology & Economics	658
14 other university and college (total)	502
<b>Total</b>	<b>12275</b>

**Table 12. Foreign students enrolled in educational institutions, 1998-2004, Hungary**

	Non-citizens	Non resident students
1998	6636	n.a.
1999	8869	n.a.
2000	9904	n.a.
2001	11242	n.a.
2002	11783	n.a.
2003	12226	n.a.
2004	12913	11705
<b>TOTAL</b>	<b>73573</b>	<b>11705</b>

Resource: OECD Online Education Database

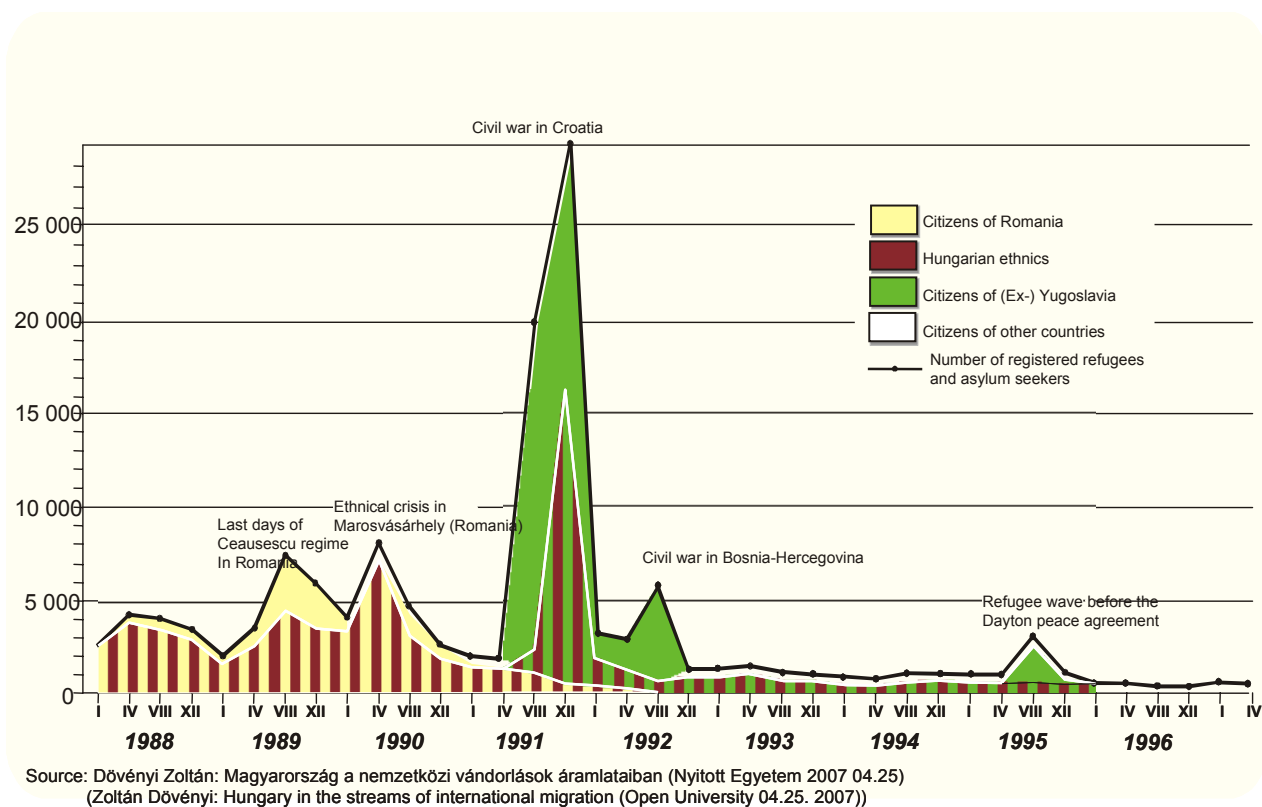
**Table 13: International students enrolled in higher education by country of origin and by academic year in Hungary**

Country of origin	1998/99	2001/02	2002/03
Africa TOTAL	211	175	167
North-America TOTAL	505	435	319
Asia TOTAL	1249	1602	1775
Ciprus	211	302	321
Iran	166	178	181
Israel	334	578	637
Vietnam	61	88	112
Jemen	14	14	11
<b>Europa TOTAL</b>	<b>5120</b>	<b>8975</b>	<b>9494</b>
Germany	504	575	570
Greece	772	457	320
Norway	370	575	553
Poland	49	142	128
Romania	940	2737	3090
Russia	229	207	217
Slovakia	724	1783	2071
Ukraine	387	743	893
Former Yugoslavia	675	1254	1229
<b>Students in Hungary TOTAL</b>	<b>7085+1800</b>	<b>11187</b>	<b>11755</b>

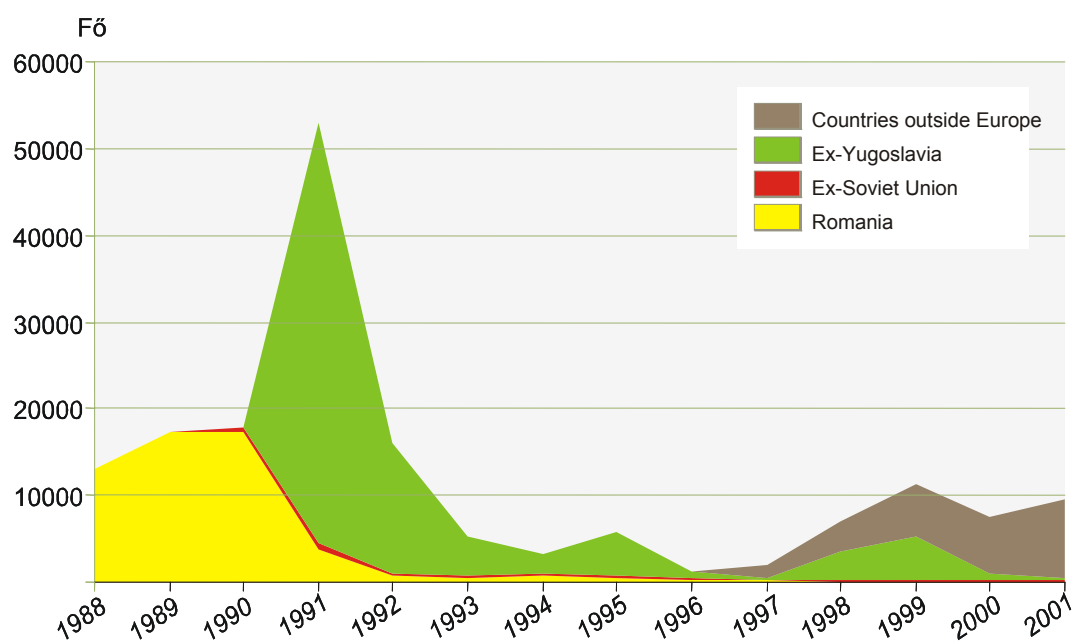
Resource: To Learn Abroad, Rédei, M.. Magyar Tudomány 2006/6, p.746

Remark: Only those countries are listed, which had delegated more than 100 students.

