Нові підходи до розвиткусоціальної політики в сучасній Угорщині

У статті досліджено основні напрями змін соціальної політики, у системі пенсійного та соціального забезпечення, що відбуваються в Угорщині у сучасний період. Автор акцентує увагу на розгляді нової концепції соціальної політики, адекватної до демократичної трансформації угорського суспільства і ринкових умов господарювання, пом'якшенні негативних наслідків проведених реформ, на які в останні роки спрямовані зусилля Угорщини, як і більшості країн-членів ЄС з Центрально-Східної Європи. Доведено, що в Угорщині ретельно трансформована система державних соціальних видатків, спосіб доступу і знижено обсяги допомоги, що викликало значну соціальну напругу. Адже вона включала сотні тисяч працівників державного сектора, тісно пов'язаних з соціальною системою. У результаті цієї політики більшість населення, що перебуває у соціальній структурі нижче середнього класу, зіткнулася з серйозними фінансовими проблемами. Порівняння їх статусу з громадянами Словаччини, Чехії та Польщі, свідчить, що справа не лише в різкій зміні загальної економічної ситуації, а швидше в неадекватності для Угорщини запровадженої реформи соціальної політики. Також доведено, що системоутворююча роль держави має визначальне значення при проведенні реформ, без її активного втручання вони матимуть негативні наслідки.

Ключові слова: Угорщина, соціальна політика, реформи пенсійного та соціального забезпечення, держава, демократична трансформація.

NEW APPROACHES TO SOCIAL POLICY DEVELOPMENT IN PRESENT DAY HUNGARY

The article deals with the main tendencies in social policy changes and in systems of pension security and social maintenance, which are witnessed in present day Hungary. The author concentrates attention on considering new conception of social policy, adequate to democratic transformation of Hungarian society and market conditions of economy, mitigation of negative effects of the conducted reforms, which over the last years have been in the focus of Hungary, as well as other Central-European countries – EU members. It has been proved, that in Hungary the system of the state social expenditures and access methods had been carefully

transformed and the extent of social benefits had been reduced and that induced considerable social stress, as it included hundred thousand public sector workers, closely connected with the social system. As a result of this policy, the majority of population, which belongs to the social structure lower than the middle class, has faced serious financial difficulties. Comparison of their status with that of citizens of Slovakia, the Czech Republic and Poland, shows, that the problem is not only in a sharp change of the overall economic situation, but rather in inappropriateness of the conducted reforms of social policy to Hungary. It has also been proved, that the system-forming role of a state plays crucial role in implementation of reforms, without its active interference they will have negative effect.

Keywords: Hungary, social policy, reforms of pension security and social maintenance, state, democratic transformation.

Transformational processes in CEE countries testify that reforms, to a great extent, depend on society's support to a new political and economic course, maintenance of public consensus. Throughout new course actualization, aimed at EU integration, implemented by democratic governments in CEE countries while joining this international organization, it turned out that high social price of reforms could not only put in doubt the very social changes, but also influence of the expected result. Though, one of the most important conditions for political changes actualization depends on elaboration of an effective system of social security for population. The aim of the social policy at the stage of democratization of political system and establishing market relations was to make the social price not too high for wide masses.

In the 50s of the 20th century developed countries of the world elaborated various types of social systems. The liberal model developed multifunctional, small transfers, had a low level of social security and individual social insurance in general. The main task of social institutions was correction of negative influences of the market. Structure of the society was characterized by social dualism. Majority of citizens were dependent on the market, and minority was reliant on the state. Such liberal model gave a good account for a significant period of time and now functions in the USA, Canada, Australia, Great Britain, and Ireland¹.

The conservative (corporate statism) model determined social rights of population in accordance with affiliation to a social group with a certain status. It was characterized by Bismarck social system². Individual social payments usually were quite small, as well as hierarchical vertical ties. But state regrouping of incomes/expenditures, including social payments under this model came to a larger scale, than in the liberal one. Such income support program helped to keep social status and legitimacy, mitigate social tension. Instruments of social security were

Esping-Anderson G. TheThreeWorldsof WelfareCapitalism / G. Esping-Anderson. – Cambridge: Polity, 1990. – P. 159.

² PochetPh. InfluenceofEuropeanIntegrationonNationalSocialPolicyReforms / PhilippePochet. – Brussels: Observatoiresocialeuropéen, 2006. – P. 9.

connected with traditional values – family and church. The state influenced only in those cases, when both institutions failed to succeed. State employment programs gave preference to public works. Nowadays, such conservative model exists in Austria, Germany, Italy and France.

