

The 30th Asian Parliamentarians' Meeting and Study Visit on Population and Development

*Addressing Population Issues from a Life Cycle Perspective
with a Focus on the Youth and Elderly*

27-28 November 2014
Tokyo, Japan



Asian Population and Development Association (APDA)

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Notice:

This provides a summary of the “The 30th Asian Parliamentarians’ Meeting and Study Visit on Population and Development”. APDA is fully responsible for the text and contents.



The 30th Asian Parliamentarians' Meeting on Population and Development

*Addressing Population Issues from a Life Cycle Perspective
with a Focus on the Youth and Elderly*

Tokyo, Japan

27 November 2014

Wednesday, 26
November

Arrival of Delegates

Programme

Thursday, 27
November

Day 1 : Meeting

8:00-8:10

*Registration for Asian Delegation/Departure from Hotel & Travel
(Location: "Main Banquet Entrance", The Main Building, Hotel New Otani)*

8:30-9:00

*Registration for Observers
(Location: Entrance of the 1st Members Office Building of the HoR)*

9:00-9:20

Opening Ceremony

(Venue: International Conference Room, 1F, The 1st Members Office Building of the HoR)

Address of the Organizer

H.E. Yasuo Fukuda, Former Prime Minister of Japan; Chair of APDA; Honorary Chair of JPFP, Japan

Opening Address

H.E. Sadakazu Tanigaki, Chair of JPFP, Japan
Read by Hon. Teruhiko Mashiko, Vice-Chair of JPFP, Japan

Address of Honorary Guest

Mr. Tewodros Melesse, Director-General of IPPF

9:20-9:50

Keynote Speech [20 min.]

Policy Learning and Transfer: Aging and Japan's Experience for a Vibrant Society

Hon. Prof. Keizo Takemi, Executive Director of JPFP; Chair of AFPPD, Japan

Keynote Speech [10 min.]

Ms. Kate Gilmore, Deputy Executive Director of UNFPA

9:50-10:00

Group Photo

Session 1:

Demographic Transition and Population Aging: Some Lessons from Japanese Experiences

10:00-10:30	Prof. Dr. Makoto Atoh, Director Emeritus of the National Institute of Population and Social Security Research (IPSS), Japan [30 min]
10:30-11:00	<i>Discussion [30 min]</i> Session Chair: Hon. Tehmina Daultana, MP, Pakistan
11:00-11:15	<i>Coffee Break</i> (Location: Multipurpose Room, 1F, The 1 st Members' Office Building of the HoR)
	Session 2: Parliamentarians' Roles: Policies and Measures in Varying Stages of Demographic Transition
11:15-12:15	Hon. Kimsour Pirith, MP, Cambodia [10 min] Hon. Prof. Dr. Phonethep Pholsena, President of LAPPD, Lao PDR [10 min] Hon. Samakova Aitkul, Vice-Chair of AFPPD, Kazakhstan [10 min] Hon. Thamrong Dasananjali, Thailand [10 min] Hon. Wang Longde, Vice-Chair of AFPPD; Vice-Chair of ESCPH Committee, China [10 min] Hon. Dewi Coryati, MP, Indonesia [10 min]
12:15-12:40	<i>Discussion [25 min]</i> Session Chair: Hon. A.W. Rabi Bernard, MP, India
12:40-13:30	<i>Lunch</i> (Location: Multipurpose Room, 1F, The 1 st Members' Office Building of the HoR)
	Session 3: Concrete Measures for Super-Aged Society: Toward a New Paradigm for Healthy Aging
13:30-14:00	Dr. Takao Suzuki, General Director of Research Institute, National Center for Geriatrics and Gerontology, Japan [30 min]
14:00-14:30	<i>Discussion [30 min]</i> Session Chair: Hon. Jameel Usman, Maldives
14:30-14:45	<i>Coffee Break</i> (Location: Multipurpose Room, 1F, The 1 st Members' Office Building of the HoR)
	Session 4: Optimal Policies across Asian Countries at Different Stages of Demographic Transition
14:45-15:15	Dr. Takashi Inoguchi, President and Chairman of Board, University of Niigata Prefecture, Japan [30 min]
15:15-15:45	<i>Discussion [30 min]</i> Session Chair: Hon. Rogelio Espina, Philippines
15:45-16:00	<i>Closing</i>
16:00	<i>Departure from Venue</i>

Friday, 28
November

Day 2 : Asian Parliamentarians' Study Visit on Population and Development

8:40-8:50

Registration for Asian Delegation

8:55

Departure from Hotel & Travel

9:15

Arrival at the Headquarters of Seven & i Holdings Co., Ltd.
(8-8, Nibancho, Chiyoda-ku, Tokyo 102-8452, Japan)

9:30-11:00

Briefing on “*Corresponding to the declining birth rate and a growing proportion of elderly people*”

Mr. Junro Ito, Director, Executive Officer, Corporate Social Responsibility Department, Seven & i Holdings Co., Ltd.

11:00-11:30

Q&A

11:30-12:30

Lunch

12:30-13:45

Travel

13:30

Arrival at National Institute of Population and Social Security Research (IPSS)

13:30-14:30

Briefing on “*Japan’s experience with population and social security policies*” and *Discussion*

Dr. Reiko Hayashi, Director of the Department of International Research and Cooperation, IPSS

14:30

Travel

15:00

Arrive at the 2nd Members Office Building of the HoR

15:00-16:00

Briefing on “*The Japanese government’s policies and initiatives in realizing a healthy aging society*” and Discussion

Dr. Shiro Konuma, Director of the Office of Healthcare Policy of the Cabinet Secretariat

16:00-17:00

Wrap-up

17:00

Travel

17:30

Arrival at Hotel

19:00

Farewell Dinner

Saturday, 29
November

Departure of Delegates

Co-host by:

The Asian Population and Development Association (APDA)
The Japan Parliamentarians Federation for Population (JFPF)

Supporting Organizations:

The United Nations Population Fund (UNFPA)
The International Planned Parenthood Federation (IPPF)



OPENING CEREMONY

OPENING CEREMONY

Address from the Organizer

H.E. Yasuo Fukuda

Former Prime Minister of Japan; Chair of APDA; Honorary Chair of JPFP, Japan

Honorable Members of National Parliaments,
Ms. Kate Gilmore, UNFPA Deputy Executive Director,
Mr. Tewodros Melesse, IPPF Director-General,
Representatives of UN organizations and relevant organizations,
Ladies and Gentlemen,

I am delighted to welcome your Excellencies to the 30th Asian Parliamentarians' Meeting on Population and Development. Thank you for joining us. Today we celebrate two milestones: the 30th APDA meeting and the 40th anniversary of the Japan Parliamentarians Federation for Population (JPFP).

In 1974, when JPFP was established, the world's population was growing rapidly. With expanding poverty and slum areas in the developing world, combined with lack of sanitation, it had become a major global social problem. With warning from the Club of Rome, anxiety rose over the increase of population and environmental degradation. It became the shared opinion of those concerned that unless the rapid increase of population in developing countries were stabilized humankind would not be able to enjoy sustainable development.

