



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

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1 Executive summary

Disability inclusivity of disaster and recovery planning

There has not been any plan or strategy with an explicit focus on the rights of people with disabilities.

Impact of the virus on mortality among people with disabilities

There are no official statistics available about the mortality rate among people with disabilities.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

In the first wave of the COVID-19 pandemic, the Hungarian Government introduced distance learning at all levels of public education. The switch to digital education found the education system unprepared, as neither the devices nor the digital skills were in place to provide a sufficient learning level for students with special educational needs (SEN). Teachers often turned to offline solutions to manage the lack of digital devices or internet connectivity and distributed materials and homework on paper. Even where infrastructure was in place, digital teaching often involved materials and tasks being circulated via email. The most significant disadvantage for SEN students was the lack of live tutoring and group sessions. A group of professionals highlighted that the absence of movement skills development negatively affected SEN students' health (see Chapter 12 for more details).

There is no COVID-related development in relation to independent living and the measures were not particularly taken for COVID. Support for independent living continues to have very limited coverage, and is unevenly developed across regions, particularly in rural areas. Basic social services are not tailored to the specific individual requirements of the persons concerned. Persons with disabilities requiring high levels of support and persons with autism appear to face major barriers in access to appropriate support in the community, putting them at risk of institutionalisation. The shortage of personnel providing support and the insufficient public financing of basic social services are particularly worrying (see Chapter 9 for more details).

There has not been any initiative to reduce or prevent disability-related disadvantage in the field of work, including in policies on returning to the workplace. The biggest share of job losses was in the public sector, where disabled people are over-represented, but we do not yet have any estimates, based on either empirical or anecdotal evidence, as to the possible impact of their exposure to the employment loss consequences of COVID-19 (see Chapter 13 for more details).

Examples of good practice

The NyelvEsély (Language Opportunity) research group of the Research Centre for Multilingualism, which is part of the Research Institute for Linguistics, prepared coronavirus information for the Hungarian Ambulance Service in sign language in March 2020.¹

¹ See <http://mta-tkk.hu/2020/03/24/uj-tajekoztato-video-a-koronavirus-elleni-vedekezesrol-jelnyelven/>.

The Autism Association has asked, in a number of decision-making forums, for people with autism to be exempted from the obligation to wear a mask and maintain a protective distance. Accordingly, Government Decree No. 505/2020, on the exemption of people with autism from the obligation to wear a mask and maintain a protective distance, was issued on 17 November 2020.²

The Ministry of Human Resources issued an action plan to support people with disabilities and their families living in their homes during the COVID-19 pandemic. According to this action plan, each local authority should assess the number of people with disabilities living in its area who need or may need support during an emergency, such as the illness or self-isolation of a family member with caring responsibilities. In relation to the elderly, the responsibilities of the persons designated for this purpose have been supplemented by an information survey on persons with disabilities, which asks whether people with disabilities have the proper communication devices. Municipalities shall contact local advocacy groups and other organisations for people with disabilities for assessment and assistance. The aim is to encourage people with disabilities, their families and their organisations to make contact with local authorities.

After 28 March 2020, transport providers had to accept public service travel documents until the 15th day after the end of the emergency (18 June 2020) and had to refrain from extending expiring travel documents for disabled persons. As a positive measure, however, persons with disability were able to use their travel documents even if they had expired in this period.

Recommendations and opportunities for change

1. The pandemic made it clear that local authorities should have a greater role in providing local services for persons with disability. Therefore, the role of local authorities should be extended and clarified in this respect. At the same time, the necessary financial support should be provided to allow local authorities to provide these services.
2. The present system of social services lacks crisis allowances for persons with disabilities, which would help them to financially bridge periods without earnings from the labour market after the expiration of their unemployment benefit (for three months). This allowance could be provided either by the central administration or by local authorities; however, the financing of such measures should be arranged in either case. At the same time, persons with disability should be granted special access to public work programmes through specific schemes.
3. The material and human preconditions for the digital education of persons with disability should be guaranteed, and the provision of the necessary electronic devices and digital education could be financed by EU programmes.

² This decree came into force on 18 November 2020 and will remain in force throughout the period of the state of danger, depending on the applicable legislation (still in force at time of writing). See <http://www.kozlonyok.hu/nkonline/index.php?menuindex=200&pageindex=kozttart&ev=2020&szam=250>.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

There has not been any specific emergency measure relating to disaster management and recovery strategy with an explicit disability dimension. The only exception is Article 69(6), on passive public information, of Decree No. 62/2011 of the Ministry of the Interior on certain disaster protection rules. This provision prescribes that, persons with disabilities shall be assisted through the development and issuing of information leaflets suitable for their specific needs.³ Another example is Instruction No. 7/2012⁴ of the Ministry of the Interior (Directorate General for Disaster Management, Department of Defence Administration) on Organisational and Operational Regulations. According to Article 105(d) thereof, the Department of Defence Administration shall develop, plan and implement assistance for persons with disabilities for protection against crisis situations at a central level.

2.2 Involvement of people with disabilities in disaster management and recovery strategies

Following the declaration of the state of danger due to the coronavirus epidemic in March 2020, the National Council of Associations of Persons with Disabilities (FESZT) initiated immediate consultation and cooperation with the Government to provide assistance in response to the special needs of people with disabilities.⁵

The National Assembly of Associations for Persons with Disabilities (Mozgáskorlátozottak Egyesületeinek Országos Szövetsége)⁶ launched a COVID-19 crisis hotline⁷ to help persons with disabilities in need due to a lack of proper assistance. The crisis hotline provides social care and legal advice. The National Assembly of Associations for Persons with Disabilities encouraged persons with disabilities to use the hotline if basic care (e.g., to assist them with bathing, dressing or shopping, or delivering hot meals) was being denied to them, if they had been recently discharged from hospital, if they were unable to take care of themselves, or if they could not get access to the medical supplies they needed.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

On 26 March 2020, the Ministry of Human Resources issued an action plan⁸ to support people with disabilities and their families living in their homes during the COVID-19

³ The decree came into force on 1 January 2012 and is still in force. It may be consulted in Hungarian at: <https://net.jogtar.hu/jogszabaly?docid=a1100062.bm>.

⁴ This instruction came into force in 2012 and may be consulted at: <http://www.kozlonyok.hu/kozlonyok/Kozlonyok/12/PDF/2012/17.pdf>.

⁵ See <https://www.mvgyosz.hu/hirek-hu/koronavirus-intezkedesi-terv-a-fogyatekos-szemelyek-es-csaladjaik-tamogatasara/>.