The social-democratic model proposed a slogan "everyone participates, thus everyone contributes", which declared person's independence of the market, state, family and actualization of social equality on a higher level³. It is characterized by general methods, aimed at supporting main income. Under this model, the level of income and social expenditures redistribution is much higher in comparison with the liberal and conservative models. It focuses on support of employment among labor population, on interrelation between work and welfare; "working" and "middle" class representatives have equal rights for social security. The social-democratic model predominates in the Scandinavian countries, namely Sweden, Finland, Denmark and Norway.

The Hungarian system of social security, which is in the focus of investigation, is over a hundred years old⁴. This is the oldest social system in Europe, which appeared alongside with the German one. It was developing exclusively within the frame of the state administration under socialism; therefore expenditures were covered from the state budget. Nowadays, despite political transformation and necessary adaptation to the EU social policy, Hungary, being the member of the society carried out a kind of its social system evolution, however it is still preserving its predominantly distributive character, overcoming of which faces objective difficulties. Since the 90s, Hungary, democratizing its political system, has been adhering to the course of joining the European Union, and consequently, has been driving its legislative bases of political, economic and social systems to the EU standards.

Before radical civil changes, the Hungarian model had been a specific amalgamation of the conservative and social-democratic models⁵. However, this hybrid did not correspond the abovementioned international classification, thus in the works of Hungarian scholars it was called a "communist-conservative model". It is characterized by a close connection between social security and labor relations, what gave the right for pension, welfare assistance to families, rest, medical treatment, childrearing etc. In the 60s the Hungarians added income support to the methods of social security. Excessively centralized state institutional basis of the system did not allow creation of commercial organizations, voluntary insurance companies, private educational and medical establishments, citizens' right and freedoms of choice of forms and methods of social security⁶.

Even with the start of democratization the Hungarian system of social security moved in the direction of the mixed conservative-liberal model. Management centralization was changed

³ Калов З.А., Куршаева Ф.М., Хациева Л.У. Особенностиреализации моделей социальнойполитики / З.А. Калов, Ф.М. Куршаева, Л.У Хациева. – Ч. 1 // Современныспроблемы науки и образования. – 2009. – № 2 – С. 106-108.

⁴ Golinowska S. Politykaspolecznapanstwa w gospodarcerynkowej / S. Golinowska // PolitykaSpoleczna. – 1994. – № 5/6. – S. 27.

⁵ Bulmer S. J. andRadaelli C. M. TheEuropeanisationofNationalPolicy? // Queen'sUniversityBelfast on-linepaperonEuropeanisation. – 2004. – № 1 [Електронний ресурс]. – Режим доступу:http://www.qub.ac.uk/pais/ Research/PaperSeries/ EuropeanisationPapers/

⁶ Golinowska S. Politykaspołecznapanstwa w gospodarcerynkowej / S. Golinowska // PolitykaSpołeczna. – 1994. – № 5/6. – S. 28.

for a stable tendency towards decentralization of social security of population by means of local self-administration. The role of bodies of local self-administrations was rising in determining social priorities. A part of an in-kind aid was reducing and the part of monetized forms of social welfare was growing. Among the criteria, which determined the right for getting social assistance, the first place belonged to poverty; and among the ideological priorities were family and church.

Transformation of the Hungarian social system and transition to the insurance type of social security enhanced its corporate and self-administration nature and its connection with earnings, but the economic crisis and excessive load upon social welfare did not allow conducting gradual social insurance depending on the incomes. Rigid link was opposed by social minimums, limitations of maximums and indexation, connected with inflation. Fixed sums of social assistance appeared. Democratization, privatization and transition to the marked caused rise in unemployment. In 1992 two-thirds of unemployment assistance equaled in size to a minimum salary or was less than that⁷. A considerable part of pensioners were granted almost the same pension. Thus, let us mention, that in Hungary (alike conditions were in other CEE countries) a quasi-insurance social system was formed, which inevitably preserves its distributive nature⁸.