It was against this background that JPFP, pioneering the efforts of parliamentarians to confront the twin problems of population and development, was established. As most of the countries are faced with the issue of rising population, their objectives were clear in that they had to devise plans for coping with the situation.

Forty years later, thanks to the commitment of governments around the world to stabilize the rapid increase of population, together with widespread programmes to inform the public, supported by the intense efforts of UNFPA, IPPF and also of parliamentarians, while progress has varied from one region to another, we now have a more positive outcome.

On the other hand, in many industrialized countries, as a result of economic growth, improved education and wider dissemination of higher education, and concentration of population in urban areas, we now see low fertility rate and increased longevity. Therefore, we are facing a new era when more and more countries have to cope with new challenges associated with aging populations. Consequently, problems accompanying the aging and super-aging societies like Japan are distinct from the challenges that countries in Africa and some parts of West Asia still face. They continue to suffer from high birthrates and infant mortality.

Yet, while population issues have become diversified, our numbers continue to grow. Given the limits of the global environment it is clear that it will become increasingly difficult to sustain the improvement in the material standards of our lives. In this sense, therefore, there is no change, in that we will have to continue to stabilize overall population increase.

APDA is earnestly grappling with these new challenges, to find out what should be done to realize our goal of development that is sustainable anywhere in the world. We believe that through discussion we will achieve a clearer picture of what we should be doing together.

The programme is intended to deepen knowledge of the situations within our respective countries and to study the most effective measures we can take together to cope with the ongoing problems posed by diversified populations.

As the organizer, I hope that we will all confirm as politicians that we will tackle these issues with undiminished fervor, adopt measures most conducive to the success of our policies, and learn from our experience to build a society that respects and protects the dignity and well-being of every person we are called upon to represent.

Thank you very much.

Opening Address

Hon. Sadakazu Tanigaki
Chair of JPFP

Read by
Hon. Teruhiko Mashiko
Vice-Chair of JPFP

Mr. Yasuo Fukuda, Chairperson of APDA,
Honorable Members of National Parliaments,
Ms. Kate Gilmore, UNFPA Deputy Executive Director,
Mr. Tewodros Melesse, IPPF Director-General,
Representatives of United Nations organizations and relevant organizations,
Ladies and Gentlemen,

I thank you most heartily for your attendance at the 30th Asian Parliamentarians' Meeting on Population and Development jointly organized by JPFP and APDA. This is a memorable meeting celebrating APDA's 30th meeting as well as the 40th anniversary since the world's first parliamentarian initiative on the world's population and development, the Japan Parliamentarians Federation for Population, JPFP, was established.

Why did Japan embark on this parliamentarian initiative that today has a global impact? In the process of rebuilding our country from the devastation after the Second World War, we needed to make a demographic transition to low-birth rate, low-death rate from the conventional high-birth rate, high-death rate pattern. As a result, Japan became the first non-Western country to achieve this. This showed that demographic transition is possible even for developing countries.

JPFP was founded precisely for the purpose of sharing Japan's experience with Asia and the world in order to achieve a sustainable society by resolving the global issue of population. Today, as more countries achieve a similar demographic transition, issues of population are extremely diverse. At first sight, they may appear contradictory; one might well wonder whether it is a matter of stabilizing population or, in certain cases, increasing it, as in the case of Japan.

However, it is not a question of simply decreasing or increasing population. It is, I believe, a matter of creating the basic conditions that allow every person to live with dignity. It follows that both rapid aging and rapid increase of population must be addressed. As a result of our efforts, we now know that the challenge of an increasing population can be fully met if we succeed in preventing unwanted pregnancies. At the same time, falling birthrate can only be addressed by supporting young people who wish to have a family, addressing their basic needs. That is to say, the whole issue can only be tackled by creating individual happiness.

I understand that at this meeting you will be discussing what must be done to optimize policies in your countries that are at various stages of the demographic transition. It seems to me that the first task may be to have a good understanding of how this has been achieved in practice and then to study what fits in best with the specific conditions in your countries. Since you are involved in the day-to-day matters of your countries as elected representatives of the people, it will be productive for us to share a bird's eye view in order to obtain a clear overall picture of the situation.

Parliamentarians' activities on population and development that started in Japan now have regional

fora and are actively promoting the activities of parliamentarians worldwide. Your respective initiatives are sources of great strength in promoting population and sustainable development policies globally. We look forward to working hand-in-hand with you all to build a brighter future of the whole humankind, to help realize each person's dearest wishes, and to continue to build societies where human dignity is protected.

At the end of this meeting today, you are all invited to commemorate JPPF's 40 years at a simple reception. We hope that all of you will join us to celebrate the occasion and deepen our friendships. Let me conclude my remarks by wishing you a most successful meeting.

Thank you.

Address of Honorary Guest

Mr. Tewodros Melesse
Director-General of IPPF

Fukuda Sensei,
Tanigaki Sensei,
Ms. Kate Gilmore,
Excellencies and distinguished guests,

It is my great honour to speak at this illustrious gathering today.

To begin with I would like to congratulate APDA for providing a forum for Asian Parliamentarians to discuss vital population issue for long years. This is its 30th and coincides with the 20th anniversary of ICPD and the 40th anniversary of JPPF, which has been sharing Japan's experience in the field of population with other countries in Asia and around the world.

The last 40 years has seen huge changes in our field. Population ageing is one of the most significant trends of the 21st century. It has important and far-reaching implications for all aspects of society. Around the world, two people celebrate their sixtieth birthday every second – an annual total of almost 58 million sixtieth birthdays.

With one in nine people in the world aged 60 or over, projected to increase to one in five by 2050, population ageing is a phenomenon that can no longer be ignored.

Ageing is a triumph of development. Increasing longevity is one of humanity's greatest achievements. People live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being. Life expectancy at birth is over 80 now in 33 countries; just five years ago, only 19 countries had reached this.

Many of us will live into their 80s, 90s, and even 100s. At present, only Japan has an older population of more than 30 per cent; by 2050, 64 countries are expected to join Japan with an older population of more than 30 per cent.

The opportunities that this demographic shift presents are limitless. As are the contributions that a socially and economically active, secure and healthy ageing population can bring to society.

However population ageing also presents social, economic and cultural challenges to individuals, families, societies and the global community.

As United Nations Secretary-General Ban Ki-moon points out:

“The social and economic implications of this phenomenon are profound, extending far beyond the individual older person and the immediate family, touching broader society and the global community in unprecedented ways”.

The other side of coin is declining fertility rate. In many countries facing issues around ageing, women who want to have children are facing fertility problems. At the same time an unprecedented number of young people are experiencing unwanted or unintended pregnancies.

We meet at a crucial time - the post 2015 development framework under review. I would like to

reiterate here that family planning and reproductive health is the lynchpin of sustainable development and must remain central in the new development framework. I urge you to make sure that population, reproductive health, including family planning, remain at the heart of the new framework.

Reproductive health is a lifetime concern for both women and men, from infancy to old age. That's why I support programming tailored to the different challenges they face at different times in life. The lifecycle approach is one way we can address the challenges and maximize the opportunities of a growing older population.

