

EQUITABLE ACCESS COUNTRY HIGHLIGHTS: HUNGARY

Section I: Country setting

Basic information

POPULATION	9.78 million (2017)
AREA	25,713 km ²
GDP	US\$ 139.14 billion
GDP PER CAPITA	US\$ 14,227
ACCESS TO DRINKING WATER (2017)	Total: 95.23% Urban: 96.80% Rural: 31.14%
ACCESS TO SANITATION (2017)	Total: 81.46% Urban: 89.77% Rural: 59.70%

Protocol on Water and Health. Hungary became a Party to the Protocol in 2001. Since then, it has been actively involved in its activities, serving as co-leader for activities on equitable access to water and sanitation from 2014 to 2019.

Water sector. Water and sanitation related responsibilities are shared between several ministries. The authority coordinating the implementation of the Protocol is the National Public Health Centre under the Ministry of Human Capacities, which is in charge of health and social issues. Other ministries involved include the Ministry of Interior (water supply and water resource protection), the Ministry of Agriculture (the environment), and the Ministry of Innovation and Technology (water utilities). Financial aspects in the water sector are regulated by the Hungarian Energy and Public Utility Regulatory Authority.

Section II: Self-assessment of equitable access to water and sanitation

II.A. Key findings

Governance framework. The self-assessment exercise confirmed an overall favourable situation. Certain aspects of the equitable access perspective are integrated within the legal framework, including through the incorporation of EU legislation and through other regulatory devices such as the category of “protected consumers”. This applies to people living in “low social standing” and/or living with disabilities, and it renders them eligible for facilitated payment terms, e.g. deferrals, and special treatment in meter readings and payments. However, the equitable access perspective and the human rights to water and sanitation are not explicitly mentioned within the legal framework, so there is a risk that they are not duly considered, and it was therefore recommended to include them, for instance by setting explicit requirements to be observed in all actions related to social, cultural and economic development.

Geographical disparities. Access is generally considered universal in Hungary as the vast majority of the population has access to either public (95 per cent) or private (3 per cent) centralized systems. A critical data gap is related to the number of users relying on private wells. Small-scale and private water supply systems are insufficiently regulated at the national level and this can exacerbate geographical disparities and thus constitute a systemic barrier to equitable access to water and sanitation.

Vulnerable and marginalized groups. Their situation is considered only to a limited extent. Indeed, although regulations related to housing and to social inclusion might address some of the challenges faced by these groups, no specific policies exist on equitable access to water and sanitation. Moreover, it is unclear whether the water and sanitary needs of vulnerable and marginalized groups are met in practice, mainly due to a significant information gap; no national data are collected on the situation of their access to water and sanitation. Some investigations by the Office of the Commissioner for Fundamental Rights revealed in specific environments (e.g. in social, health care and penitentiary institutions) deficiencies in this field.

Affordability. Water and sanitation tariffs are mainly based on the principle of cost recovery, though the principles of affordability and solidarity are also mentioned in the legislation. A government programme to reduce household costs with tariff cuts across the board in 2013 and 2014 and a ban on raising tariffs resulted in no longer being able to achieve full cost recovery. The tariff setting system does not consider differentiated social factors, so it lacks devices such as social and progressive tariffs. There is no information on the size of the population disconnected from water services as a result

of non-payment. There are also large disparities in access between the poorest and richest quintiles (only 66 per cent of the population has access to a piped, centralized drinking water supply on premises, and only 50 per cent have access to centralized sanitation for the poorest quintile in rural areas).

II.B. Self-assessment process

Brief description. The self-assessment was carried out to achieve one of the national targets set under the Protocol, which were adopted in 2008, namely to undertake a “comprehensive assessment of the population without access and an exploration of possible solutions” relative to drinking water access. It was carried out at the national level over a period of 17 months from October 2014 to March 2016. The project was mainly executed by an independent expert under the leadership of the National Public Health Centre²⁵, with the support of several partners.²⁶

Four workshops were organized. In the kick-off meeting in October 2014, the objectives and expected benefits of the project were presented and were built on the knowledge of other countries that had previously applied the score-card, with the representative of Portugal invited to share the country’s experience. National human rights institutions were also involved, and the Hungarian Office of the Commissioner for Fundamental Rights played a key role in unlocking the challenges faced in securing high-level ministerial or State secretary approval for the government experts to participate in the exercise by organizing a workshop.

Key lessons learned from the process:

- NGOs were not significantly involved in the first phase of the self-assessment, but their late contribution proved that NGO involvement was important to complement the national picture with the local context.
- Insufficient access to public information rendered completing the score-card problematic. In this respect, Hungary recognized that although there are mechanisms to effect the right to information and participation in decision-making at the national level, they are mainly inoperative.
- The support by the Office of the Commissioner for Fundamental Rights proved fundamental in motivating government bodies.
- Self-assessment is an effective tool to raise the profile of water and sanitation on the agenda.
- The equitable access assessment should be repeated in five years to track progress.

Section III: Actions taken to improve equitable access to water and sanitation

The self-assessment’s findings informed subsequent national action on access to water and sanitation. The 2017 National Water Strategy identifies as a priority the development of a tariff policy and a financial assistance system, as well as differentiated contributions to ensure the affordability of services alongside sustainable financing. In 2017, another step taken at the national level to ensure affordability was to make free some administrative charges to connect individual consumers to public utilities.

From a **regulatory perspective**, as a result of self-assessment, it was proposed to amend the National Building Code to reflect the minimum requirements for water and sanitation in its habitation standards. The regulation of private wells was also recognized as a priority.

Furthermore, the situation of vulnerable and marginalized groups and rural communities has been addressed by **specific national strategies and programmes:**

- The National Social Inclusion Strategy targets vulnerable and marginalized groups through a variety of measures, including health promotion, and education and housing programmes.
- The “Farm Programme” was devised to improve rural infrastructure, including water infrastructure and individual environmental-friendly sanitation systems.

²⁵ This institution is linked to the Ministry of Human Resources and it previously chaired the intersectorial body responsible for the implementation of the Protocol, namely the Special Committee on Water and Health.

²⁶ Ministry of Human Capacities, Ministry of Interior, Ministry of Agriculture, Hungarian Energy and Public Utility Regulatory Authority, Office of the Commissioner for Fundamental Rights, Hungarian Central Statistical Office, Office of the Chief Medical Officer, and NGOs: Water Suppliers Association, Red Cross, GWP Hungary, Oltalom Charity Society, Hungarian Scientific Society of Rural Health.

Section IV: Financing equitable access to water and sanitation

Part of the funding for activities related to equitable access to water and sanitation comes from EU funds. This is particularly the case for programmes aimed at improving drinking water quality, developing the public sewer network, and managing wastewater treatment as these are often developed to comply with the EU legal framework; between 2007 and 2013, about €4 billion of funding was allocated to these areas of work.

Other aspects of equitable access to water and sanitation have been taken into account in national strategies, such as the reduction of geographical disparities. In this respect, the Hungarian Rural Development Programme and the Farm Programme provide funding for installing individual water supply or wastewater treatment in areas that lack public supply.