Inadequacy of the established social system could be characterized by changes in income structure and their differentiation, what required practice of using social instruments of income support, enhancement of target orientation of social policy. Fixed social welfare payments to support families, despite income level, turned out to be a failure. Target usage was based on a number of children and low personal income (such usage is spread only over some social expenditures)⁹. Instead of a general system of social insurance due to temporary unemployment, such payments were laid on employers, and its financing was considered as a part of not a salary type income. Within a pension system it meant transition to a base state pension, beyond it meant voluntary insurance of citizens; liquidation of all inappropriate types of assistance, price support payments. Thus, enhancement of target directionality of using limited money and inkind social aid in Hungary caused the need to reform the system. The emphasis was laid on assistance to insecure people and families, actualizing the problem of determining poverty line and choice of the category, which would designate minimal social guaranty.

The Hungarians did not come to the idea of social minimum. Analysis of their own and international experience contributed to development of a common approach to the problem: well-acting system of security for the poorest layers of society, can be effective under the conditions, if the minimum level of social guaranties is lower than unemployment assistance,

⁷ HatályosJogszabályokGyűjteménye. 1993. évi III. Törvény a szociálisigazgatásról és szociálisellátásokról [Електронний ресурс]. – Режим доступу:http://net.jogtar.hu/jr/gen/ hjegy_doc.cgi?docid=99300003.TV

⁸ PochetPh.TheEuropeanEmploymentStraregyat a Crossroads / PhilippePochet // Degryse C. andPochet P. (eds.). SocialDevelopment-sintheEuropeanUnion – 2002. EuropeanTradeUnionInstitute. – Brussels: ObservatoiresocialeuropéenandSaltsa, 2003. – P. 69.

Micklewright J. and Stewart K. Is the Well-Being of Children Converging in the European Union? // Economic Journal. – 1999. – № 109. – P. 697.

which sometimes exceeds salary on the labor market. Otherwise, a reverse, anti-stimulating effect of social welfare would inevitably appear. Just the very correlation is being searched by the Hungarian professionals. Officially calculated minimum living wage consistently surpasses an average level of unemployment assistance, which is higher than the minimum salary. Only 38% of minimum living wage is being financed. Besides, its appliance is accompanied by anti-stimulating effect¹⁰.

Under the Social Law of Hungary (1993) basic index of poverty line is represented by a minimum old-age pension in an absolute sum, which a person receives when reaches a minimum duration of employment, established by the legislation¹¹. According to professionals' evaluations a minimum pension functions better than a minimum salary, when we speak of minimum social security. To our mind, choice preference in favor of a minimum pension is better, however, not a problem-free one. The main thing is that interrelation between other instruments of social security and a minimum pension inevitably keeps down its growth, what eventually leads to averaging of pensions.

In 1994 the Ministry of People's Welfare elaborated a concept of social minimum, that in future would give a possibility to determine main types of social assistance by means of a single index of social assistance, represented in percent as to the existing social minimum (instead of assistance in an absolute sum). Necessity for changes was caused by the fact that the amount of social welfare, which was calculated on the basis of general taxes (budget), moved more and more away from social security (funds of social insurance). But calculations for these forms of social security are interrelated, as under the Social Law a poverty line is a minimum old-age pension, in case of necessary duration of employment¹².

Besides, a right for parenting assistance is granted only to families where income-per-person does not exceed three minimum pensions. The size of various types of social welfare is also interrelated with a minimum pension. Social welfare, which supports (adds to) an unemployed income, cannot be less than three-time minimum pension, granted on the basis of a subjective right. According to this system one-time pension increase diverges over the whole system of social assistance. The amount of annual pension increase is determined by the government, including Self-administration pension system organization's proposals (agency acting for civil interests)¹³. Social "Bokros package" (it includes urgent government's measures aimed at financial stabilization, which presuppose reduction of social expenditures) adopted when Hungary became the EU associated member comprises some other approaches. In short, they can be

Micklewright J. and Stewart K. Is the Well-Being of Children Converging in the European Union? // Economic Journal. – 1999. – № 109. – P. 701.

¹¹ HatályosJogszabályokGyűjteménye. 1993. évi III. Törvény a szociálisigazgatásról és szociálisellátásokról [Електронний ресурс]. – Режим доступу:http://net.jogtar.hu/jr/gen/hjegy_doc.cgi?docid=99300003.TV

Micklewright J. and Stewart K. Is the Well-Being of Children Converging in the European Union? // EconomicJournal. – 1999. – № 109.– P. 702.