**Chart 1. Refugee waves in Hungary between 1988 and 1997**

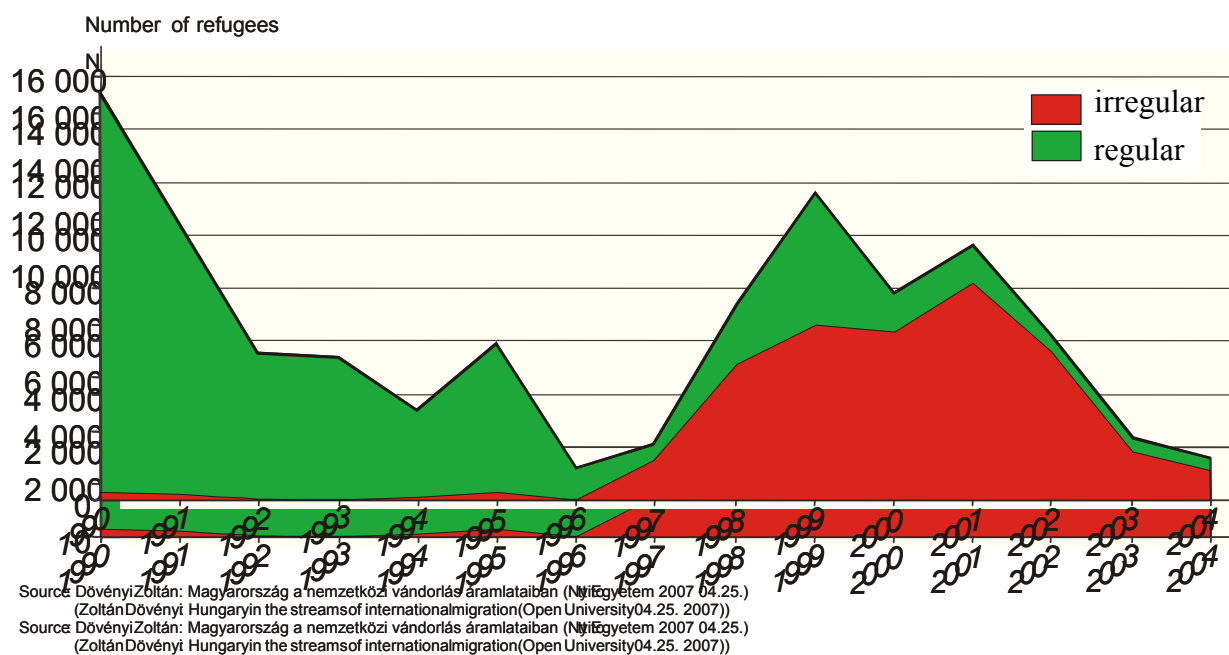


**Chart 2. Refugees and asylum seekers by nationality (1988-2001)**

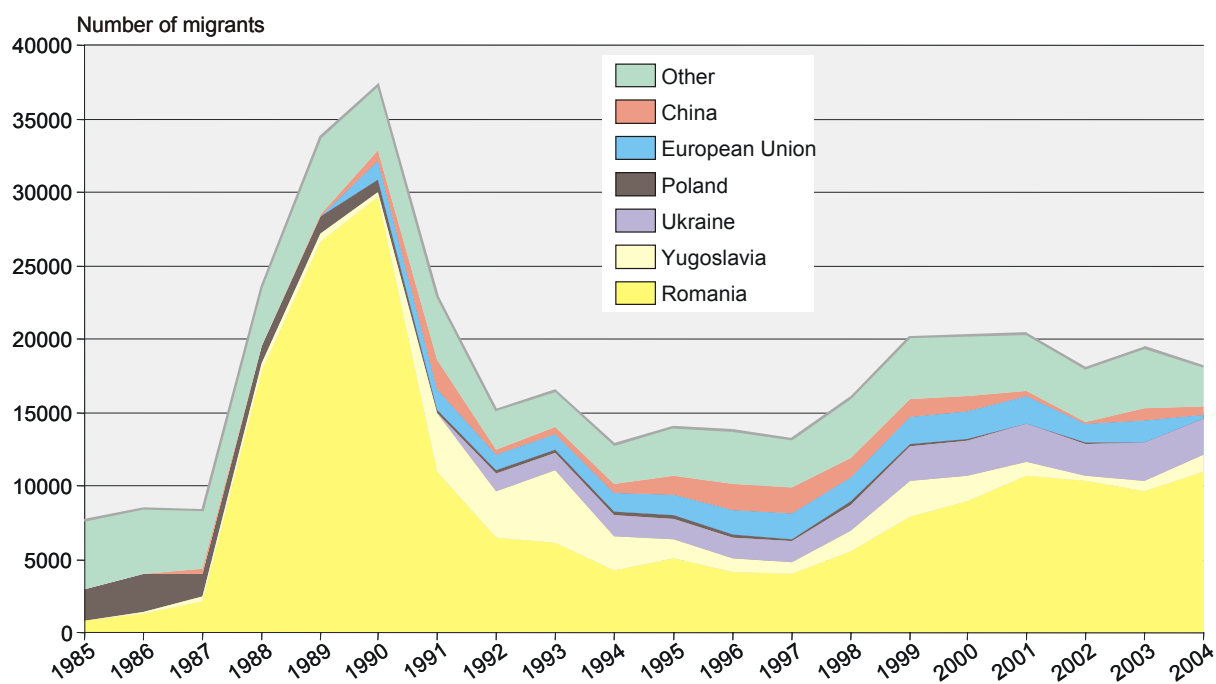


Source: Dövényi Zoltán: Magyarország a nemzetközi vándorlás áramlataiban (Nyitott Egyetem 2007 04.25.)  
(Zoltán Dövényi: Hungary in the streams of international migration (Open University 04.25. 2007))