⁶ See <http://www.meosz.hu/>.

⁷ The hotline may be contacted on +36-20-219-5577 every working day between 8 a.m. and 4 p.m.

⁸ Ministry of Human Resources (2020), *Intézkedési Terv a fogyatékos személyek és családjaik támogatására* (Action Plan to support people with disabilities and their families living in their homes), <http://www.feszt.eu/wp-content/uploads/2020/03/Otthonukban-%C3%A9l%C5%91-fogyat%C3%A9kos-szem%C3%A9lyek-int%C3%A9zke%C3%A9si-terv-2020.-03.-25..pdf>.

pandemic. According to this document, each municipality should assess the number of people with disabilities living in its area who need or may need support during an emergency, such as the illness or self-isolation of a family member with caring responsibilities. In relation to the elderly, the responsibilities of the persons designated for this purpose have been supplemented by an information survey on persons with disabilities. Therefore, the person appointed by the local authority to collect information on the elderly will now also deal with people with disability. The survey also asks whether people with disabilities have the proper communication devices. Municipalities are supposed to contact local advocacy groups and other organisations for people with disabilities for assessment and assistance, the aim being to encourage people with disabilities, their families and their organisations to make contact with local authorities. There is no available information or feedback on the results of these measures.

2.4 Use of disaster management and recovery planning funds

In appreciation of the work of employees in the healthcare sector, the Government ordered a one-off bonus of EUR 1 445 (HUF 500 000) to be paid by 1 July 2020. Employees of residential care homes are not entitled to the bonus, however, which is paid out of the country's central budget. The media reported that the municipality of Budapest gave a EUR 290 (HUF 100 000) bonus to those employees in residential care homes in Budapest who did the most during the state of danger. The Catholic Church provided extra benefits in kind for those working in residential care homes operated by the church. The Reformed Church is also considering awarding such employees. However, the church hopes that the Government will provide it with some extra resource beyond its regular support in order to finance this act of appreciation.⁹

⁹ See http://www.neak.gov.hu/data/cms1026700/MK_20_141.pdf.

3 Mortality connected to COVID-19 among people with disabilities

[Article 10 – The right to life](#)

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

There are no official statistics available concerning data on the mortality rate of people with disabilities during the period of the pandemic or for the same period in 2019 and 2018.

There are no official statistics available indicating whether the mortality rate of people with disabilities during the COVID-19 pandemic is proportionately higher, lower or the same as the mortality rate for the general population.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

There are no official or other statistics available concerning how many people with disabilities have died from complications connected to COVID-19 during the period of the pandemic.

There are no official or other statistics available on the total number of people who have died from complications connected to COVID-19 during the period of the pandemic, nor on what proportion of them were people with disabilities.

There are no official or other statistics or information available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19 (hospital, care or nursing home, private home/community, other).

There are no official or other statistics or information available concerning the place of residence of people with disabilities who have died with a confirmed diagnosis of COVID-19.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

There are no specific rules or guidelines using disability status, age or living arrangements as criteria for prioritising entitlement to healthcare.

The National Chief Medical Officer¹⁰ imposed a total ban on visits to all health and in-patient institutions from 8 September 2020. According to the decision of the National Centre for Public Health,¹¹ however, the National Chief Medical Officer has authorised all in-patient specialist healthcare providers to allow a visit by a designated person for end-stage patients, minor patients and pregnant women, while providing adequate protective equipment, despite the general ban on visits. For the sake of individual fairness (for reasons of equity, based on the discretion of the designated person), further exceptions are possible in justified cases. This measure has been in force from 8 September 2020 and will remain in place until it is withdrawn by the National Centre for Public Health. It is still in force at time of writing.¹²

There has not been any recent COVID-related law, policy or measure concerning access to healthcare that has explicitly included a disability or age dimension.¹³

No legal case has been brought to challenge the impact of any of these measures on people with disabilities.

4.2 Access to hospital treatment for COVID-19

There is no official or other data or information on the number of people with disabilities in hospitals and intensive care units. There is no data or information available on the gender, age or ethnicity of persons with disabilities or on their treatment.

4.3 Treatment for COVID-19 in congregate settings

There is no official or other data or information on the number of people with disabilities who were treated inside care or nursing homes and other congregate settings.

4.4 Public health promotion and testing during the pandemic

The press conferences of the Government emergency body (the Operational Group)¹⁴ have been made accessible to deaf and hearing-impaired persons, thanks to the provision of a sign language interpreter, since 6 March 2020.¹⁵

¹⁰ See the website of the National Public Health and Medical Officer Service, at: https://www.antsz.hu/en/about_us.

¹¹ National Centre for Public Health, https://www.nnk.gov.hu/attachments/article/799/HAT%C3%81ROZAT%20-%20I%20%C3%A1togat%C3%A1si%20tilalom%20elrendel%C3%A9se%2042935-1_E%C3%9CIG.pdf.

¹² See <https://koronavirus.gov.hu/aktualis>.

¹³ In the first months of COVID-19 the Government prescribed a shopping time for the elderly from 7 a.m. to 9 a.m., but the measure was later withdrawn.

¹⁴ See <http://abouthungary.hu/operational-group/>.

¹⁵ Information from the website of Equal Opportunities of Persons with Disabilities Non-profit Ltd. (FSZK) is available at: <https://fszk.hu/hir/akadalymentes-informaciok-a-koronavirusrol-fogyatekos-emberek-szamara/>.

Various advocacy organisations representing people with disabilities publish information from official websites¹⁶ on their own websites in a way that can be interpreted or understood by people with disabilities.¹⁷ These organisations are: the Hungarian Federation of the Blind and Partially Sighted,¹⁸ the Hungarian Deafblind Association,¹⁹ the Hungarian Association for Persons with Intellectual Disability,²⁰ the National Federation of Organisations of People with a Physical Disability,²¹ the National Federation of People with Autism,²² the National Association of Social Organisations and Foundations for Serving the Mentally Handicapped,²³ the National Association of the Deaf and Hard of Hearing²⁴ and Equal Opportunities of Persons with Disabilities Non-profit Ltd (FSZK).²⁵

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical and mental health conditions

There is no disability-related data about the impact of the COVID-19 crisis on access to health services, treatment and medication.