Because how we face the questions around ageing will determine whether society will reap the benefits of the "longevity dividend". I am optimistic that Japan will respond positively to these issues, as it has before, and will again provide a model for the rest of the world.

You have amply demonstrated the wisdom, experience, and commitment to tackle these issues while respecting rights and dignity of individuals and enhancing quality of women's lives.

Keynote Speech

“Policy Learning and Transfer: Aging and Japan’s Experience for a Vibrant Society”

Hon. Prof. Keizo Takemi

Executive Director of JFPF; Chair of AFPPD; Japan

<Summary>

Hon. Prof. Takemi highlighted the following key points:

1. Dynamics of Demographic Changes

Although the pace and some features of demographic change vary by region and country, overall the most developed countries, some in Asia such as Japan and South Korea, have an increasing trend of aging.

2. Double Burden in Asia

There is a growing number of cases of non-communicable diseases as causes of death (cancer, stroke, acute respiratory infections, etc.), being experienced by many countries, and also there are severe cases of diabetes not only in developed countries but also in developing countries. On the other hand, we see a changing trend of infectious diseases, be it those transmittable from animals to humans or among humans. Adding to that, we also have environmental infections related to economic activity (e.g. water contamination). Furthermore, globalization also plays a role in the changing trend. Diseases such as Ebola become more instantaneously globalized as more people migrate.

3. Increasing Awareness of the Importance of Universal Health Coverage (UHC)

We need to think about the importance of UHC, particularly on its quality, extension, finance, and a comprehensive manner that covers health promotion and prevention of illness. The UN is adapting that mindset with the Japanese experience as a reference point.

4. The Japanese Experience

Life expectancy in Japan increased significantly, topping the world ranking, thanks to the comprehensive policies established to tackle all related issues (spanning the control of infectious diseases, non-communicable diseases such as stroke, and so forth). Thanks to some daily measures including controlling blood pressure control, Japan’s stroke mortality decreased drastically. The Japanese success attributes to the policy package that includes social welfare, labor, economics and fiscal policies. For instance, the economic growth strategy was tied to a tax and social security system that procured a healthy middle class. Furthermore, it is essential that those comprehensive policies be introduced on a timely manner, at the early stage of high economic growth while still having the demographic bonus. Japan achieved the UHC in 1961.

A different feature from other countries is that, Japan’s social security system, as part of the abovementioned comprehensive package, also played a very important role in income re-distribution. Many Japanese were released from the burden of facing out-of-pocket money for health expenses. The system also nurtured a spirit of solidarity among Japanese.

One of the challenges that Japan faces, besides rapid aging, increasing financial burden for the young and high-rocketing government debt, is the growing gap between life expectancy and healthy life expectancy. The sustainability of the Japanese welfare system, which was successful concerning people's health and income re-distribution, as mentioned before, has been undermined. The Japanese society is facing a transition period for which new goals and policy package are to be established. The ongoing reforms focus on a new economic growth strategy (fiscal stimulus, etc.), a sustainable social security system (labor policy for the elderly, etc.), tax reform (tax base expansion, etc.) and population policy (comprehensive support for working women), with the target of making possible an economically and socially active healthy aging society and decreasing the financial burden to the young.

5. Japan's New Roles

In the 21st century, Japan assumes a new role and responsibility as a leading, mature country. It aims to

- assist emerging economies to provide social safety nets and narrow the gap between the rich and poor
- share Japanese experience of providing social safety nets, such as achieving universal health care and longevity
- contribute to tackling common challenges, such as an aging society and growing burden of non-communicable diseases.

6. Conclusion

Health policy should not be designed separately from other policies such as economic growth, labor, and social welfare. Countries need to design UHC based on a long-term perspective of population cycle and demographic change over 50 to 100 years. The governments need to adopt UHC at the early stage of demographic dividend, and expand the financial pool as the population grows. At the same time, based on the estimates of demographic change, the way of sharing the financial burden and health risks across the generations should be adjusted.

OPENING CEREMONY

Keynote Speech

Ms. Kate Gilmore

**UN Assistant Secretary General and UNFPA Deputy Executive Director
(Programme)**

H.E. Yasuo Fukuda, Former Prime Minister of Japan, Chair of the Asian Population and Development Association (APDA) and Honorary Chair of the Japan Parliamentarians Federation for Population (JPFP);
Hon. Sadakazu Tanigaki, Chair of the JPFP,
Hon. Prof. Keizo Takemi, Executive Director of JPFP, Chair of the Asian Forum of Parliamentarians on Population and Development (AFPPD) and
Esteemed member of the High Level Task Force for the Review of the ICPD post 2014.
Great friend of UNFPA, Mr. Tewodros Melesse, Director-General of IPPF

It is a true honor and privilege to speak with you, honorable Members of Parliaments and distinguished guests, today. I bring you the warmest greetings of our Executive Director Dr. Babatunde Osotimehin who deeply regrets that he is not able to be with us today and he has asked me to pass on to you his warmest appreciation for the critical work that you have and are doing to advance understanding of the connections between development, population, people and human rights. We thank you for your commitment to and vision for these crucial issues.

The United Nations Population Fund is delighted to participate in the opening of this milestone meeting of Asian Parliamentarians: in wishing you a very happy and successful 30th birthday, we also bring you warm greetings of appreciation from the international community of donors, the UN family at large and from civil society. We recognize how much we need and look to your leadership which, as a community of parliamentarians is essential, if the world is to advance a progressive policy agenda that reflects both the deepest concerns and highest hopes of people around the region and far beyond.

After all, it is people who matter most. Our highest calling is to end preventable human suffering and our surest path – for this purpose - is paved with human rights.

Distinguished colleagues,

We stand together – together at the brink – the beginning - of much more, of course, than this first day of a most welcome 30th meeting of Asian Parliamentarians who are committed to understanding the intersections between people, population and development. We stand together on the cusp – at the starting gates - of a major shift in development. For and over the course of coming decade – there will and must be a major shift in how we conceive of this principled, but ultimately practical, project of human progress that we call “development”.

Uncertainty; rapid onset change; shifts in the patterns of our daily lives that quite simply are irreversible – these will be the hallmarks of the coming decades. Across the most critical dimensions of our human story – the dimensions of economy and technology; urbanization and migration; climate events and resource scarcity; conflict and consumption; and in government and governance: it is clear that we are moving today into a period of human history that means for tomorrow: the greatest certainty is uncertainty and the one constant is change.

And in this shifting, mercurial and very human world whose progress is to be addressed by the incoming sustainable development goals, the data are a storyteller irrefutable. The post 2015 period will be a story of more people on the move than ever before, both within and across national borders. It will also be a story of more people living out their lives in urban and peri-urban, rather than rural, spaces - for the first

time in human history, with the city becoming a major site for development effort. And the “bookends” to this period be addressed by the post-2015 agenda? But the time the period of the SDGs is done the world will be emerging as home to the largest generation of older people in human history. But its departure point – where we stand today - is a world with the largest generation of young people in human history - 1.8 billion young people.

