

Background document to the report of the UN Secretary-General about the national implementation of the General Assembly resolution on “Women in Development” (74/235)

Topic: providing universal access for women to quality health services

In Hungary, as in other developed countries, the majority of health losses are related to behavioural and environmental risks, and are therefore attributable to chronic non-communicable diseases which can be significantly reduced by prevention.

Many interventions, legislative measures, developments and resources have been invested in the early detection of chronic non-communicable diseases, in particular cancer and circulatory diseases.

Access to preventive care is supported by the following measures:

➤ **Targeted, organised public health screening system**

In Hungary, a targeted, organised public health screening system has been established to reach as many as possible of the target population at risk on the basis of age. This includes: biennial *breast screening (mammography) for women aged 45-65*; *cervical screening (cytology) every 3 years after a single negative screening for women aged 25-65*.

In 2018, as part of the national expansion of organised screenings, organised colorectal screening for women and men aged 50-70 years was launched.

Inviting people in the target population to an organised screening test is conditional on the *age group restriction*, on the *absence of the target disease* and on the *absence of diagnostic tests during the screening cycle*.

In the case of mammography, cervical and colorectal screening, the organisation, supervision and control of screening is coordinated at central (National Centre for Public Health) and regional (county screening coordinators assigned to county government offices) level.

Those invited to the screening will receive an **invitation letter** with the location of the screening and proposed dates, information on the benefits of screening and the harms it can cause. If they fail to attend, a second **reminder letter** will be sent after a certain time. In the case of a **non-negative result**, collaborating specialist care units will provide clarifying tests, treatment and patient follow-up.

There are currently two organised screening tests in Hungary, as laid down by law:

- **Biannual breast screening (mammography) for women aged 45-65.**
Since its launch in 2002, nearly 12 000 malignant tumours have been detected.
Average **annual** number of people eligible for screening: **550 000**.

Screening coverage: 60-70%:

- organised screening: 40%;
- 30%: for diagnostic mammography.

Capacity is adequate even with full population participation: 39 Complex Mammography Centres and 10 Mammography Screening Stations are in operation.

- **Repeated cervical screening (cytology) every 3 years after a single negative screening test for women aged 25-65.**

Average **annual** number of people eligible for screening/testing: **900 000**.

Screening/transamination rate: 60%:

- Approximately 550,000 people undergo organised screening and diagnostic tests (public/private service) by invitation/routine in the context of cancer vigilance.

HR and infrastructural **conditions** are **adequate** for the participation of the whole target population.

Broadening the scope of screening

- In 2018, the **biennial colorectal screening of men and women aged 50-70 years based on fecal occult blood test** was launched in a national extension involving volunteer GPs. Not yet enshrined in legislation, the gradual roll-out to the whole target population is being financed by EU and national funds.

Average annual number of people eligible for screening: **1 150 000**.

Its methodology is two-step:

- (1) immunochemical detection of occult blood in faeces,
- (2) in the case of a non-negative result, a full qualitative colonoscopy.

➤ **Vaccination against human papillomavirus**

While screening offers the possibility of early detection of pre-cancerous or cancerous lesions, vaccination against cervical cancer can prevent the HPV infection that causes the disease. As of autumn 2014, parents/guardians can apply for the voluntary HPV vaccination free of charge for girls aged 12 and over in primary school in grade 7, and the vaccination must be organised as part of a school campaign. In the school years 2014/2015, 2015/2016, 2016/2017 and 2017/2018, the national uptake rate exceeded 75%, which is a good result even by international standards. (Based on a screening cycle and methodology aligned with the HPV vaccination for girls, the extension of HPV vaccination of boys started in autumn 2020. As a result, the burden of head and neck cancer caused by HPV and the resulting mortality can be greatly prevented and reduced in both sexes.)

➤ **"We take the examinations to the place " programme**

From 2018, the programme "We take the examinations to the place", funded from domestic resources, has been promoting equal access to screenings/examinations by providing 10 mobile units (buses) for general examinations as a service near the place of residence, mainly in disadvantaged settlements. This will make services available in small settlements where access to examinations is difficult because of transport conditions.

Between 2018 and 2021, the programme reached more than 28 000 people (**women: 78.5%**; men: 21.5%). (This means around 170 000 examinations.)

The mobile units, complementing the Covid-19 sampling capacity of the National Ambulance Service, have also been continuously involved in the tests ordered by general practitioners since November 2020.