4.6 Vaccination programmes

The National Centre for Public Health published the Vaccination Plan on its website on 31 December 2020.²⁶ The Vaccination Plan sets out the order and priority of vaccination of designated groups of citizens:

- (a) The first group comprises healthcare workers.
- (b) In the second group are those who receive social care and those who work in that sector. In their case, vaccination should be organised in social institutions. According to the official website of the National Public Health Centre,²⁷ it is not recommended to use a registration system similar to that used for the rest of the population, and registration should not be required as a condition for vaccination on the official registration site (www.vakcinainfo.gov.hu), because this would only reduce the number of vaccines administered.
- (c) The third group is people over 60 years of age at higher risk as a consequence of their health conditions or illness.
- (d) The fourth group contains those who work in the public administration and the police.
- (e) The fifth group is people aged between 18 and 59 who are at higher risk as a consequence of their health conditions or illness.
- (f) The sixth group contains people working in 'critical infrastructure'.

¹⁶ See <https://koronavirus.gov.hu/>.

¹⁷ See <https://koronavirus.gov.hu/cikkek/egyuttmukodes-fogyatekkal-elok-erdekvedelmi-szervezeteivel>.

¹⁸ See <https://www.mvgyosz.hu/>.

¹⁹ See <http://siketvak.hu/>.

²⁰ See <https://efoesz.hu/>.

²¹ See <http://www.meosz.hu/>.

²² See <https://aosz.hu/>.

²³ See <https://eta-szov.hu/>.

²⁴ See <https://sinosz.hu/>.

²⁵ See <https://fszk.hu/>.

²⁶ The Vaccination Plan is available in Hungarian at: <https://www.nnk.gov.hu/index.php/koronavirus-tajekoztato/932-a-covid-19-vedooltasra-jelentkezési-hely-az-egeszsegugyi-es-egeszsegugyben-dolgozok-szamara>.

²⁷ See <https://www.nnk.gov.hu/index.php/koronavirus-tajekoztato/932-a-covid-19-vedooltasra-jelentkezési-hely-az-egeszsegugyi-es-egeszsegugyben-dolgozok-szamara>.

- (g) The seventh and final group contains all people not belonging to the above-mentioned groups.

The vaccination programme does not specifically mention people with disabilities, but it contains age and health conditions. Unfortunately, the Vaccination Plan does not contain a detailed description or explanation of 'higher risk as a consequence of their health conditions or illness'.

There is no official information on practice, so the author must rely on personal information and media reports. The present vaccination order seems to be quite chaotic, as different vaccines (such as the Russian and Chinese vaccines and those produced by Moderna, Pfizer and AstraZeneca) may be used for various age groups and health conditions. Therefore, it is often reported that young people without any illness are being vaccinated, while people over 80 with severe diseases are still waiting for the vaccine or are not even present on the list of potential vaccinees at medical practices.

5 Income and access to food and essential items

[Article 28 – Adequate standard of living and social protection](#)

5.1 Emergency measures

There have not been any measures relating to an adequate standard of living and social protection. On 26 March 2020, the Ministry of Human Resources issued an action plan to support people with disabilities and their families living in their homes during the new coronavirus epidemic.²⁸ This action plan includes only general guidelines, without additional financial or human resources for the implementing municipalities. According to this document, it is especially important to provide goods and services that meet the basic needs of people with disabilities, providing them with adequate food and catering, and organising their shopping.

Benefits for disabled persons and persons with reduced working capacity cannot be reviewed during the period of emergency, nor can a document be requested by the authorities during this period. Therefore, these benefits cannot be discontinued until the last day of the second month following the end of the emergency. If an application for benefits or a decision requires an additional document or an investigation to be carried out, the competent authority will ask the client to supply the required or missing document. This rectification will have to be completed within 15 days of the end of the emergency.²⁹

5.2 Impact of the COVID-19 crisis

At the time of writing this report, there are some specific active measures at municipality level providing food and food delivery for people with disabilities and older people. For instance, in two medium-sized western-Hungarian towns of Dunaújváros and Tatabánya,³⁰ the municipalities provide hot food once a day to residents with disabilities, on request and for a fee.³¹ According to the Hungarian Civil Liberties Union, if they are not given adequate financial support, local authorities will not be able to help in general. Since local authorities do not receive any financial help from the Government for this purpose (or any other), only those local authorities that can afford it from their budget and that deem it important are able to provide such services. These tasks (home help, basic social care, basic healthcare, family care, etc.) could not be performed by the municipalities even in the pre-epidemic period, as their funding was not secured, so the generally underfunded local authorities mostly cannot provide such

²⁸ Ministry of Human Resources (2020), <http://www.feszt.eu/wp-content/uploads/2020/03/Otthonukban-%C3%A9l%C5%91-fogyat%C3%A9kos-szem%C3%A9lyek-int%C3%A9zked%C3%A9si-terv-2020.-03.-25..pdf>.

²⁹ Government Decree No. 88/2020. (IV. 5.) on measures to be taken in the emergency in connection with certain social and child protection benefits and on the operating rules of social services ordered in the event of an emergency, <http://www.kozlonyok.hu/nkonline/index.php?%20menuindex=200&pageindex=kozltart&ev=2020&szam=65>.

³⁰ See <https://magyarnemzet.hu/belfold/a-fogyatekossaggal-eloket-is-segitik-az-onkormanyzatok-7965788/>.

³¹ See https://dunaujvaros.com/hirek/202004/a_fogyatekkal_elokrol_is_gondoskodik_az_onkormanyzat?page=11&qt-programok=0&qt-tophirek=2.

services during the pandemic.³² By way of background, the Government reduced the income of local authorities in many ways and has been undermining their financial capacities since March 2020. Since that date, funding for local authorities has been decreasing, rather than increasing (to deal with the impact of the pandemic), and the reasons for this are of a political nature.

³² Hungarian Civil Liberties Union, 5 May 2020, 'Önkormányzatok a veszélyhelyzet idején' (Municipalities during the [COVID-19] Emergency), <https://tasz.hu/cikkek/onkormanyzatok-a-veszelyhelyzet-idejen>.

6 Access to transportation and public spaces

Article 9 – Accessibility

6.1 Emergency measures

A daily timeframe for shoppers over the age of 65 was introduced in November 2020, with the aim of protecting the elderly from the coronavirus epidemic. On weekdays, only people over the age of 65 could enter shops between 9 and 11 a.m., and from 8 to 10 a.m. at weekends. Elderly people could still go shopping at any time, however, despite having designated time slots just for them.³³ At the suggestion of trade organisations and the Council for the Elderly, the Government suspended this shopping timeframe for seniors from 12 December, helping to avoid crowds during the Christmas shopping period. It is worth noting that this measure has not been introduced again.

There are no further special restrictions for people with disabilities or elderly people related to transportation or public spaces, as they must follow the general rules. This means that public transport and access to public spaces were possible during the pandemic, and there were no restrictions at all except the obligation to wear a mask.