**Chart 3. Refugees in Hungary by their way of entry (1990-2004)**



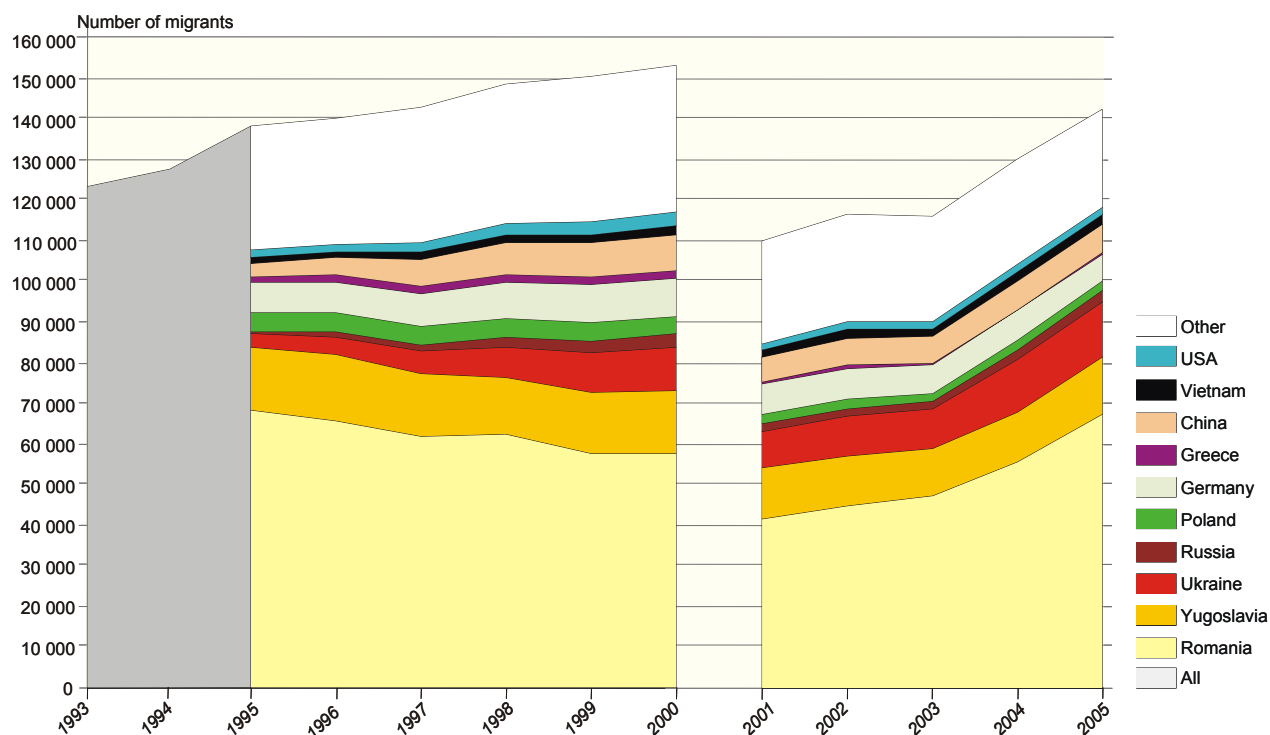
**Chart 4. Migrants in Hungary by nationality and by year of entry (1985-2004)**



Source: Dövényi Zoltán: Magyarország a nemzetközi vándorlás áramlataiban (Nyitott Egyetem 2007 04.25.)  
(Zoltán Dövényi: Hungary in the streams of international migration (Open University 04.25.2007))