¹³ Toth J.G. A joletirendszerazatmenetiidoszkaban / J.G. Toth // Kozgazdasagiszemle. – 1994. – № 3. – 320old.

formulated as a targeted assistance with a glance to individual poverty¹⁴. Besides, the already mentioned targeted orientation of social security the package included two more new directions of social assistance. They pointed out a breakaway from the so-called subjective right to the poverty principle and from poverty of a social group to an individual poverty.

There can be some difficulties while determining (individual) level of social minimum. First of all, it is difficult to meet the requirement of the world's practice: a poverty line should not be less than a minimum salary. In Hungary such line is fixed on the level of a minimum pension. A legitimate requirement is that this line in its money equivalent must equal the sum to pay for a "bundle of goods" sufficient for a minimum living age.

Hungary's accession to the EU membership (May 1, 2004) strengthened an organic component of the Hungarian social system, by means of creating an effectively operating network of representative offices, coordination and protection of interests. This multi-level system is governed by the Council of Interest Alignment. It is affiliated to the Hungarian government. Three parts assist in the work of the Council: government representatives, employers from various NGOs (National Association of Entrepreneurs of Hungary (VOSZ), Commercial chamber (represented by one of its leading bodies – the Council of Employers) and employees, whose interests are represented by two biggest trade union centers: the All-Hungarian Council of Trade Unions, established at the dawn of socialism and the Forum of Cooperation of Trade Unions, which was initiated after the revolution of 1989 and transformation of the political system. While establishing the Council of Interest Alignment, the main subjects for the tripartite agreements were labor relations and, first of all, minimum salary determination and increment. The achieved agreement defined obligatory characteristics, within which, bodies of lower levels representing interests had some freedom in maneuvering in accordance with (field, territorial) interests¹⁵.

Functions of the Council of Interest Alignment gradually widened, including within their competence many significant political and economic issues: annual discussion of the state budget legislation; main labor laws; social security; privatization and many others. Consent on those issues, which belong to the Council's competence, was achieved on the basis of consensus and was fixed in the tripartite agreement. Ten-year experience of the Council proved its vital activity. During a downturn the government easier and safer took unpopular measures concerning public interest, relying on the tripartite agreements.

However, a well-oiled machine of interest alignment sometimes went wrong. They failed to reach an agreement on "Bokros package" and settle problems, connected with the social effects of its implementation. Need of quick and decisive actions did not give the government a chance to conduct long-standing negotiations. On April 5, 1995 the government together

Itt az új Bokros csomag?Pénzügyitanácsadás, ahogymindigisszerettedvolna[Електронний ресурс]. – Режим доступу:http://kiszamolo. hu/itt-az-uj-bokros-csomag/

¹⁵ The Centraland Eastern Europe Statistics 2013' Special Paper is published by the European Private Equity & Venture Capital Association (EVCA). – Brussels [Електронний ресурс]. – Режим доступу: http://www.evca.eu/media/259990/_evca_bro_sp_cee2013.pdf

with its social partners in the Council discussed the situation and found out various approaches to the proposed measures.

The government's position was never-changing: it is impossible to achieve success in economic stabilization without systematic dialogue with social partners. Representatives of employers, being interested in reduction of budget expenditures, in general supported the government; moreover, the main aim of stabilization measures was rearrangement of facilities in favor of employers. Their counterparts agreed to the acuity of changes in the social sphere, but split over the methods of objective fulfillment. The representatives of the "new" Forum of Cooperation of Trade Unions, which mostly acts among those who were in the so-called competitive spheres of economy, were not against the governmental measures as well. But the "old" All-Hungarian Council of Trade Unions, which most of all suffered from "Bokros package" spoke out against it 16. Under the condition of the trade unions split the government acted as an arbitrator. Having admitted the right of every trade union's center for autonomy, the government called to reach a consensus, first of all in the trade unions' sphere and to bring it agreed proposals.

Much deeper analysis led us to the conclusion concerning the necessity of changes in the status and functions of the Council of Interest Alignment¹⁷. To a great extent it was presupposed to limit the Council's competence in political and economic issues, achievement of consensus on which bounded government's abilities in implementing urgent social and economic measures. On the model of other Western European countries a new institution – the "Economic and Social Council" was created in Hungary. This advisory body is simultaneously affiliated with the government and parliament. With the help of the Economic and Social Council the government informs its social partners as to the planned measures, which concern the spheres of their interests while the employers' and employees' representatives may pass their opinions and bring their proposals. However, achievement of an agreement does not lie within the competence of the Council. The supporters of this concept offered to approach social and economic issues within the competence of the Economic and Social Council, but from a narrower perspective, than the Council of Interest Alignment did. The latter, being preserved, was limited to the issues of labor relations. The Hungarians believe that a new approach will give an opportunity to divide political-economical and labor issues, and to clear the way for more consistent governmental policy.