6.2 Impact of the COVID-19 crisis

From 28 March 2020, during the first wave of the pandemic, transport providers had to accept public service travel documents until the 15th day after the end of the emergency (the state of danger) and had to refrain from extending expiring travel documents for disabled persons. The end of the state of danger for the first wave was on 18 June 2020.³⁴ Intercity bus transport was free of charge for the blind and partially sighted until the accessible ticketing application became available in March 2020.³⁵ In other words, this was a temporary exemption until the free accessible ticketing application was completed. No information is available, however, on the how the accessible ticketing application works in practice.

There is no further data available in relation to the accessibility of transportation and public spaces.

³³ See <https://kormany.hu/hirek/vedett-vasarlasidosav-az-idoseknek> (Government website).

³⁴ Official COVID-19 information, <https://koronavirus.gov.hu/cikkek/megszunt-veszelyhelyzet-de-életbe-lepett-jarvanyugyi-keszultseg>; Act 57/2020 on the Elimination of Emergencies, <https://magyarkozlony.hu/dokumentumok/b18d1fb3c742aa2bd183b15a32fe4425e603f2c2/megtetkintes>.

³⁵ News on the official COVID-19 website is available at: <https://koronavirus.gov.hu/cikkek/schanda-ingeny-utazhatnak-az-egeszsegugyi-dolgozok-helykozi-kozossegi-kozlekedesben>.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

Government Decree No. 520/2020,³⁶ amending Government Decree No. 484/2020³⁷ on the obligation to wear a mask, exempted people with autism and intellectual or psychosocial disabilities from the obligation to wear a mask. This amendment has been in force since 26 November 2020.

Regarding curfews and visiting bans in general, it should be borne in mind that closed institutions can be focal points for the epidemic, and the risk of the virus spreading is particularly high in residential institutions. Residents with health problems constitute a high-risk group.³⁸

The National Centre for Public Health has determined that residents are not deemed to have left their institution by going out into its garden or yard. It also considers that attending work or a medical examination is a justified reason for leaving the institution. For the purpose of daily leisure activities organised by the institution, residents may leave the institution for other reasons with the permission of its head, especially if the situation is judged to be reasonable.³⁹ There is no information on the implementation of this measure in practice.

7.2 Impact of the COVID-19 crisis

More than 22 000 people with disabilities and psychiatric illnesses living in social institutions are cared for by thousands of nursing, caring and other support staff on a daily basis. Nurses and care givers working in institutions⁴⁰ have complained that the rules laid down to control the epidemic are difficult to enforce in homes. The epidemic spread because quarantine rooms had to be set up everywhere, while in most institutions too many people were already living in overcrowded conditions. In many places, quarantine rooms could only be set up by crowding out other residents, increasing the risk of the epidemic spreading.⁴¹

³⁶ Government Decree No. 520/2020. (XI. 25.) on the second phase of protection measures to be applied in the event of an emergency, amending Government Decree No. 484/2020. (XI. 10.).

³⁷ This decree came into force on 11 November 2020.

³⁸ [Hungarian Civil Liberties Union, https://tasz.hu/cikkek/a-jarvany-miatt-sem-zarhatjak-el-teljesen-szeretteiktol-a-szocialis-intezetek-lakoit](https://tasz.hu/cikkek/a-jarvany-miatt-sem-zarhatjak-el-teljesen-szeretteiktol-a-szocialis-intezetek-lakoit).

³⁹ [Hungarian Civil Liberties Union, https://tasz.hu/cikkek/a-jarvany-miatt-sem-zarhatjak-el-teljesen-szeretteiktol-a-szocialis-intezetek-lakoit](https://tasz.hu/cikkek/a-jarvany-miatt-sem-zarhatjak-el-teljesen-szeretteiktol-a-szocialis-intezetek-lakoit).

⁴⁰ See <https://www.direkt36.hu/en/van-par-tizezer-magyar-a-jarvany-frontvonaban-akikre-nem-szivesen-gondol-senki/>.

⁴¹ Direkt36 is a non-profit investigative journalism centre. See <https://www.direkt36.hu/van-par-tizezer-magyar-a-jarvany-frontvonaban-akikre-nem-szivesen-gondol-senki/>.

As a general rule, it has not been possible to leave a closed institution from 8 September 2020,⁴² under the general curfew. However, residents may leave their institutions in the following three circumstances:

- (a) in justified cases (e.g., for work, or to undergo a necessary medical examination);
- (b) in a reasonable situation with the special permission of the head of the institution;
- (c) for daily leisure activities organised by an institution providing services for mentally handicapped persons, psychiatric care or addiction services.

The head of the institution may allow an absence in the above-mentioned cases within 72 hours if, upon their return, the resident can be separated from the others for 10 days. If the resident wishes to stay away from a residential social institution for more than 3 days, they must be able to present two negative coronavirus tests on return, taken at least 2 days apart and within 10 days.⁴³ If a resident works outside of the institution where they stay, they will have to go into a 10-day quarantine each time they go to work.

There has been a general ban on visiting residential institutions since 8 September 2020.⁴⁴ An exemption from the visiting ban may only be provided if someone wishes to visit a relative in the final stage of a terminal illness. In accordance with a decision of the National Centre for Public Health dated 18 December 2020, the ban on leaving institutions is not applicable to night shelters and temporary accommodation for the homeless.⁴⁵

Under the central guidelines for contact dated 8 December 2020, the institution must provide a variety of means of contact for residents, including personal contacts, under the following conditions. During a personal visit to the institution, visitors must wear a mask, have their temperature measured, keep a distance of 1.5 metres and disinfect their hands. In addition, visitors must make a statement before each visit that they are familiar with the symptoms of coronavirus infection (fever, cough and shortness of breath), that they have no such symptoms and that they have not been in contact with a person confirmed as having coronavirus in the past two weeks. The head of the institution can prescribe the conditions of personal contact in several ways, depending on the institutional conditions. He/she can designate a visitor point in the visitor room, designed to provide individual face-to-face contact inside the building, or in a tent or other visitor space outside the institution building, as long as it can be heated. An online and telephone booking interface must be provided, so that the visitor can book an appointment, on the basis of which the institution will ensure that the resident appears at the visitor point at the booked time. A maximum of 30 minutes should be allowed for a visit (except when people are in their final stage of life), and the room should be

⁴² From 7 September 2020, Hungary ordered a ban on leaving and visiting all social institutions providing specialised care, in accordance with a decree issued by the National Chief Medical Officer. See <https://2015-2019.kormany.hu/en/ministry-of-human-resources/news/ban-on-leaving-and-visiting-social-institutions>.