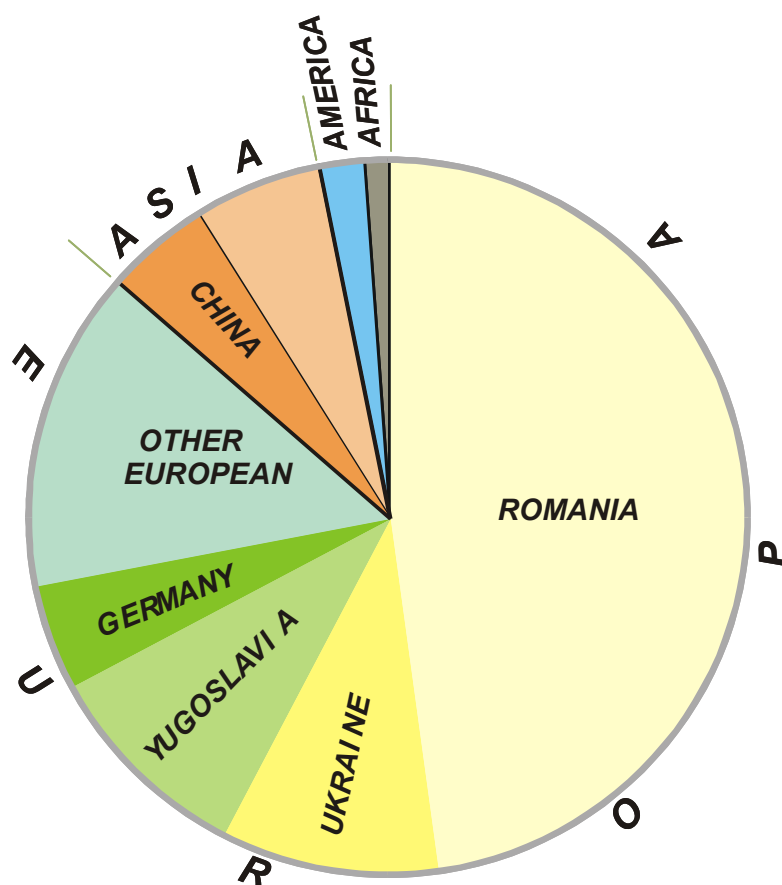


**Chart 5. Migrants in Hungary by nationality**

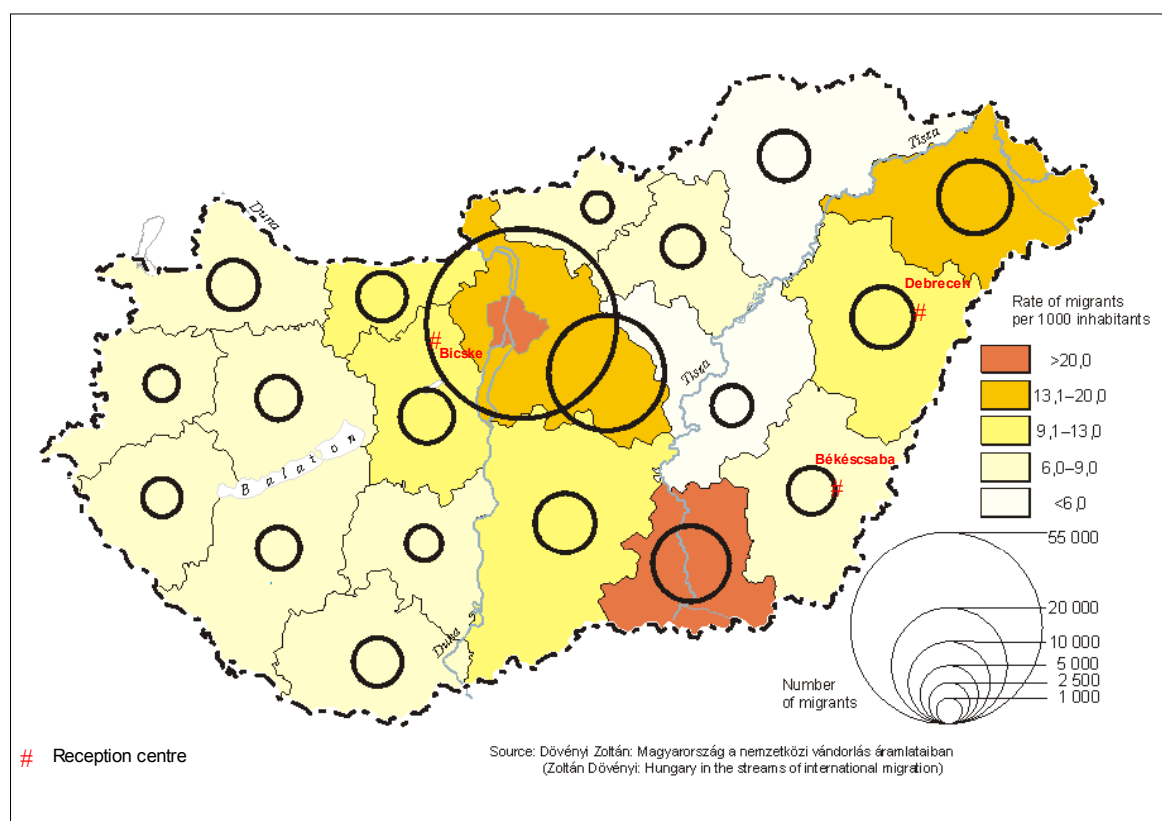


Source: Dövényi Zoltán: Magyarország a nemzetközi vándorlás áramlataiban (Nyitott Egyetem 2007 04.25.)  
(Zoltán Dövényi: Hungary in the streams of international migration (Open University 04.25. 2007))

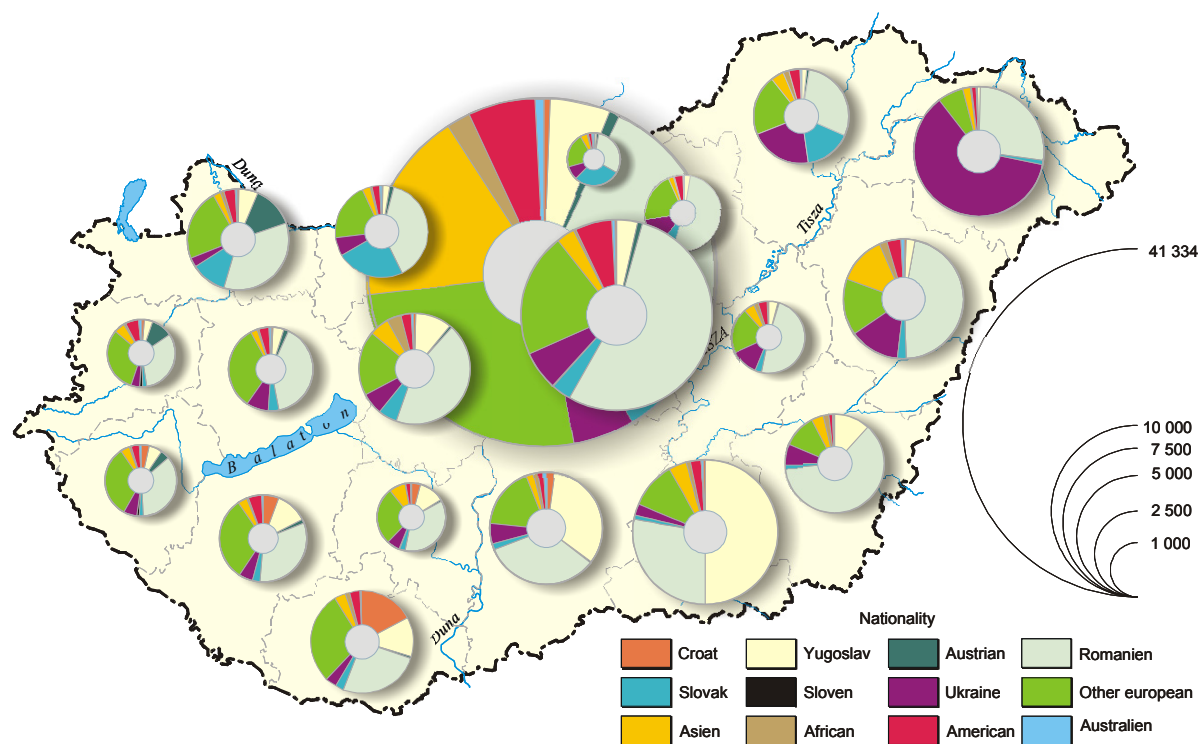
**Chart 6. Distribution of migrants by country of origin  
1<sup>st</sup> January 2005, in Hungary**