In Hungary, reformation of the pension system, systems of health care and education takes place within the frame of the budget reform, and happens in coordination with the EU social policy. However, the single concept is absent, and there are only main approaches, peculiarity of which lies in common reformation of two blocks – social security and local self-administration. Since the Hungarian social system is decentralized at the local self-administration level,

¹⁶ PochetPh. InfluenceofEuropeanIntegrationonNationalSocialPolicyReforms / PhilippePochet. – Brussels: Observatoiresocialeuropéen, 2006. – P.11.

¹⁷ Калов З.А., Куршаева Ф.М., Хациева Л.У. Особенностиреализации моделей социальнойполитики / З.А. Калов, Ф.М. Куршаева, Л.У Хациева. – Часть 1 // Современныепроблемы науки и образования. – 2009. – № 2 – С. 25.

and as to the amount of expenditures from the general budget these blocks are almost of the same equality and importance.

The state is characterized by a consensus as to staying from present day practice of funding the systems of education and health care. Most experts tend to introduce social standards, on the basis of the population number across the territory of local self-administration, number of pupils per one teacher, patients per one doctor, and expenditures on salary and so on. They believe that this will exclude branch lobbying and as a result will contribute to rationalization and optimization of social costs.

At the same time experts from the Ministry of Finances do not share this opinion. They suppose, that introduction of one standard sum of social costs per one person, pupil or patient multiplied by a number of the so-called top-priority task and by 3200 local self-administrations, would be an unmanageable task for the Ministry from the point of financing it and would liquidate the same sum of budget allowance to every settlement equal to 2 billion forints. Financial experts suggest reducing the number of social tasks, which are donated from the budget, from 27 to 13, and to cut the number of main standards of social support to schools from 5 to 2^{18} .

In Hungary parliamentarians and officials cannot reach a consensus on the issues, which include grounding for social subsidies – poverty or subjective right; should the bodies of local self-administration be governed only by the laws of the State Assembly or by individual decisions in the frame of laws or own decisions with a budget guarantee.

In the proposed version of a new pension system the idea of compulsory pension insurance and "labor" old-age pension predominates. It is closely interrelated with the age of retirement, labor experience and personal income. To combine all these elements, the Hungarians introduced the methodology, approved by the whole world. Thus, the outlines of a new pension system were formed at three levels. The first one – basic pension, which is determined on the basis of a subject right, which is financed by every employee in the form of a tax, the size of which equals "a small amount" of a minimum living wage; the second level is a compulsory pension insurance tariff. Two levels may compose almost 60% of pension coverage. The rest can be supplemented by the third level - voluntary pension insurance fees. Budget committee sets a task to elaborate a common pension system with a standard age of 6519. In 1997 they started approaching it by means of gradual increasing of a pension age. On the contrary to the Committee, the Ministry of Finances suggested increasing pension age to 62 years, beginning on July 1, 1996, but to do it "flexibly", providing options and even "return" to the current pension age. The Ministry also supposed that gradual retreat of the state from two traditional spheres of social welfare, namely pension system and health care, and as a result it must lead to reduction of insurance tariffs.

¹⁸ The CentralandEasternEuropeStatistics 2013' SpecialPaperispublishedbytheEuropeanPrivateEquity&VentureCapitalAssociation (EVCA). –Brussels[Електронний ресурс]. – Режим доступу:http://www.evca.eu/media/ 259990/_evca_bro_sp_cee2013.pdf

¹⁹ Toth J.G. A joletirendszerazatmenetiidoszkaban / J.G. Toth // Kozgazdasagiszemle. – 1994. – № 3. – 318old.

Since the early 21st century the system of health care financing has been cardinally changed in Hungary. Preparation of the concept of health care reformation had several alternative variants²⁰. The first one presupposed predominance of the civil sector in financing and provision of healthcare, but alongside with this the network of voluntary additional medical insurance was to be formed. Another variant, on the contrary, included provisions that the state sector and compulsory medical healthcare predominated in the system of healthcare financing, and a private sector was to develop alongside with that. Active private clinics have shown longterm benefits of this alternative. Being private, they can turn for financial help to the fund of social insurance and provide socially significant types of medical services. The third variant presupposed liquidation of a common medical insurance fund, and creation of insurance offices, according to the following principles: medical insurance is local and compulsory; professional, branch-wise, corporate. The fourth variant showed that people with above average income were excluded from the sphere of compulsory medical insurance and underwent private treatment. Insurance is expanded only over a limited list of medical services. Private sphere is leading in case of providing medical services. This variant can legalize serious social inequality in the sphere of medical services.