⁴³ Hungarian Civil Liberties Union, <https://tasz.hu/koronavirus-fogyatekossaggal-elok-intezmenyek>.

⁴⁴ See <https://2015-2019.kormany.hu/en/ministry-of-human-resources/news/ban-on-leaving-and-visiting-social-institutions>.

⁴⁵ The decision of the National Centre for Public Health may be consulted via the Social Sector Portal at: http://szocialisportal.hu/documents/10181/273632/42935-3_2020_EUIG_.pdf/835e9703-484e-4108-965c-f12ab3bd45e2.

ventilated and disinfected beforehand. A glass panel or room divider can be used to separate the visitor from the occupant.⁴⁶

⁴⁶ The proposals for contacts with people living in specialised social institutions, produced on 1 December 2020 by the National Centre for Public Health, may be consulted via the Social Sector Portal at:
http://szocialisportal.hu/documents/10181/273632/Kapcsolattartasra_vonatkoz_+javaslatok_20201209.pdf/62a721d3-f21e-1886-f535-018a840dec7f.

8 Violence, exploitation or abuse

[Article 16 – Freedom from violence, exploitation and abuse](#)

8.1 Emergency measures

There are no emergency laws, policies or measures on violence, exploitation or abuse with an explicit disability or old-age dimension.

8.2 Impact of the COVID-19 crisis

People with disabilities are at a higher risk of violence when they are isolated. The rate of gender-based, sexual and domestic violence among women and girls with disabilities is higher. Women and girls with disabilities are at greater risk of experiencing violence than other women, and violence affects women with disabilities more than men with disabilities. Although specific information is currently not available on disability and gender-based violence in the context of COVID-19, experience shows that people with disabilities are already at a heightened risk of violence.⁴⁷

⁴⁷ UN Human Rights newsletter, 29 April 2020, available on the website of Hungarian Association for Persons with Intellectual Disability at: http://efoesz.hu/wp-content/uploads/2020/05/COVID-19_and_The_Rights_of_Persons_with_Disabilities-MAGYAR_V%C3%89GLEGES.pdf.

9 Independent living

Article 19 – Living independently and being included in the community

9.1 Emergency measures

The UN Committee on the Rights of Persons with Disabilities stated in its April 2020 report that, in general, the right of people with disabilities to live independently is being violated in Hungary.⁴⁸ According to this report:

‘Persons with disabilities, particularly persons with intellectual or psychosocial disabilities, continue to face barriers in the exercise of their freedom of choice, autonomy and self-determination. Because of prevalent disability stereotypes, they continue to be perceived as being “unfit” to live independently and to be included in the community. Medical and paternalistic models of disability prevail, legitimizing institutionalization for supposed medical, developmental, therapeutic and rehabilitation purposes.’⁴⁹

The report also notes:

‘Support for independent living continues to have very limited coverage, and is unevenly developed across regions, particularly in rural areas. Basic social services are not tailored to the specific individual requirements of persons concerned. Persons with disabilities requiring high levels of support and persons with autism appear to face major barriers in access to appropriate support in the community, putting them at risk of institutionalization. The shortage of personnel providing support and the insufficient public financing of basic social services are particularly worrying.’⁵⁰

The Committee observed a lack of privacy in social institutions:

‘Because of the use of open toilets, shared bedrooms, shared blankets, and continuous surveillance. Overmedication and violations of sexual and reproductive health and rights, including non-consensual sterilization, were also observed. Institutions do not provide persons with disabilities with individualized support or human development support for independent living.’⁵¹

The Committee found that:

‘Public policies on education, health, employment and housing do not consistently and effectively promote independent living and inclusion in the community for persons with disabilities’.⁵²

⁴⁸ UN Committee on the Rights of Persons with Disabilities (2020), ‘Inquiry concerning Hungary under article 6 of the Optional Protocol to the Convention’ (CRPD/C/HUN/IR/1), https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD%2fC%2fHUN%2fIR%2f1&Lang=en.

⁴⁹ CRPD/C/HUN/IR/1, Para. 38.

⁵⁰ CRPD/C/HUN/IR/1, Para. 47.

⁵¹ CRPD/C/HUN/IR/1, Para. 59.

⁵² CRPD/C/HUN/IR/1, Para.101.

9.2 Impact of the COVID-19 crisis

As stated above, access to independent living is very limited. There is no data available on whether anything changed during the pandemic in this regard.

On 26 March 2020, the Ministry of Human Resources issued an action plan⁵³ to support people with disabilities and their families living in their homes during the COVID-19 pandemic. According to this action plan, each municipality should assess the number of people with disabilities living in its area who need or may need support during an emergency, for example when a family member with caring responsibilities falls ill or is required to self-isolate. In relation to the elderly, the responsibilities of the persons designated for this purpose have been supplemented by an information survey on persons with disabilities. At the time of writing this report, there is no information about the implementation of the action plan.

The survey asks whether people with disabilities have the proper communication devices, and municipalities contact local advocacy groups and other organisations for people with disabilities for assessment and assistance. The aim is to encourage people with disabilities, their families and their organisations to make contact with local authorities. The objective of the action plan is to ensure that people with disabilities living in their homes are not left without support, even if the person providing care becomes seriously ill, while significantly limiting the number of personal contacts in order to reduce the risk of infection.

For local authorities, the action plan introduced an obligation to assess the number of disabled people living in their area who needed support in an emergency or who faced a situation where a family member providing care might need help during a period of illness or self-isolation. Municipalities, local disability interest groups and other organisations carry out the survey, as well as providing certain forms of assistance. The action plan details the channels through which the local body should provide information to people with disabilities and their families, encouraging people to seek contact with local authorities. The general goal is to ensure access to goods and services that meet the basic needs of people with disabilities, in particular food, medicine, a clean, tidy environment, clothing, shopping and hygiene.

In order to meet these challenges, the action plan calls for employees of temporarily closed state and local government institutions, as well as public employees filling essential positions, to get involved in the implementation of tasks involving disabled persons, in compliance with the labour laws. Volunteers are also being recruited to perform these tasks. At the time of writing this report, there is no information available about the implementation of the action plan.

Surprisingly, the action plan does not specify the amount of additional resources being provided to local authorities, nor does it allocate a separate budget for each task.⁵⁴ The action plan seems to be just a document, without any real implementation or effect. It

⁵³ Ministry of Human Resources (2020), <http://www.feszt.eu/wp-content/uploads/2020/03/Otthonukban-%C3%A9l%C5%91-fogyat%C3%A9kos-szem%C3%A9lyek-int%C3%A9zked%C3%A9si-terv-2020.-03.-25..pdf>.