These unprecedented population shifts, occurring as they do against the backdrop of uncertainty, fragility and non-linear change, challenge the very methodologies and techniques of social and political development policy, programmes and tools – challenge our working assumptions about human progress.

Whether we will recognize it or not, the successes of the global tomorrow that we are planning for – the future that we want to shape globally - will depend on how we treat, target, address, respond to and engage adolescents and youth today. Young people on the move. Young people living out their lives in expansive and expanding urban spaces. Young people whose trajectories over the coming decades will determine too how they and their communities age; will determine whether they do so with greater health, greater human security and greater dignity.

It means that in those countries whose populations today are young, there is a unique demographic moment whose benefits can be felt within and far beyond their national boundaries. For as young adults enter productive age, a country’s “dependency” ratio also changes - the ratio of the non-working age population to the working age population – can decline. With that comes the potential of productive boom. Provided, that is, young people are given access to sound education; have the life skills to succeed; provided their sexual and reproductive health is upheld, and their economies offer them gainful employment; provided their societies ensure they can live securely, then young people’s financial, intellectual and social contributions can fuel enhancement of social and economic life to an extent that provides benefits for everyone, including for older people. And, as we have heard so eloquently from the Honorable Keizo Takemi, the groundwork for healthy life expectancy – into old age – is laid down in our youth.

However, to date and in so many places, investments are not properly aligned in support of young people. In so many places, young people encounter obstacles to the exercise of their rights to education, to health, to live free from violence, to have control over their own bodies.

Wanting for access to social assets, economic and educational opportunities, for dignity in their sexual and reproductive lives, millions of young people will not realize their potential as entrepreneurs and scientists, as artists and politicians, as healers and peace makers - as people with the skills, energy and contribution to transform the future so that it is the future we all want.

And the evidence of those missed opportunities is palpable:

Even after four years of primary schooling, as many as 250 million young people today cannot read and write.

74m today are unemployed

57m today are out of school

However, we must note too that this journey from childhood to adulthood has a gender dimension. It is not the same for boys and girls. Encountering many of the same obstacles that boys do, girls confront additional impediments.

In countries where menstrual hygiene is taboo, girls in puberty are typically absent for 20% of the school year,

39k girls are married every day, married before they could possibly provide free, prior and informed consent to that contract;

Each year 14 m girls give birth – 90% occurring within marriage or union; children bearing children;

More than one in three women, including those who are young, suffer violence from an intimate partner

– at the hands of those from whom they should receive love.

I must underline this: for the sake of human progress – for inclusive, sustainable resilient development – we must waste not. We simply cannot afford to have the talent, capacity and contribution of 50% of our population left out of productive life by failing them in regards to their reproductive lives.

More numerous in number than ever before in the history of human kind, the adolescent crouches before us in two meanings of the term: crouches ready to spring forward into the marathon that must be run for inclusive, sustainable and resilient development – a race made more urgent by the circumstances that they inherent from the rest of us.

But they are crouching too, in a second sense of that word: crouching down under burden exclusion – bent down by discrimination, disadvantage, and critically, by persistent adult prurience in the face of their emerging sexual and reproductive lives.

It is as if – with adulthood comes amnesia – as if we forget what it felt like to emerge into who would become. This after all is the very essence of adolescence – the transition process from childhood to adulthood – the journey in time during which we become more fully ourselves – gendered, sexual, intimate, loving and loved – a journey which should not be paved with fear, with shame, with ignorance; a journey that should not be fraught with danger as it is for millions of girls from the very moment they hit puberty.

Your Excellencies, dear friends,

Employment, education and health - specifically sexual and reproductive health - are the paving stones for the “rights” pathway from childhood to adulthood – the path that must be so paved if the demographic dividend is to be reaped. With more than 50% of the world’s young people living in Asia and the Pacific, many of your governments can strengthen that pathway and by doing so have that demographic dividend within their grasp.

Investing in young people is the “rights” thing to do but no development formula or economic advancement strategy can afford to ignore this either. Young people – boys AND girls - are not merely a curve bender, they are the curve. They are not only tomorrow, they are today.

The 1994 ICPD Programme of Action placed the rights of young people at the centre of the development agenda. At a time when adolescent sexuality was not talked about, the ICPD called on governments to uphold the rights of adolescents and young people, including by protecting their sexual and reproductive health. It was a world-changing and ground-shifting programme – and a promise that has been re-affirmed and upheld at each of the subsequent periodic reviews. That Programme of Action – renewed this year in the form of five regional action plans for the ICPD beyond 2014 – offers an essential step towards us doing what is needed to strike the “rights” and sustainable balance between people and this fragile, finite planet.

The role of parliamentarians has been critical in the ICPD review processes - at the national, regional and global levels and we are deeply grateful for your leadership, dedication and active support.

Dear friends,

A child’s safe passage from birth to adulthood – is surely not the child’s responsibility – it is first and foremost ours - as families and schools; as communities, as governments and as parliaments.

The great Nelson Mandela observed - late in his life actually - that the true character of a society is revealed in how it treats its children. UNFPA’s 2014 State of the World’s Population shows that the true character of our future - the future of people, polity, profit and planet - will be revealed in how we treat adolescents and young people today. Thank you.

SESSION 1:

Demographic Transition and Population Aging

“Demographic Transition and Population Aging: Some Lessons from Japanese Experiences”

Prof. Dr. Makoto Atoh

Director Emeritus of the National Institute of Population and Social Security
Research (IPSS), Japan

<Summary>

One of the main foci of Dr. Atoh’s presentation was fertility, referring to the Japanese case. While at the beginning of this century, population aging was discussed by a handful of countries, it is a global issue now. Dr. Atoh laid the question as to whether aging is always considered as a burden to society. Japan has the highest level of aging in the world now, and there are merits and demerits of population aging. Although there are costs associated with aging society, there are benefits as well.

According to the demographic model presented by Dr. Atoh, mortality declined fast and this caused a rapid population explosion. All countries, developed or developing, are experiencing demographic transition, and it is important to discuss and understand this transition in terms of benefits and costs, or merits and demerits of population aging. Rapid population increase, for example, tends to hamper economic development, expand poverty and income inequality and put heavy pressure on resources and environment. It also brings about youth bulge, which may lead, in turn, to a large number of unemployed and frustrated young people and social instability. Japan suffered from rapidly expanding population with youth bulge until 1950s, while less developed regions maintain a high level of youth bulge today.

Under the described scenario, fertility transition is necessary for stabilizing the population increase. In Japan, demographic transition started at the end of the 19th century resulting in the expansion of population in the pre-World War II period. Youth population accounted for about 20% until the 1960s and after the 1960s it declined. Japan completed fertility transition in a short period between the end of the 1940s and the end of the 1950s. The total fertility rate declined from more than 4 to around 2. The transition was achieved by a growing demand for a small family among people of all the social strata as well as by the legalization of induced abortion and the diffusion of contraceptives by the NGOs supported by the government. With all of this, the annual population growth rate declined to around 1% in the 1960s.