**Chart 7. Regional distribution of migrants in Hungary (2005)**

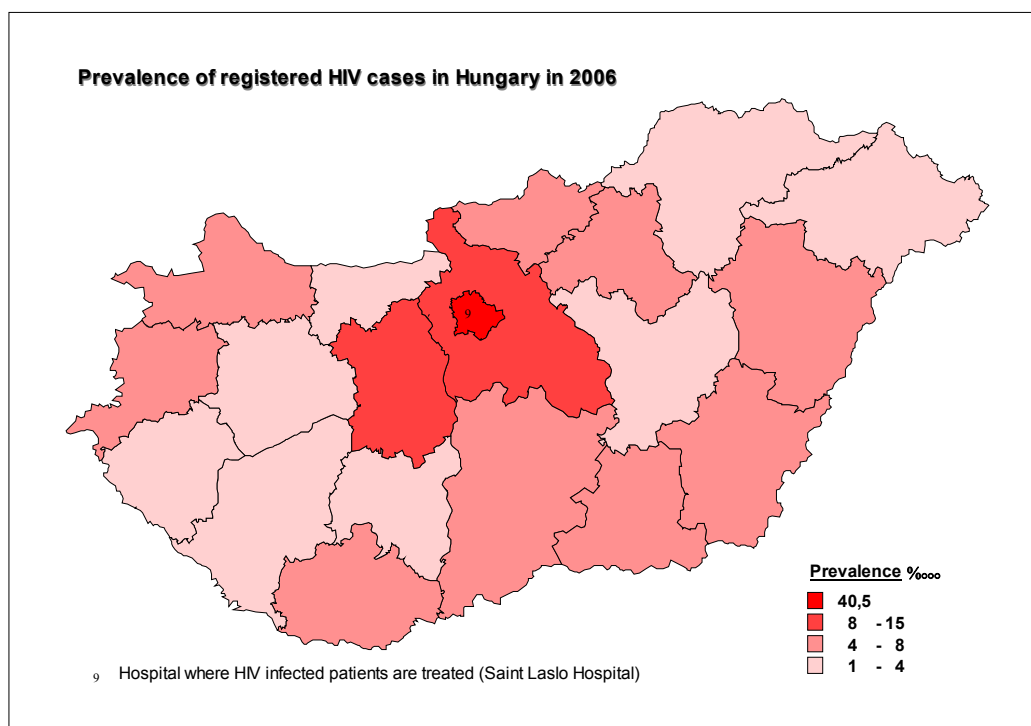


**Chart 8. Regional distribution of migrants by nationality (2001)**



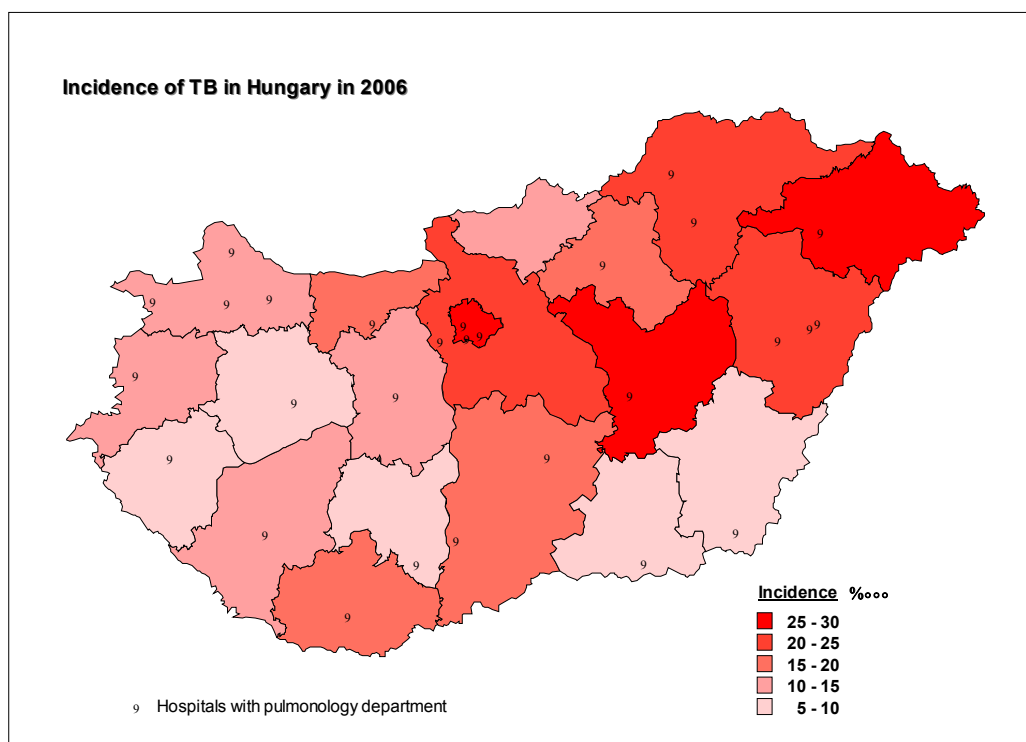
Source: Dövényi Zoltán: Magyarország a nemzetközi vándorlás áramlataiban (Nyitott Egyetem 2007 04.25.)  
 (Zoltán Dövényi: Hungary in the streams of international migration (Open University 04.25. 2007))

**Chart 9. Prevalence of registered HIV cases (Hungary 2006)**



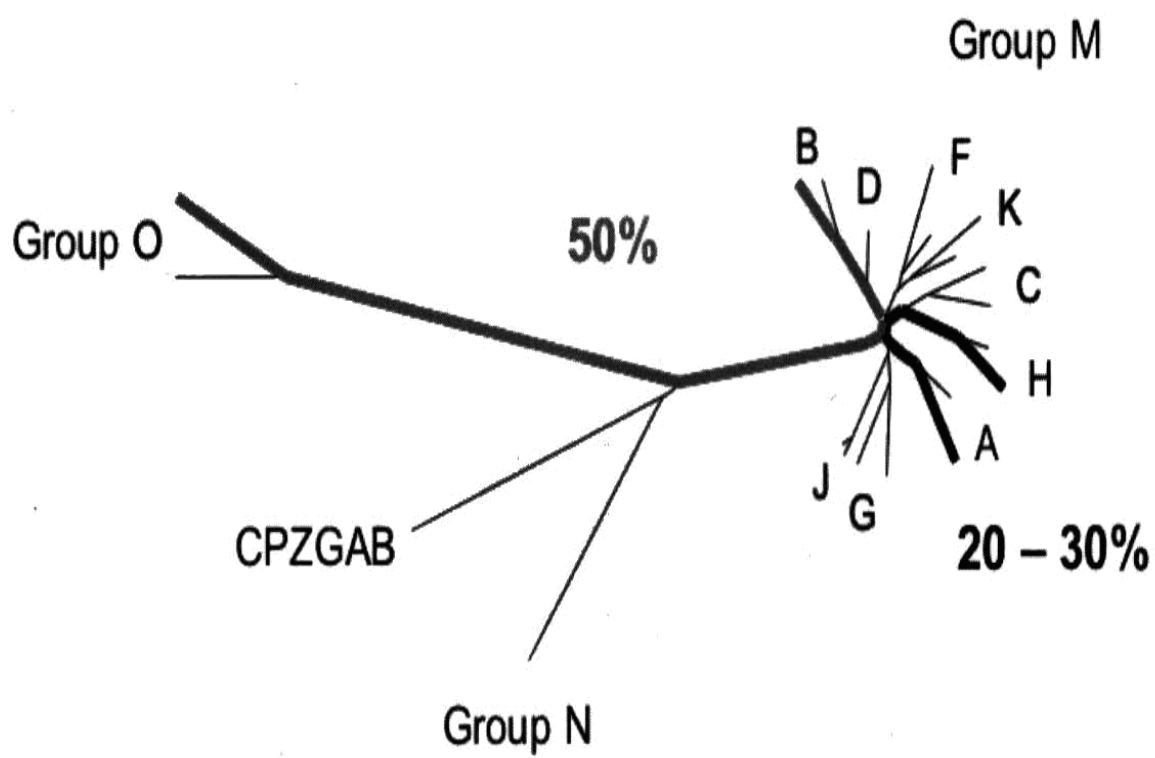
Source: Epinfo 14. 7.