After protracted discussions within the authority and society the system of health care in Hungary took up its current form. Compulsory medical insurance was excluded from the state budget, what contributed to its autonomy. State healthcare institutions must gradually be transferred under local self-administration bodies' management. Private medical practice became more popular. Final family practitioner's fee was based on the effectiveness of treatment.

Let us mention that despite all considerable changes, which took place in the health care sphere of Hungary, there is decentralization of medical institutions management, which does not take into account patients' necessities and financial capacities. These conditions thwart the rise in the health care system's effectiveness. To form a common conception within the government's stabilization package, rationalization of healthcare sphere is being carried out. A number of hospital beds has been reduced from 100 000 to 50 000 – 70 000. Determination of quantity of hospital beds and doctors has been transferred to the so-called regional insurance offices. Elite medical treatment, which is fully paid by a patient, has been legalized, additional payments for a number of medical services, for patients with compulsory healthcare coverage, have been introduced.

In Hungary much has been done to reduce costs for social needs 21 . According to the Eurostat data, in 2013 in the country there were 3 285 000 people, who belonged to vulnerable poverty categories. These are 15% of people, who to a great extend suffered from the world economic crisis, and the same situation remained in 2014 – 15%, and in 2015 this index equaled

²⁰ Rychly L., Pritzer R. SocialDialogueatNationalLevelinthe EU AccessionCountries / LudekRychly, RainerPritzer. – Geneva: InternationalLabour Office, 2003. – P. 31.

²¹ GyermekéslíjúságiAlapról. Valamint a NemzetiGyermekéslíjúságiKözalapítványról1995 // Szociális és Munkaügyi Minisztérium – Törvények, évi LXIV törvény[Електронний ресурс]. – Режим доступу:http://szmm.gov.hu/main.php?folderID=1043

– 14,9%²². The Hungarian society suffered losses, which compose one third of the pre-crisis financial situation therefore it is quite difficult to stabilize the economic state of the country. At the same time despite the economic recess the situation in other CEE countries was rather different. Thus, in the Czech Republic on the basis of 2012 data, the number of people below the poverty line raised in 0.9%. In Slovenia, in spite of a significant reduction of economic indices, this group enlarged in 8,6%. In Slovakia the economic growth of GDP in 12% in 2008-2013 led to reduction of people under poverty line in 0,2%, and in Poland the GDP grew in 7%, while the number of low-income people decreased in 12%²³.

Therefore, only during the last governmental term in Hungary, the number of low-income population has been growing annually in 90 000 people. Over the last four years, the number of people under poverty line equaled the population of such cities as Debrecen and Miskolc. Development of the Hungarian society shows that it is under the threat of poverty. On contrary to Hungary, the neighboring countries over the last years, had at least one year when the hardships reduced, but this country did not experience that.

In modern Hungary the system of state social expenditures has been profoundly transformed. Under the current legislation the way of access has been changed and the amounts of assistance have been reduced, what caused certain strain within the society. Abolishing of the system of social welfare has been more widely discussed in the society, than the pension system, permanent disability and pension age. And it covers hundred thousand workers, closely connected with the social system. Thus, due to such policy, majority of population, which is below the medium class level, has also faced serious financial problems. If we compare their status with one of the neighboring countries' population, namely Slovakia, the Czech Republic and Poland, it becomes clear, that the thing is not only in a rapid change of a general economic situation, but rather in inadequacy of the social policy, implemented in Hungary.

 $^{^{22}}$ Уровень риска бедности после социальных трансфертов по полу. Венгрия [Електронний ресурс]. – Режим доступу:http://data.trendeconomy.ru/eurostat/tps00184/HU

²³ The Centraland Eastern Europe Statistics 2013' Special Paper is published by the European Private Equity & Venture Capital Association (EVCA). – Brussels [Електронний ресурс]. – Режим доступу: http://www.evca.eu/media/259990/_evca_bro_sp_cec2013.pdf