The cause of aging is often misunderstood. The main reasons are fertility transition and declining of mortality. The speed of population aging depends considerably upon the speed of fertility transition. Generally speaking, fertility transition tends to be faster among developing countries than developed countries and, therefore, population aging tends to be faster among the developing countries than among the developed countries, too. So long as the total fertility rate maintains around replacement level, the proportion of the elderly people aged 65+ rarely surpasses 25% of the total population.

Dr. Atoh introduced that recent economists’ argument for population bonus (or demographic dividend) shed light on economic benefits of the success of demographic transition and the early phase of population aging. With the achievement of fertility transition, the proportion of child population decreases and that of working-age population rises. Such change in population structure raises the proportion of workers in a total population and reduces their burdens for supporting

dependent populations, which heightens, in turn, the potential for the expansion of savings and investment. With appropriate economic policies, such potential, that is demographic dividend or population bonus, would be actualized as sustainable economic growth.

The window of opportunities, namely the period of population bonus, opens only once in the countries' post-transitional phase. So, if these countries cannot achieve a fully developed economy by the time of the closing of the window, they will face double burdens of achieving economic development and building up social support system for continuously-growing elderly population.

As for Japan, owing to the decline of the percentage of child population through fertility transition in the 1950s, the proportion of working-age population rose from around 60% in 1950 to around 70% in 1965 and maintained that level up to 2000. Capitalizing on this demographic dividend Japanese economy was transformed into a highly developed one and a universal support system for the elderly people was established in this period.

Since the middle of the 1970s, the fertility dropped below the replacement level among almost all the developed countries and some of them, including Japan, have had far-below replacement fertility for more than three decades (which is often referred to as the "second demographic transition"). Furthermore, newly industrialized economies are experiencing the lowest-low fertility since the turn of the century.

Sustained very low fertility below replacement level in some developed countries, exemplified by Japan, causes long-term population decline as well as hyper-aging of population. Recently, many Japanese people were surprised by the news of some regional population projections for Japan suggesting that the half of all the Japanese villages, towns and cities would disappear eventually due to the continuation of very low fertility as well as an out-flow of young migrants. According to projections, Japan will shrink to 40 million in 100 years. Besides below-replacement fertility, lengthening longevity accelerates population aging

Hyper-aging enlarges the burdens for supporting the elderly population and endangers the sustainability of social support system for the elderly, particularly social insurances for old-age pension and for medical and long-term care. In Japan, social security cost has expanded and increased to 30% of the national income.

In order to maintain the social support system for the elderly, radical revisions of the social support systems for the elderly are indispensable, such as cutting the benefits and raising taxes and the contributions of social insurance systems so as to balance both of them. They are very unpopular and difficult political agenda for many governments of any low-fertility countries, including Japan.

In addition, it is imperative to supplement the decrease of working-age population by expanding the workforce through the employment of more women and more elderly people, but it is also necessary to examine a policy aiming to expand the accepting of more foreign workers. This is also a sensitive political issue for many governments of any low-fertility countries.

In the long-run, Dr. Atoh concluded that the future of a depopulating and hyper-aging society such as Japan depends upon the resilience of fertility. There is no easy measure to raise fertility, but judging from international comparisons, gender equality and work-family life balance seem to be key factors for the recovery of fertility. In the era of women's emancipation, Asian countries with very low fertility, such as Japan, seem to be required to build a society where both men and women can work flexibly and equitably and can share childcare and family chore, as has been shown in Western countries with close-to-replacement fertility, such as the Nordic countries, English-speaking countries, France, etc. This is even more difficult social challenges for non-Western countries, as well as Japan.

Discussion

Chair: **Hon. Tehmina Daultana**
MP, Pakistan

<Summary>

In reply to the question raised by Hon. A.W. Rabi Bernard, MP from India, as to whether the declining fertility was due to families refusing to have children or being unable to have them, Dr. Atoh explained that in Japan a main cause of declining birthrate was the postponement of marriage and insufficiency of childcare facilities. The proportion of women who postpone marriage to their 30s or 40s is increasing because it is difficult for them to both have children and work.

Hon. Rahul Haque's, MP from Bangladesh, asked how less developed countries can take more advantage of the dividend associated with demographic transition with large uneducated population. To this, Dr. Atoh pointed out the need to have population programmes to fulfill family planning needs, send their children to school and maintain their good health. The role of governments in investing in children was also emphasized along those lines. If you have high percentage of uneducated children, it is not easy to benefit from them for economic development; so it is imperative for them to have good education and health care.

Hon. Raj Tamang, MP from Nepal, asked if there was any paper presented to the government on possible measures to keep the social system and how Japan can tackle such issues. On the first enquiry, Dr. Atoh stated that during the past 10 to 20 years the Japanese government has cut down the benefits, for example, by taxing the elderly who have high income, and also by raising premiums of pension schemes. Also, the elderly did not have to pay medical fees before, but now they have to pay up to 30%.

Concerning the second question, Dr. Atoh mentioned that Prime Minister Abe promoted women's engagement into economic activity. In order to in the workforce, Japan has to arrange more childcare centers in a working-women friendly manner. Retirement age is about 65 years old now, and this might have to be extended longer. Some say it should be 70 years old.

Hon. Dr. Thamrong Dasananjali, MP from Thailand, needed further clarification about the solution to recovering fertility. He also asked about the possibility to bring migrants. Dr. Atoh replied that foreign labor already accounted for about 2% of the total population. Acknowledging that possibility, he recognized the existence of some barriers, such as adaptation.

To recover fertility, Dr. Atoh emphasized that we had to make more childcare facilities and let women work more. If there are facilities for them to use, then they can have children and work at the same time. Currently, Japan is accepting Japanese descendants to return to work in Japan. We are deficient of long-term care service work, and he suggested that government should be flexible with this.

SESSION 2:

Parliamentarians' Roles: Policies and Measures in Varying Stages of Demographic Transition

“Policies and Programmes on Population”

Hon. Kimsour Pirith

Cambodia

<Summary>

Hon. Kimsour Pirith briefly introduced a number of population policies and programmes, especially concerning poverty reduction, family planning, good governance and others, which the Cambodian government implemented. The Cambodian parliament has focused on the fight against corruption and the need for more community cooperation and transparency so as to ensure that the intended groups receive the benefit of such population programmes. The Cambodian Association of Parliamentarians on Population and Development (CAPPD) has played an important role in lobbying the increase of resource allocation towards the social sector, education, and health, especially for the elderly. Family planning has also been part of the agenda in Cambodia.

“Youth and Elderly Population in Lao PDR”

Hon. Dr. Phonethep Pholsena

President of LAPPD, Lao PDR

<Summary>

According to Hon. Dr. Pholsena Pholsena, Lao PDR still depicts a rather young population with only 3.8% of those aged 65+ as of July 2014. Nonetheless, it might be heading towards a more aging society for the next generations to come (transition 1995-2050). There are some pressing issues facing young people such as human trafficking that need to be addressed. Currently, the elderly people also face problems such as poor living conditions, little or no care from their children, among others. The government has already launched a pilot project on home care, job opportunity for elderly and the like. The parliament has also been playing its role in passing various bills such as the Family Law, the Curative Law, Hygiene Prevention and Health Promotion Law, Women Development and Protection Law. Still, more policies and measures are needed (e.g. investment in reproductive health as a key priority), together with law enforcement. In the end, Hon. Pholsena pointed that it was important to urge the Lao PDR government to commit to achieving Universal Health Coverage.