**Chart 10. Incidence of TBC (Hungary, 2006)**



Source: Országos Korányi Tbc és Pulmonológiai Intézet  
(National Korányi Tb and Pulmonology Institute)

Chart 11. HIV-1 diversity



**Chart 12. Increasing HIV diversity**

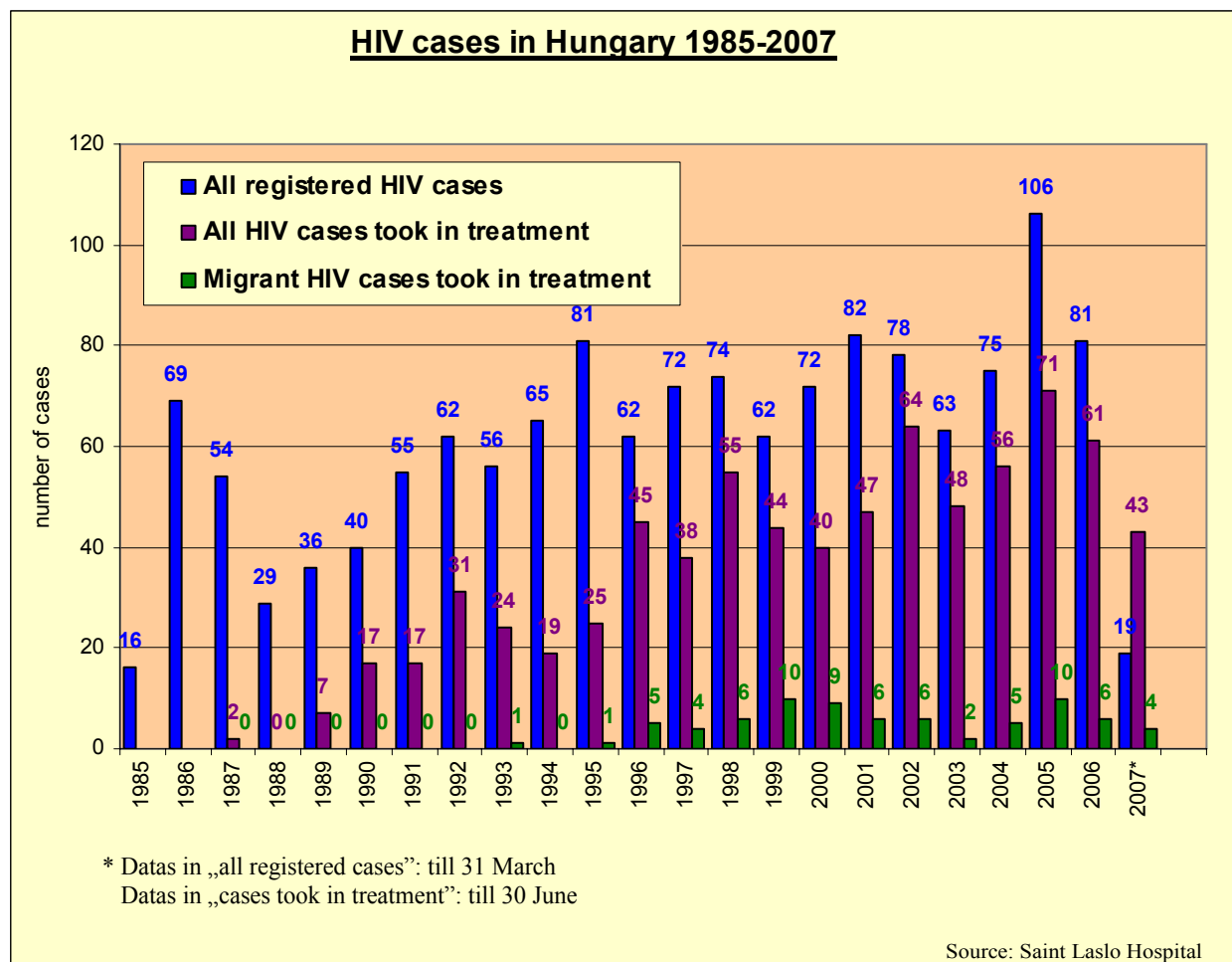