⁵⁴ The NGO Atlatszo is a watchdog and online newspaper for investigative journalism, promoting transparency, accountability and freedom of information in Hungary. See <https://szocio.atlatszo.hu/2020/05/09/intezkedesi-terv-forras-nelkul-kapnak-e-tamogatast-a-fogyatekossaggal-elok-jarvany-idejen/>.

puts a great deal of responsibility onto local authorities without providing any resources, so it is not really being applied in practice.

There is no COVID-related development in relation to independent living and the above measures were not particularly taken for COVID.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

Government Decree No. 88/2020 on the operating rules for social services during the emergency was in force from 6 April to 18 June 2020. According to Article 11, reviews of benefits related to the state of health or disability of persons could not be carried out, documents could not be requested for review, and the benefit, discount or exemption could not be terminated until the last day of the second month following the expiry of the Government decree.⁵⁵ On this basis, it has not been possible to review the benefits established in view of the changed health status of the coronavirus emergency situation. The rules applied to invalidity benefits, widows' pensions due to incapacity for work, orphans' benefits, accident benefits, disability benefits and miners' health benefits.⁵⁶ The aim was to ensure that people did not lose their benefits during the pandemic.

10.2 Impact of COVID-19 and/or emergency measures adopted

Government Decree No. 88/2020 extended the expiration date for rehabilitation. If the rehabilitation benefit was due to expire during the emergency, it will instead expire on the last day of the second month following the end of the emergency.⁵⁷ At the time of writing of this report, there is no information on whether people have been able to access rehabilitation services during the pandemic.

⁵⁵ Government Decree 88/2020 (IV. 5.) entered into force on 6 April 2020. See <http://www.kozlonyok.hu/nkonline/MKPDF/hiteles/mk20065.pdf>.

⁵⁶ National Federation of Organisations of People with a Physical Disability (2020), press release, <http://www.meosz.hu/blog/a-meosz-fellepese-nyoman-szunetel-az-egszsegugyi-allapottol-fuggo-ellatasok-felulvizsgalata-a-veszelyhelyzet-alatt/>.

⁵⁷ See <http://www.kozlonyok.hu/nkonline/index.php?menuindex=200&pageindex=kozltart&ev=2020&szam=65>.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

According to the European Union Agency for Fundamental Rights (FRA):

‘The extraordinary suspension of judicial proceedings that was ordered on 15 March 2020 ended on 31 March. According to Government Decree 74/2020 on certain procedural measures, courts operate during the state of danger; however, the measures to protect the health of court staff and clients in the current epidemiological situation must continue to be complied with. As a general rule, clients are not allowed to enter the court building and personal client reception is also suspended at the administrative offices of the courts. The court shall, as far as possible, conduct the proceedings in all cases by means of an electronic communications network or other means capable of transmitting electronic images and sound. Court procedures can still be initiated, electronic submissions and paper submissions if sent by postal mail are possible in all types of cases. Customer gateway, company gateway or office gate registration is, however, required to initiate a procedure by electronic submissions. In criminal proceedings, however, any form of electronic communication is available, including email communication, for the participants of the proceeding. The central website of the Hungarian Judiciary reports on the successful implementation of electronic hearings in April thanks to the Via Video system. The communication of the Court states that the number of electronic hearings increased by 60 % compared to the average monthly use during the first two months of 2020. The communication adds that the national electronic hearing system was completed by the end of 2019; therefore, in all court buildings in Hungary, there is at least one hearing room equipped with a technology capable of conducting distance hearings.’⁵⁸

The FRA has also reported:

‘No new rules have entered into force to lift the restrictions on the operation of courts in May (2020 – added by the author), therefore, clients are still not allowed to enter the court building and personal client reception is also suspended at the administrative offices of the courts. The court shall, as far as possible, conduct the proceedings in all cases by means of an electronic communications’ network or other means capable of transmitting electronic images and sound. An online video was made available on the central website of the court system to educate clients on the use of electronic communication channels in court proceedings in May. There have been no reports on a backlog in court cases or measures to address them, if any, in May. However, a new Government Decree, amending the Government Decree No. 74/2020 and outlining changes to the pandemic-related procedural rules with an entry into force of 1 June 2020, was promulgated on 25 May 2020, and the courts also published information materials on these amendments on their website on 29 May 2020. The new rules detail the rules of online hearings and provide for measures to decrease the presence of the parties in the court buildings.’⁵⁹

⁵⁸ European Union Agency for Fundamental Rights (FRA) (April 2020), ‘Bulletin #1: Coronavirus pandemic in the EU – Fundamental Rights implications’, pp. 11-12, <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-april-1#TabPubStudies>.

⁵⁹ FRA (June 2020), ‘Bulletin #3: Coronavirus pandemic in the EU – Fundamental Rights implications: with a focus on older people’, pp. 12-13, <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-june-1#TabPubStudies>.

As of 18 June 2020, the Act on Transitional Rules⁶⁰ provided for important derogations from the normal rules established to govern court proceedings.⁶¹ People with disabilities are not mentioned in this Government decree.

11.2 Impact of COVID-19 crisis

There is no information or evidence about the impact of the COVID-19 crisis on access to justice for people with disabilities.

⁶⁰ Act 58 of 2020, available in Hungarian at: <https://net.jogtar.hu/jogszabaly?docid=a2000058.tv>.

⁶¹ FRA (July 2020), 'Bulletin #4: Coronavirus pandemic in the EU – Fundamental Rights implications', <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-july-1#TabPubStudies>.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

In the first wave of the COVID-19 pandemic, distance learning was the baseline for all public schools. Universities closed down on 12 March 2020, and primary and secondary schools followed suit four days later. Local authorities were allowed to choose whether to close down nurseries and kindergartens; most of them did so on 16 March.⁶² Distance learning remained in place in public schools until the end of the school year. Nurseries and kindergartens outside Budapest reopened at the end of May, and those located in Budapest reopened on 2 June.⁶³

In September 2020, the school year started out as in any other year. As the virus spread rapidly, however, secondary schools and universities switched to digital education from 9 November,⁶⁴ but all education levels for younger age groups remained in normal operation throughout the semester up to the time of writing (end of January 2021).