“Central Asia on Population”

Hon. Samakova Aitkul
Vice-Chair of AFPPD, Kazakhstan

<Summary>

Hon. Samakova Aitkul referred that there were important meetings on gender and youth in the Central Asian region, setting the goal of prioritizing the 21st Century’s issues, under ICPD’s agenda. Although Central Asia is still a young sub-region, some changes have occurred, regarding demographic transition (e.g. increase in life expectancy). The governments in Central Asia are emphasizing the development of the youth, who accounts for 20% of the total population. The rise in life expectancy also requires policies to address aging. Hon. Samakova described parliamentarians’ role in the sub-region in adopting various policies for such issues as gender. In that regard, they have addressed discrimination against women and have developed progressive legislature. Kazakhstan has high participation of women in parliament (no quota system). They also worked in new laws for reproductive lives and violence prevention. She stressed that despite all the effort, there is still a lack of special implementation mechanism to ensure gender balance in Central Asia. In Tajikistan, high numbers of young women become mothers, but there is lack of information and health services for the youth. According to Hon. Samakova, Central Asians have adopted progressive declarations in recent meetings. Still, a comprehensive way to tackle those various issues is still needed.

“Thailand also Moving Towards Aging”

Hon. Dr. Thamrong Dasananjali
Thailand

<Summary>

Hon. Dasananjali emphasized that although in the last 20 years the demographic transition in Thailand resembles those of other developing countries, they are also moving towards an aging society. Fertility rate will drop further to levels such as Japan’s or South Korea’s. On the other hand, some problems remain such as teenage pregnancy which is on the rise, forcing young ladies to leave school. He stated that the Parliament has been working on laws such as those for protecting rights; however, more active support of the Parliament is still needed. There is also a need to work on law implementation. Currently, parliamentarians from Thailand are discussing a bill on reproductive health, and are concerned about social welfare as well.

“Tailor the Population Policy to the Changing Demographic Structure”

Hon. Wang Longde

Vice-Chair of AFPPD; Vice-Chair of ESCPH Committee, China

<Summary>

According to Hon. Wang Longde, China has achieved good results in population control which, in turn, helped to bring about economic prosperity, and lessened pressure on resources. Nevertheless, it is time to revise the long-established one-child policy. Changes on this policy have been moving gradually, loosening the restriction on a differentiated approach basis (e.g. looser policy for those in rural areas), on the foundation of differences such as degree of development, ethnicity, natural living conditions.

Hon. Longde stressed that good results were accompanied but there were some problems such as disparity in the newborn sex ratio, aging and rising cost of family planning. Further legislative work focused on passing laws for population and family planning (milestone law, year 2001), protecting women rights, protecting minorities, compulsory education, and more (year 2002). He added that, later on, an oversight work took place to review and deliberate on population and development, which resulted in passing the bill for the adoption of the kick start policy to allow couples to have two children (year 2013). His suggestions include:

- to appeal to all countries to pay further attention to population and family planning (balanced population);
- to strengthen capacity building in developing countries; to have full play for parliamentarians' role in making comprehensive domestic coordination; and
- to forge international partnership on population and reproductive health.

“Parliamentarians Roles: Policies and Measures in Varying Stages of Demographic Transitions”

Hon. Dewi Coryati

Indonesia

<Summary>

Hon. Dewi Coryati emphasized that the regulation concerning the population stabilization in Indonesia was not an easy task due to its peculiar distribution, not to mention the large number of parliamentarians that make consensus a daunting task.

Indonesia is expected to have population bonus by 2020-2030. In the meantime, the government has been providing some social benefits to prevent crisis, along with adopting measures to prevent young marriages. Still, more job opportunities for the young might be a concern. Hon. Coryati introduced some of Indonesia's important legislation concerning demographic transition: 1) 2002, on child

protection, to ensure they have the right to afford good life, good growth and protection; 2) 2004, on the elimination of domestic violence; 3) 2004, on national social security system, to provide protection and social welfare to all citizens.

On the economic-social sphere, the Indonesian government is providing job training to poor people and providing fiscal and non-fiscal benefits to boost investment. Her recommendations included:

- to strengthen parliamentarians' capability so as to improve quality of human development;
- to empower local parliaments in implementing national regulations; and
- to engage religious/community leaders to join the government in its effort to control population and improve health.

SESSION 3:

Concrete Measures for Super Aged Society: Toward a New Paradigm for Healthy Aging

“Health Promotion in Super-Aged Society: Prevention of Geriatric Syndrome in the Community”

Dr. Takao Suzuki

General Director of Research Institute, National Center for Geriatrics and Gerontology, Japan

<Summary>

Growth of the Old-Old and Its Consequences

What should be noted in demographic change is that while the population aged 65+ will be increasing in relative terms in the coming years, the growth of “the young-old (aged 65-74)” will not be so dramatic. The biggest growth, both in number and rate, will be seen among so called “the old-old (aged 75+).”

What will actually be happening around 2025 or 2030 then?

First, there will be a sharp increase in the old-old. Second, along with the growth of the old-old, there will also be a sharp increase in older people living alone or only with spouse. Third, there will be a sharp increase in older people in big cities, particularly in Tokyo Metropolitan Area. Older people in metropolitan areas tend to have unique life styles as well as necessary information and services which are different from those in rural areas.

Fourth, there will be a sharp increase in the number of deaths. Currently, about 1.1 million people die each year. By 2030 when deaths of baby boomers reach a peak due to aging, the number of deaths is expected to be 1.6 to 1.7 million. While 80% of people die in a hospital now in our country, it seems difficult for hospitals to provide support as places of deaths if the current trend continues. In the future, it will be necessary to emphasize long-term and terminal care at home, which used to be the mainstream in Japan.

Fifth, there will be a sharp increase in the number of older people needing care. While this is natural considering the growth of the old-old, the big issue that accompanies this phenomenon is the growth of older people with dementia. Currently, about a little over 3 million to 4 million people in the elderly population aged 65+ are estimated to have dementia. Since the prevalence of dementia increases with age, the number of people with dementia will increase substantially.

I believe the big challenge is how to achieve productivity among the old-old while keeping the above issues in mind.

Characteristics of the Young-Old and the Old-Old

Next, I will make a brief comparison between the young-old and the old-old.

The young-old are quite healthy and active. The majority of them are completely different from the elderly population aged 65+ about 15 to 20 years ago: they are a new group of people with energy and high levels of social contribution and productivity.

Moreover, they are definitely more motivated to work and actually have a higher labor force participation rate than those in Western countries. While many people work for economic reasons, what characterizes this population group is that a number of them work for Ikigai (i.e. meaning of life,

life worth living) and health.

