

# HUNGARY

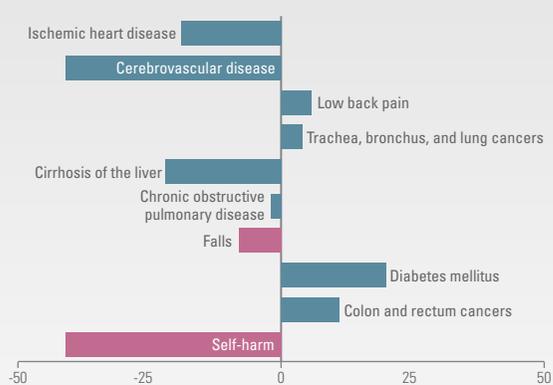
Hungary has achieved almost universal coverage of its population with mandatory social health insurance, which is the main source of public funding for health services. Participation in the social health insurance scheme is compulsory for all residents. In 2009, Hungary spent 7.4% of its GDP on health, with public expenditure accounting for 70% of total spending. There are co-payments for certain services, including pharmaceuticals, dental care and rehabilitation. Hungary's health system is under reform. The Semmelweis Plan for the Rescue of Health Care provides the framework for a strategy for human resources for health, although it does not include any staffing plan. There are disparities in the distribution of the health workforce, with the capital area of Budapest having the highest density of physicians and the rural south the lowest. The nurse-to-physician ratio is below the OECD average. Low salaries appear to be a key factor in determining emigration and retention challenges. Mechanisms for regulation and licensing of the health workforce are in place. Relicensing is mandatory for all health professionals.

## POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	10; 15; 23	(2010)
Average annual rate of population change (%)	-0.2	(2010-2015)
Population living in urban areas (%)	69	(2011)
Gross national income per capita (PPP int. \$)	20310	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	<2	(2007)
Total expenditure on health as a percentage of gross domestic product (%)	7.7	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	65	(2011)
External resources for health as a percentage of total expenditure on health (%)	-	
Life expectancy at birth (years) [all; female; male]	75; 79; 71	(2011)
Total fertility rate (per woman)	1.4	(2010)
Neonatal mortality rate (per 1 000 live births)	4	(2011)
Infant mortality rate (per 1 000 live births)	5	(2011)
Under-five mortality rate (per 1 000 live births)	6 [6-7]	(2011)
Maternal mortality ratio (per 100 000 live births)	21 [15-31]	(2010)
Births attended by skilled health personnel (%)	99.1	(2010)
Antenatal care coverage - at least one visit (%)	-	
Antenatal care coverage - at least four visits (%)	-	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	99	(2011)
Postnatal care visit within two days of birth (%)	-	

## Top 10 causes of morbidity and mortality (DALYs)

Communicable, maternal, neonatal, and nutritional Non-communicable Injuries



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

## HUMAN RESOURCES FOR HEALTH

### AVAILABILITY

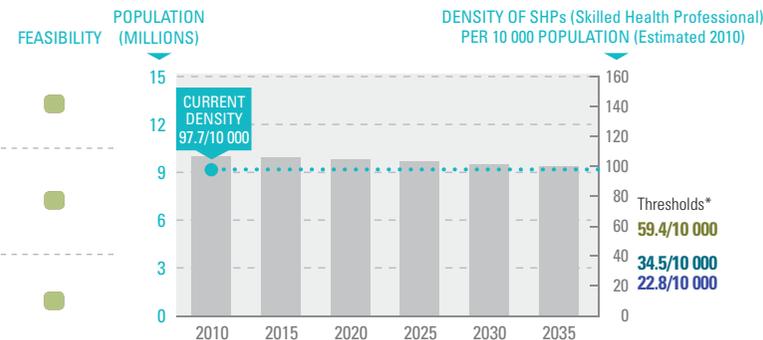
Feasibility of achieving thresholds: Most likely Somewhat likely Least likely

#### TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



### ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

#### GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS (density per 10 000 population)

23.5 Physicians

34.1 Physicians

60.8 Physicians

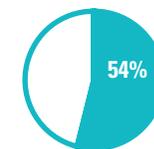
### ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).

1.8 Nurses

TO

1 Physician



Female physicians

### QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓*
Midwives	✓*
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

LICENSE/RE-LICENSE:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

## HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

### Leadership and Partnership

Is there government leadership on health workforce policy and management?



Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management?



### Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs?



informed by data and strategic intelligence?



addressing pre-service education?



addressing geographical distribution and retention?



addressing health workforce performance (e.g. competence, responsiveness and productivity)?



addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel?



### Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms?



For which period?

2011-2018

Does the strategy/plan account for the financial costs and resource requirements to implement it?



✓ = Yes ✓\* = Partial ✗ = No ? = Insufficient data

\*See Annex 1 for full explanation on country profile methods and sources.