Details of the programme:

The aim is to provide easy and quick access to services by mobile units (buses) in small settlements where access to screening/testing is difficult due to transport conditions.

Targeted, coordinated measures and appropriate information mobilise the inhabitants of settlements and help those who want to take action in the field of health.

Territorial targeting, health services near the place of residence and complexity will help to address the specific access and patient pathway management problems of these areas by reducing existing service quality gaps.

From 2019, settlements identified in **Government Decision 1404/2019 (VII.5.) on the establishment of the long-term programme "Catching-up municipalities"** will be given priority in the annual schedule of the programme „We take the examinations to the place”.

Uniformly available in catching-up municipalities:

- organised cervical screening for public health purposes, and those eligible can also receive the organised colorectal screening package,
- a general health check (oral cavity examination, blood sugar and cholesterol determination, blood pressure measurement, BMI calculation, bone density measurement, PSA test, respiratory function test, body composition analysis, ECG and ankle-arm index test, as well as a cardiological risk assessment questionnaire including questions on lifestyle and family history),
- cardiological examination.

Additional tests are available depending on the free capacity of the local/county health service provider under contract with the implementing National Centre for Public Health (angiology, dermatology, ear, nose and throat tests, and dietetic advice).

As part of the programme „We take the examinations to the place”, the screening buses, as a basic criterion and integrated into the current screening system, work closely with primary and specialised care, including general practitioners, state-owned health care providers (hospitals) with a territorial coverage obligation, Health Promotion Offices involved in mobilisation and information, and the György Gottsegen National Cardiovascular Institute.

Cooperation is also essential with local authorities, government offices, the Hungarian Charity Service of the Order of Malta and the National Roma Self-Government.

Patient pathways for those detected in the examinations is ensured through the cooperating local/county health care providers and general practitioners.

Hungarian Health Visitor Service

In Hungary, child and family protection (nursing care, care for pregnant women and women who have recently given birth or who are breastfeeding, care for children from birth to the end of secondary education and complex family care) is provided in a unique way through the Hungarian Health Visitor Service, which has been established 107 years ago.

In accordance with the provisions of Act XXX of 2012 on Hungarian National Values and Hungaricums, the Hungarian Health Visitor Service, as an internationally unique, traditional care system, was awarded Hungaricum certification in 2015.

Health visitor care

The health care of children aged 0-16 is provided by primary care specialists such as general paediatricians, GPs and health visitors. Health visitors play a key role in the field of fetal, child and maternal protection, their primary task during this period is to create the environmental conditions necessary for the physical, mental and social development of healthy infants and children, to identify obstacles and to provide increased care and visit in case of illness or environmental hazard. At the age of 0-3 years, health visitors are predominantly present in the life of families.

In primary prevention, the tasks health visitors include improving health status, avoiding and reducing risk factors, with special emphasis on healthy nutrition, daily physical activity, creating a healthy and safe environment, avoiding health-harming behaviour, and using family planning methods.

In secondary prevention, health visitors have an important role to play in the early detection and signalling of risk factors, lesions and diseases (anamnesis, observation, detection, follow-up, testing and screening).

In tertiary prevention, the basic task of health visitors is to provide increased care for people (families) living with long-term illness, disabilities and disadvantages, to monitor their health and environment, and to help them to develop acceptable living conditions and lifestyles.

Section 6/A of Decree 49/2004 (21.V.2004) of the Ministry of Social Affairs and Health on the provision of local health visitors' service provides that the professional management of health visitors is supported by collegiate health visitor mentors (hereinafter referred to as "mentors") employed in the hospitals with territorial competence. The Minister of Human Capacities has ensured the functioning of the collegiate health visitor mentor system by EMMI Decree 46/2021 (X. 29.).

In order to preserve the values of the health visitor service, to improve it, to achieve more modern and uniform professional management support, to increase the role of health visitor service in preventive care and emergency situations, and to support professional management, the National Health Care Service Center established a collegiate health visitor mentor system in the city and county inpatient institutions providing state-run specialised health care, which was gradually built up and started to operate from 1 December 2021. Currently the number of staff is 53 nationwide.

The aim of the mentoring system is to create a professional collaboration between mentors and mentored health visitors that will help the population to receive meaningful care and thus ensure the same high quality of care nationwide.