On the other hand, there are bigger individual differences among the old-old. Although some people are quite healthy, on average, the decline in physical and mental function becomes more evident. In addition, they show clearer signs of geriatric syndromes, which are not illnesses but lead to various inconvenience in daily living and lower QOL along with aging. This includes, for example, falling, incontinence and declining cognitive function. As a consequence, they are more likely to go to doctors and be certified as those needing care. According to the data provided by Ministry of Health, Labour and Welfare in 2010, while 13% of the young-old receive the long-term care insurance services, 86% of the old-old do so.

Health Measures for the Old-Old

There are 2 main issues in order to maintain health and to promote independence while the number of the old-old rapidly increases: cognitive function and mobility function such as muscles and bones.

How do we prevent dementia? We are finally beginning to see some scientific basis in Japan as well, and we have started to understand that preventive measures are not impossible.

Another issue is the decreasing muscle mass. This is the biggest reason for losing vital functions. Indeed, there is a rapid growth in the efforts to build scientific basis in order to prevent frailty, declining cognitive function or sarcopenia among the old-old.

Today, in our country, there are growing efforts to develop evidence-based care prevention, to promote independence of the old-old through these preventive measures, to provide support for families and to contribute to local communities.

With a background like this, I believe comprehensive community care is an essential social system for productivity of the old-old.

Discussion

Chair: **Hon. Jameel Usman**
MP, Maldives

<Summary>

First, Hon. Dr. Thamrong Dasananjali, MP from Thailand, enquired about the measures that the government of Japan is taking to fight dementia. He also asked how much exercise is good and how often the exercise should be taken. To this, Dr. Suzuki replied that the government is determined to reduce the number of demented people. One of them is the screening system during early stage of dementia). As to the exercises, one session lasts one hour, referring to the experiment that was done. "Cogni-cise" is done twice a week.

Hon. Dasananjali further asked about the situation for elderly homes in Japan. Dr. Suzuki stated that the government has homes for the demented for concentrated services. They can give the same service to lots of elderly people (for example, same medication or exercise treatments). Unlike in family home, it is a burden for family members to be doing this.

Hon. Dewi Coryati, MP from Indonesian, asked as to what kind of programme were undertaken in Japan to keep this population. Furthermore, she wanted to know the best age to supplement amino acid in order to prevent dementia. To this, Dr. Suzuki said that there was a G8 summit on dementia in Tokyo recently and it was agreed that education was very important in the curbing of dementia. It is known that those with longer education period have less chance of dementia. The educated person (exercising the brain) has less risk. The research results showed that exercise and amino acid supplementation works well for old-old women. Prevention should start around the young-old stage.

Hon. Tehmina Daultana, MP from Pakistan, asked whether dementia could be controlled if a person was diagnosed with it. Dr. Suzuki replied saying that once diagnosed, there is no cure. All we have to do is provide good care, and there is medication to help them. Hon. Ruhul Hauge, MP from Bangladesh raised the question whether there was any plan of utilizing the young-old considering they are still healthy and what kind of food or nutrition could help reduce the chance of getting one of these age-related problems. Dr. Suzuki said the young-old still could work effectively. Based on data and intervention studies, the blue fish rich in omega and other certain nutrients help a lot. Red wine also helps in the case for Alzheimer.

Hon. Wang Longde, MP from China, asked if there were many elderly care centers and if they were government-owned or private. He also asked what their working structure looked like. Dr. Suzuki replied that basically care homes are run by the municipalities or private sectors. In each care home, there are personnel such as nurses, managers and servicers.

Session 4:

Optimal Policies across Asian Countries at Different Stages of Demographic Transition

“Optimal Policies across Asian Countries at Different Stages of Demographic Transition”

Dr. Takashi Inoguchi

President and Chair of Board, University of Niigata Prefecture, Japan

<Summary>

Dr. Inoguchi, offering a broad perspective on population, mentioned that population decline is an issue in many corners of our planet, with some regional exceptions such as South Asia, or some specific countries (e.g. some countries will still have demographic rise, like India. Haas, 2007), and alarming cases in East Asia (Japan, South Korea, Taiwan and China). Although some challenges still remain, the world has improved significantly in many Millennium Development Goals (MDGs), such as hygiene, nutrition, which are factors behind the achievement in higher life expectancy.

According to Dr. Inoguchi, characteristically, migration has played a role in bringing some balance. For instance, surplus rural population is absorbed by cities. Migration to foreign countries (such as the Japanese emigration to Brazil or Peru immediately after the war, triggered by the high unemployment rate in Japan) was another way out in coping with surplus labor and unemployment. City ward migration often gives a bonus to economic development when industrialization absorbs such population. Nevertheless, the dark side, with the Japanese case as example, is that too much migration to metropolises is leaving many rural areas deserted.

We can see that demography underlies everything; therefore, it is important to point out countries communalities and differences in that regard. In his “Inequality as destiny”, he mentioned that there is a downside to further industrialization and globalization, which translates into the widening of income inequality and worsens with regimes equipped with “extractive institutions” (Daron Acemoglu, James Robinson, Thomas Piketty). Inequality cannot be easily solved because among other reasons, technological innovation does not take place as open as possible (not everybody’s productivity rises equally). The bottom line regarding solving those problems is that there are no silver-bullet policies, but a package of *boldness* (strong leadership to affect expectations and to take strong measures), *ingenuity*, and *patient*. Japan has proved the world of having those ingredients many times. Agenda for the future to tackle the alarming increase in aging include: 1) investment in research and development must go up in order to increase total factor productivity globally; 2) given that the alarming increase in non-productive aging population over younger productive population in most societies means fiscally unsustainable social policy expenditure, we need to consider some hard and unpopular measures such as pension cuts and tax increase. In the end, Dr. Inoguchi stated that, daunting challenges also require that solutions be found in each household, community and city.

Discussion

Chair: **Hon. Rogelio Espina**
MP, Philippine

<Summary>

Concerning the question from Hon. Rabi Bernard, MP from India, about where to start and about the national character of Japanese people that transformed Japan from unemployed society into a developed one, Dr. Inoguchi replied that, for India, one strategy would be the good use of its diversity, making the best of national differences. It also helps being an achievement-oriented society.

DAY 2:

**Asian Parliamentarians' Study Visit on Population and
Development**

Headquarters of Seven & i Holdings Co., Ltd.

“Corresponding to the Declining Birth Rate and a Growing Proportion of Elderly People”

Mr. Junro Ito

Director, Executive Officer, SO of Corporate Social Responsibility Department,
Seven & i Holdings Co., Ltd.

<Summary>

About Seven & i Holdings Co., Ltd.:

Mr. Junro Ito emphasized that Seven & i Holdings Co., Ltd. is playing a role in dealing with population issues, specifically related to changes in the population structure in Japan. There are approximately 150 group companies including convenience shops, service centers, restaurants, bank and etc. Their store network in Japan comprises 18,500 premises and employs around 112,000 people. Seven & i Holdings Co. is the 2nd biggest retail sales chain in the world, just after Wal-Mart.