**New HIV variants are spreading**

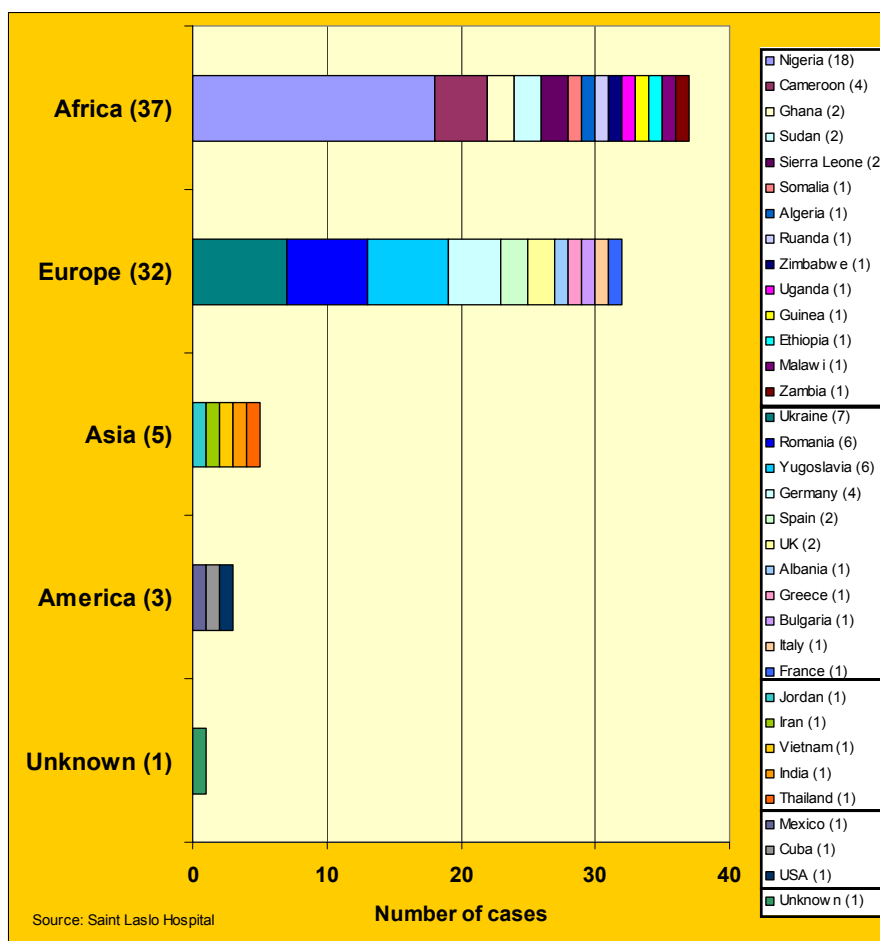




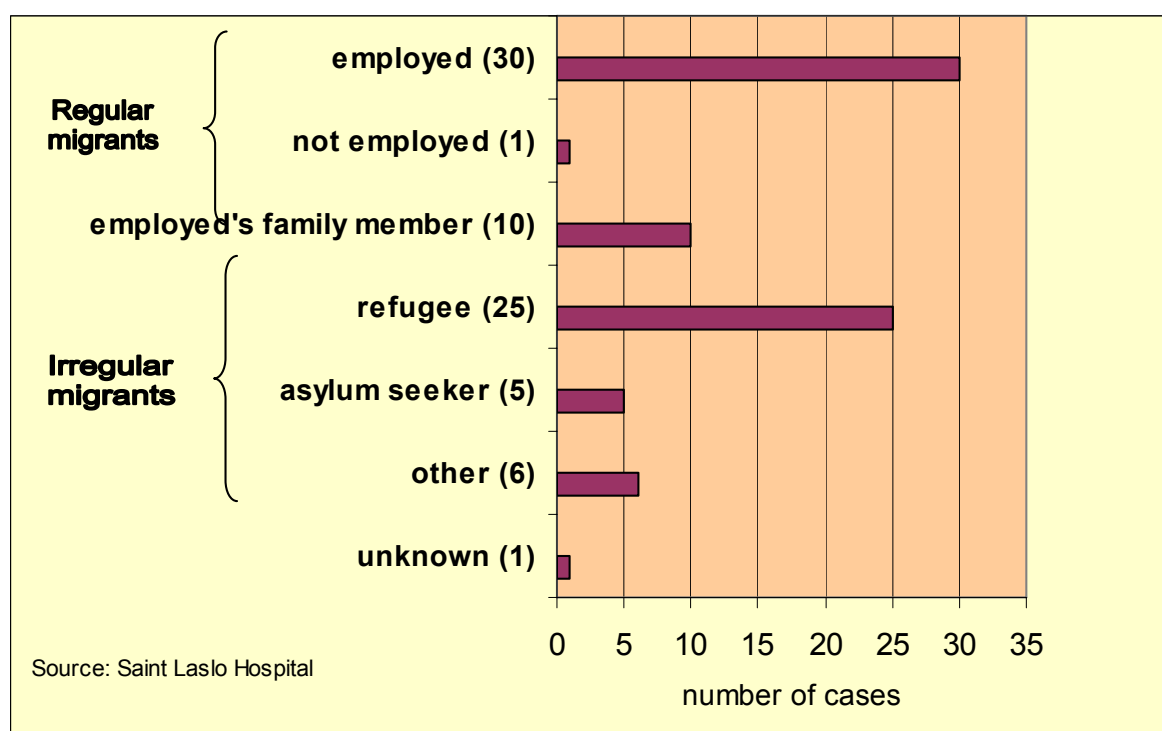
Graph 1. HIV cases in Hungary 1985-2007



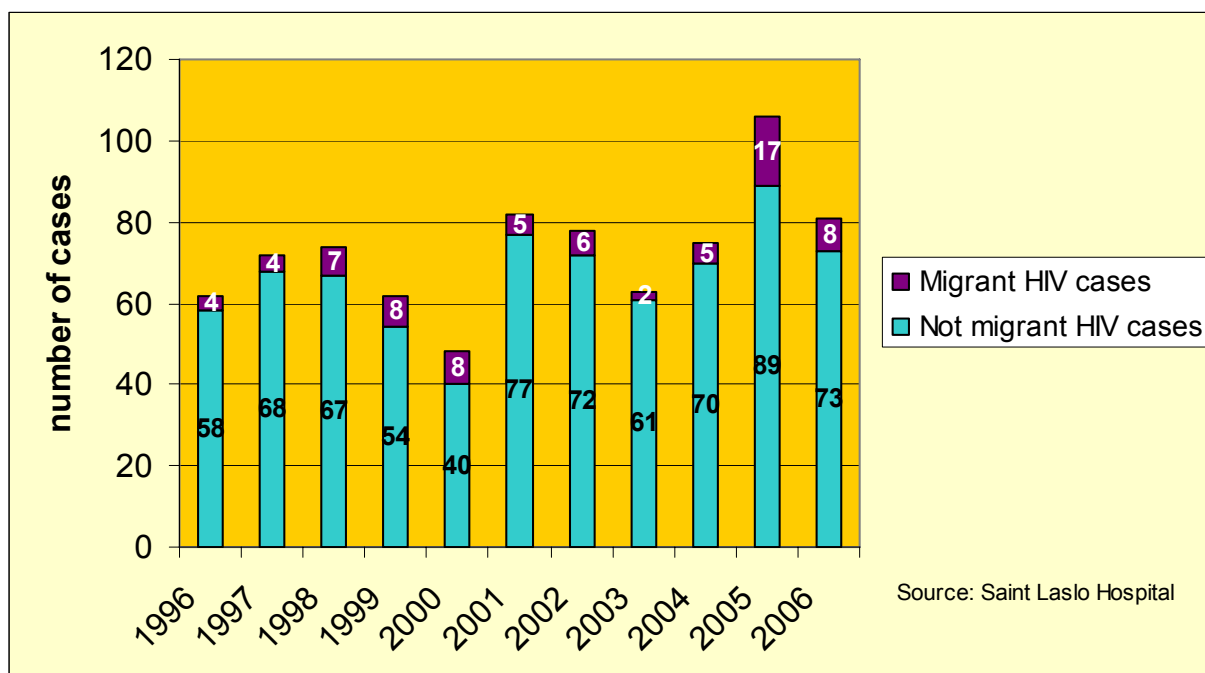
**Graph 2. Number of migrant HIV cases in Hungary by nationality (1996-2006)**