At the end of March 2020, the Ministry of Human Resources issued an action plan⁶⁵ containing a list of measures that aimed to support disabled people and their families. One of the measures was to provide disabled people and their families with free wi-fi. The action plan assigned the Ministry of Innovation and Technology, the Ministry of Human Resources and local authorities with responsibility for carrying out the task. As local authorities did not receive any extra budget for these tasks, however, free wi-fi remained an unfulfilled promise in most cases.⁶⁶

Free internet became a reality in another context, in the second wave of the pandemic. In November 2020, Viktor Orbán announced⁶⁷ that 30 days of free internet would be made available for all secondary school students and teachers who were participating in digital education at that time.

12.2 Impact of the COVID-19 crisis

One of the ways in which COVID-19 affected SEN students was through the shortage of digital devices. The provision of free internet, mentioned above, benefited secondary school SEN students, but only those who already had an internet subscription.

⁶² FRA (April 2020), <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-april-1#TabPubStudies>.

⁶³ FRA (June 2020), <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-june-1#TabPubStudies>.

⁶⁴ 'Decisions' (Facebook video by Viktor Orbán, 2020), <https://koronavirus.gov.hu/cikkek/orban-viktor-bejelentes-Varhato-legujabb-vedelmi-intezkedesekrol>.

⁶⁵ Ministry of Human Resources (2020), <http://www.fesztz.eu/wp-content/uploads/2020/03/Otthonukban-%C3%A9l%C5%91-fogyat%C3%A9kos-szem%C3%A9lyek-int%C3%A9zkez%C3%A9si-terv-2020.-03.-25..pdf>.

⁶⁶ Vitrai, B. (2020), 'Action plan without a budget: do disabled people get support in the pandemic?', <https://szocio.atlatszo.hu/2020/05/09/intezkedesi-terv-forras-nelkul-kapnak-e-tamogatast-a-fogyatekossal-elok-jarvany-idejen/?fbclid=IwAR3lf2QFIk7yphBXsK7MOJFVTd8YRMhfV9eagyUUCV7Z-HAYJJaUVhU0w>.

⁶⁷ 'Covid 2/4. Free internet!' (Facebook video by Viktor Orbán, 2020), <https://www.facebook.com/watch/?v=487229612209434>.

Families of SEN children tend to be poorer than others,⁶⁸ so an analysis of how disadvantaged students coped with digital education can shed light on the situation of many SEN students. Sufficient infrastructure was not in place: according to the results of a study⁶⁹ based on a national database from 2017, one fifth of Hungarian households could not participate in digital education due to the lack of infrastructure.

The situation for disadvantaged students throughout the first wave of the COVID-19 pandemic turned out to be even worse. According to non-representative research⁷⁰ based on the answers of 425 teaching staff published in April 2020, nearly a third of disadvantaged or Roma students could not participate in digital education. The main reason for dropping out was the scarcity of digital devices and digital skills (among both students and teachers). In many cases, the teachers who were surveyed printed out materials and tasks, delivered them to disadvantaged students' homes and gave them back their corrected homework at the same time. This method was widespread in underprivileged areas, and the President of the Democratic Union of Teachers (Pedagógusok Demokratikus Szakszervezete)⁷¹ reported the same practice.⁷²

Even in cases where digital devices were provided, distance learning caused great difficulties for SEN students and their families. According to a non-representative survey⁷³ by the Step by Step! Association among 770 parents of SEN children, 8.2 % of the students did not have an opportunity to participate in distance learning, and 15.1 % of them had only one school day per week. 59 % of the respondents rated their experience as 3 or lower on a scale of 1 to 5. The parents viewed the lack of group work or any other opportunity to socialise with peers as one of the biggest problems. During this period, 73 % of students only got educational material and homework via email, and only 13 % of them could participate in video-based lessons or training sessions.

The Step by Step! Association summarised the pandemic's most essential takeaways in an open letter⁷⁴ to the State Secretary for Public Education. In the judgment of the association, the lack of development of motor skills was one of the biggest problems, which adversely affected the health condition of many SEN students during the first wave of the pandemic. The association also mentioned the lack of digital contact lessons or group sessions as a significant shortcoming, pointing out that distributing materials and tasks for individual learning via email had placed too much of a burden

⁶⁸ Central Statistical Office (2015), '2011 Census: Disabled people', https://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_11_2011.pdf.

⁶⁹ Hermann, Z. (2020), 'How many students cannot join digital education?', <https://www.mtaki.hu/koronavirus/hany-diakhoz-nem-jut-el-az-online-tavoktatas/12769/>.

⁷⁰ Rosa Parks Association, Partners Hungary Association and Motiváció Műhely (2020), 'Online research on digital education', <https://partnershungary.hu/wp-content/uploads/2020/04/Szegrega%CC%81cio%CC%81-e%CC%81s-digita%CC%81lis-oktata%CC%81s-a-koronavi%CC%81rus-ideje%CC%81n.pdf>.

⁷¹ See <http://www.pdsz.hu/>.

⁷² FRA (May 2020) 'Bulletin #2: Coronavirus pandemic in the EU – Fundamental Rights Implications: With a focus on contact-tracing apps', <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-may-1#TabPubStudies>.

⁷³ Step by Step! Association (2020), 'Survey on SEN students' situation in digital education', https://lepiunkhogylephessenek.hu/2020/06/kerdoivunk-a-sajatos-nevelesi-igenyu-tanulok-helyzeterol-a-tavoktatasban/?fbclid=IwAR1Q5zYis9z291dU7d8v9OJbtodMq_F-shUSUexWKze8mj7methe%20accessibility%20of%20digitalsbrnxRBglKY.

⁷⁴ Step by Step! Association (2020), 'Open letter on SEN students' education to Zoltán Maruzsa, state secretary for public education', <https://lepiunkhogylephessenek.hu/nyilt-level-az-sni-tanulok-oktatasarol/>.

on students and their parents. These SEN students attended both mainstream and special schools, and the approach was the same in both.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

There have not been any emergency measures related to work and employment with an explicit disability or old-age dimension.

13.2 Impact of the COVID-19 crisis

The booming labour market was disrupted by the COVID-19 pandemic in March 2020. As an outcome of pandemic-related protective measures, several economic activities were suspended or came to a partial or full halt. In the middle of 2020, 103 000 fewer people were in employment than a year before. The employment rate of people aged between 20 and 64 fell by 1.1 percentage points to 74.0 %.⁷⁵ The unemployment rate increased to 4.6 %, and the average number of people in the unemployment pool was 240 000. Public Employment Services (PES) data shows similar trends; the number of registered jobseekers was 376 000 in June 2020, 50 % more than a year before.⁷⁶

There are no available statistics on labour market activity or on the employment and unemployment rates of persons with disabilities in 2020.⁷⁷ However, it is likely that they have been similarly hit since the crisis tends to affect those in weak labour market positions first. For example, the biggest share of job losses was among public sector workers, where disabled people are over-represented, but we do not yet have any estimates, whether based on empirical or anecdotal evidence, as to the possible impact of their exposure to the drop in employment resulting from COVID-19. Therefore, it would be essential to generate new data on the specific situation of persons with disabilities.