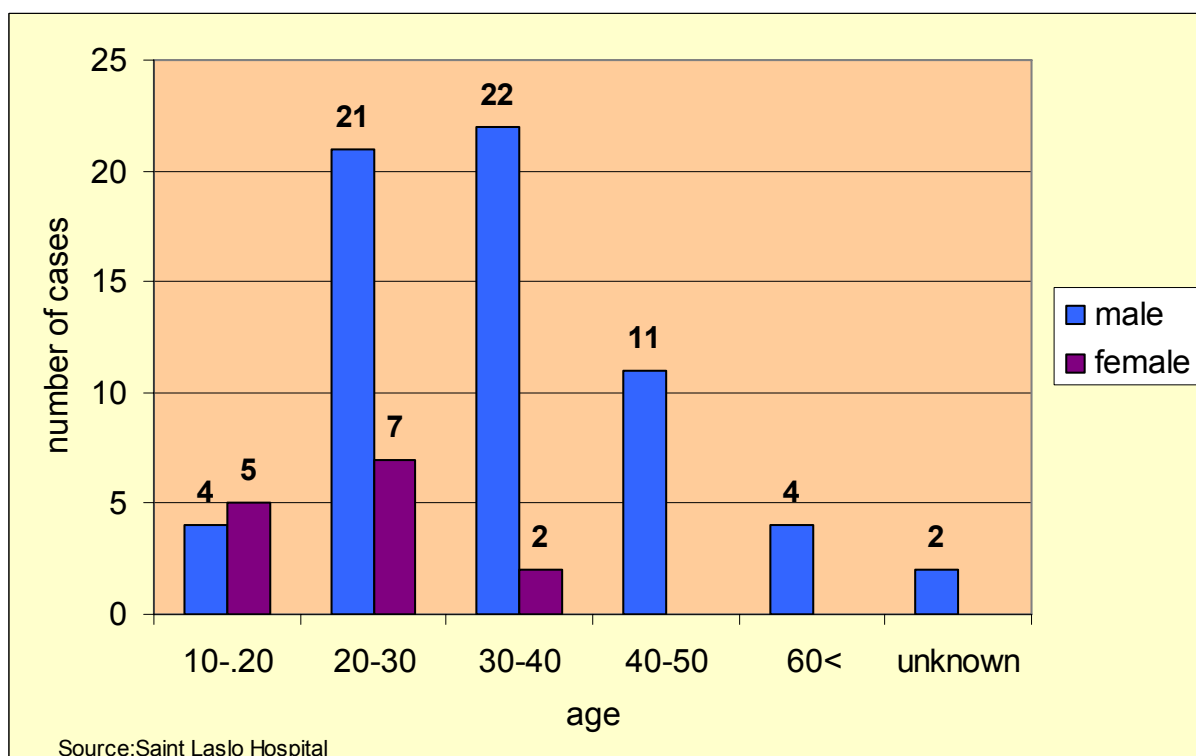
**Graph 3. Number of migrant HIV cases in accordance with their status  
Hungary, 1996-2006**



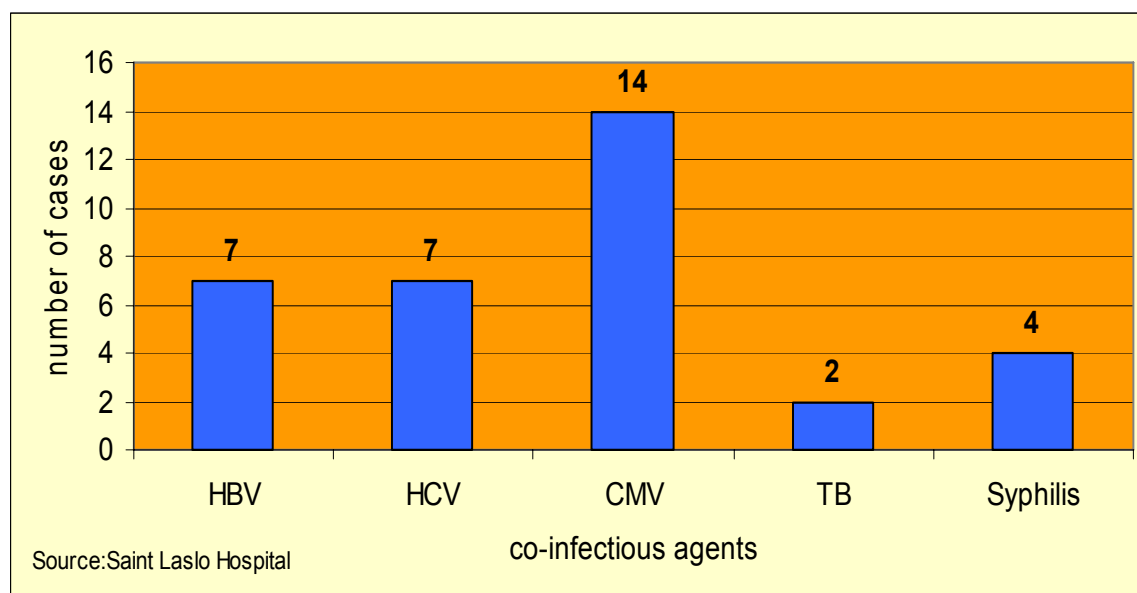
**Graph 4. Number of migrant and non-migrant HIV cases (1996-2006)**



**Graph 5. Migrant HIV cases by age and gender (1996-2006)**



**Graph 6. Number of verified co-infections among migrant HIV patients (1996-2006)**



**Graph 7. Migrant HIV cases by place of stay (1996-2006)**