There has not been any initiative to reduce or prevent disability-related disadvantage in the field of work, including in policies on returning to the workplace.⁷⁸

⁷⁵ Hungarian Central Statistical Office (29 July 2020), First Releases: Employment, <https://www.ksh.hu/gyorstajekoztatok#/en/document/fog2006>.

⁷⁶ See <https://nfsz.munka.hu/tart/munkaeropiac>.

⁷⁷ Hungarian Central Statistical Office: see <https://www.ksh.hu/foglalkoztatottsag>.

⁷⁸ FRA (July 2020), p. 11, <https://fra.europa.eu/en/publication/2020/covid19-rights-impact-july-1#TabPubStudies>.

14 Good practices and recommendations

14.1 Examples of good practice

The NyelvEsély (Language Opportunity) research group of the Research Centre for Multilingualism, which is part of the Research Institute for Linguistics, prepared coronavirus information for the Hungarian Ambulance Service in sign language in March 2020.⁷⁹

The Autism Association has asked, in a number of decision-making forums, for people with autism to be exempted from the obligation to wear a mask and maintain a protective distance. Accordingly, Government Decree No. 505/2020, on the exemption of people with autism from the obligation to wear a mask and maintain a protective distance, was published on 17 November 2020.⁸⁰ The extension of the relevant Government decree, No. 484/2020, exempted people with autism and those with intellectual or psychosocial disabilities from the obligation to wear a mask from 26 November 2020. Before 26 November, only people with autism did not have to wear a mask;⁸¹ since 26 November 2020, it has not been mandatory for people with intellectual or psychosocial disabilities either.⁸² Persons with autism spectrum disorders can prove their condition with a membership card issued by a national disability advocacy organisation, a document certifying the existence of a disability exempting the person from the rules on mask wearing, or a medical certificate.

14.2 Recommendations

No relevant recommendations have been made for disability-related reforms in light of the COVID-19 crisis.⁸³ In an exception, however, in response to a proposal by the

⁷⁹ See <http://mta-tkk.hu/2020/03/24/uj-tajekoztato-video-a-koronavirus-elleni-vedekezesrol-jelnyelven/>.

⁸⁰ See <http://www.kozlonyok.hu/nkonline/index.php?menuindex=200&pageindex=kozltart&ev=2020&szam=250>.

⁸¹ An exemption for persons with autism is provided for in Government Decree No. 510/2020. (XI. 19.). See <http://www.kozlonyok.hu/nkonline/index.php?menuindex=200&pageindex=kozltart&ev=2020&szam=252>.

⁸² Government Decree No. 520/2020. (XI. 25.) on the second phase of protection measures to be applied in the event of an emergency, amending Government Decree No. 484/2020. (XI. 10.) on mask wearing, <https://net.jogtar.hu/jogszabaly?docid=A2000520.KOR&dbnum=1>.

⁸³ This report is based on materials available from organisations representing people with disabilities, legal aid services, the ombudsman and the Government. Although a number of measures have been taken in relation to the virus, no steps have been taken specifically to make life easier for people with disabilities beyond the good practices mentioned above. Most information is available from the following organisations:

- The Equal Opportunities of Persons with Disabilities Non-profit Ltd. (FSZK) was established by the Hungarian State with the aim of promoting equal rights, social integration and the complex rehabilitation of persons with disabilities; information for people with disabilities relating to COVID-19 is available at:

- <https://fszk.hu/hir/akadalymentes-informaciok-a-koronavirusrol-fogyatekos-emberek-szamara/>;

- The Office of the Commissioner for Fundamental Rights has not published any disability-related documents in the past year; see <http://www.ajbh.hu/>;

- SINOSZ, an organisation formed by deaf and hard-of-hearing persons, has served both communities for over 100 years through direct assistance programmes and advocacy; an information site for deaf and hard-of-hearing persons may be accessed at:

- <https://sinosz.hu/koronavirus-veszhelyzet-fontos-tudnivalok/>;

National Federation of Organisations of People with a Physical Disability (MEOSZ), the Government passed Government Decree No. 88/2020 on the rules for social benefits during the emergency period. According to this decree, the benefits established because of the changed health status of the coronavirus emergency situation may not be reviewed. The rules apply to invalidity benefits, widows' pensions due to incapacity for work, orphans' benefits, accident benefits, disability benefits and miners' health benefits. Rehabilitation benefits that are due to expire during the emergency period shall not be terminated on the date specified in the decision, but on the last day of the second month following the expiry of the Government decree announcing the emergency.⁸⁴

14.3 Other relevant evidence

There is no further relevant evidence relating to the impact of the COVID-19 crisis on people with disabilities.

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- The Hungarian Federation of the Blind and Partially Sighted (MVGYOSZ) acts as an umbrella organisation of over 22 member associations, representing more than 80 000 visually impaired persons living in Hungary; its website is at <https://www.mvgyosz.hu/>;
 - The National Association of Autistic People (AOSZ), <https://aosz.hu/koronavirus/>;
 - The National Federation of Organisations of People with a Physical Disability (MEOSZ) is the largest organisation representing people with physical disabilities in Hungary; COVID-19 information is available at: <http://www.meosz.hu/koronavirus/>;
 - The Hungarian Association for Persons with Intellectual Disability (ÉFOÉSZ) was established 30 years ago as an umbrella body for organisations concerned with the care and rehabilitation of people with intellectual disability in Hungary; COVID-19 information is available at: <http://efoesz.hu/koronavirus-hirek/>;
 - The National Council of Associations of Persons with Disabilities (FESZT) is a non-profit NGO established in Budapest in 2004, prior to Hungary's accession to the European Union; its COVID action plan is available at: <http://www.feszt.eu/wp-content/uploads/2020/03/Otthonukban-%C3%A9l%C5%91-fogyat%C3%A9kos-szem%C3%A9lyek-int%C3%A9zked%C3%A9si-terv-2020.-03.-25..pdf>.
- ⁸⁴ See <http://www.meosz.hu/blog/a-meosz-fellepese-nyoman-szunsetel-az-egszsegugyi-allapottol-fuggo-ellatasok-felulvizsgalata-a-veszelyhelyzet-alatt/>.

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