In May 1974, the 1st Seven-Eleven store was opened. By 2003 the total number of stores reached 10,000 and by 2013 it exceeded 15,000. Customer count is approx. 5.7 million per day all over the world. There are 54,209 stores in 16 countries/regions, as of September 2014. Regarding Seven-Eleven Japan, its total sales amount of all chain stores was 3.7 trillion yen in 2013.

The Seven-Eleven standards for franchise system include development of distribution system, differentiable original products and information network system, as well as ensuring safety and high quality of products. The process of making original food products follows unique and strict manufacturing standards. In sandwich preparations, for instance, bread making undergoes specific steps to meet the standards from dough mixing and fermentation and temperatures. Vegetables should be fresh and be of high quality. All in all, each original product (food) is made with uttermost care, with rigidly controlled sanitation and cleanliness of workers on production lines.

With the idea of local production for local consumption, not centralization, Seven & i Holdings Co. utilizes locally produced products, like beef, rice and others that allow them to work with local organizations to network. They make sure to respond directly to what customer need, make delivery efficient and reduce the cost. Energy efficient appliances, light, vehicles etc. are used to help reduce energy consumption.

The Seven Meal service is a membership system of meal delivery service. For order more than 500 yen, delivery is free of charge. They deliver meals 365 days a year, the next day you place the order, you can get the product. The Seven Meal service is also available online.

Changes in the population structure and Seven & i Holdings Ltd.:

Mr. Ito explained the company's approach and strategies to respond to population aging. Seven Eleven makes effort to cope with social change and fulfill customers' needs. Japan's demographic structure has changed along with its environment. About 30% of the population is aged. Also, the number of working women has increased year by year, while the number of retail stores has decreased. A lot of people who have no time to do the shopping, or go to restaurants, are using Seven & i Holdings services. Spreading the retail shops makes Seven & i Holdings close and

convenient.

The factors affecting population or demography are taken into account as it affects the sales of products. It also serves as a base for developing products that best fit the current population. The ratio of female customers has increased. Seven & i Holdings meal service, cares for the aged working women, mothers. Catalogues are distributed to these registered members.

Considering safety, freshness and balanced diet, contents of nutrients are displayed for customers' viewing. The meal service is used more by the people over 60 years. Customers for meal orders are increasing and it is projected to be 10 billion a year in years to come. Delivery cars are electric, and they are environmentally friendly, portable register makes it possible to pay when delivered. We offer door-to-door delivery. Especially for the elderly people who find it difficult to walk to shop, or carry heavy goods (milk, water, etc.) from the shop. There are also mobile stores

Mr. Ito mentioned that in 1997 nursing care products were introduced in Yokado stores, to care for the elderly. Various services are provided for the elderly and disabled. Voice guidance in toilets or phones, and internet shopping has been more and more used. To counter the reduced birthrate, the company works with health care staff to give free consultations for couples or the general public. Seven & i Holdings is moving from being committed to meeting the inconvenience of meals, to being committed to meeting the inconvenience of life, creating new values by proactively solving social issues.

Discussion

<Summary>

Before the floor was given for questions, Dr. Osamu Kusumoto, APDA's Secretary-General/Executive Director complemented Mr. Ito's presentation with his comments on how Seven & i Holdings has successfully integrated demographic change into its operations and respond to various social issues. Firstly, through the franchise system, the franchisees that used to run their small business have improved their service by operating under the Seven & i Holdings logo system. Secondly, Dr. Kusumoto added that Seven & I Holdings is trying to support dysfunctional areas (caused by aging), marginalized villages and towns, with abundance of the elderly. Public services are becoming more difficult to deliver to those areas. In response, Seven-Eleven launched administrative services of issuing copies of certain certificate from multi-functional copiers at the store. In summary, Dr. Kusumoto explained that not all problems can be solved by merely spending money on it. Social issues need to be analyzed in a more comprehensive way. The way Seven & i Holdings deal with social issues is worth considering by parliamentarians from various countries in Asia.

Subsequently, Hon. Samakova Aitkul, MP from Kazakhstan, asked if there was any possibility of opening Seven & i Holdings in Kazakhstan. Mr. Ito replied that there were license agreements that need to be agreed upon not only by the Headquarters in Japan but also with the U.S.A's. It is also important that the country's infrastructure has to be very secure for smooth distribution. Quality standards that Seven & i Holdings is known for are of great importance and need to be assured.

Hon. Ezzatollah Yousefianmolla, MP from Iran, commended the company for its achievements and asked if there are any charities given to developing countries. To this question, Mr. Ito stated that they understood the value of contributing to society and thus they make a contribution especially to the field of environment.

Dr. Kusumoto commented on that saying that the population is considered to be the basis of society, and there is no social development without settling the population issues. The contribution to society would lead the development of a company as a result. He requested Seven & i Holdings to give some consideration to contribution to society in the area of population issues.

Hon. Tehmina Daultana, MP from Pakistan, inquired whether Japan had all the resources needed to produce their products, and if not, then probably Pakistan can help thus make business with Japan. Mr. Ito stated that Japan's food self-sufficiency is under 40%, and therefore they are also looking for the possibility of procuring items from overseas and make business. We were not aware of working with Pakistan but would be happy to exploit it.

Mr. Manohar Bhattarai from Nepal asked if the success of Seven & i Holdings was based on the value of a name or the service that is delivered. Mr. Ito said that it was important to note that the success was due to the operation done as franchise. Dr. Kusumoto added that it was more difficult in the past for many local shops to survive because of their low productivity, but thanks to the franchise system, many of those were brought back. Mr. Ramon San Pascual, AFPPD Executive Director, wondered what makes Thailand special that they have more Seven-Eleven shops. Mr. Ito replied saying that it was due to the licensee or company that is very successful in operating these franchisees in Thailand.

Hon. Jameel Usman, MP from Maldives, asked how Seven & i Holdings collected data for customer preferences. To answer his question, Mr. Ito said that customers have their profile on membership cards NANACO or delivery memberships. There is annual information or data collection. When customers use those cards, Seven & i Holdings shops were able to grasp their personal data such as age and link it to the products they bought.

Hon. Dr. Thamrong Dasananjali, MP from Thailand, asked how Seven & i Holdings made solar energy in north of Japan where there was less sun. He also asked if there were plans to provide medicine service. Mr. Ito replied that there is mutual usage of solar and electricity. And for medicines, there is a law that regulates medicines and for this a store has to have a pharmacist to be employed. But we are also looking towards that.

Hon. Ichchha Raj Tamang, MP from Nepal, stated that in the menu there were various food not only Japanese and wanted to know what was the secret that serves customer needs. Mr. Ito answered by saying that they were always ready to respond to their customers' requests to incorporate their needs into their products. There are many additional factors. Proposals are made on a daily basis by people who work on factories, and discussions take place and then they decide on a final product.

Hon. Ezzatollah Yousefianmolla, MP from Iran, wanted to know that how it was made possible to move from one store to 55,000 stores, and Mr. Ito said that franchising was the key. Hon. Prof. Dr. Phonethep Pholsena, MP from Lao PDR, asked whether Seven & i Holdings could invest in Lao. Mr. Ito said that as mentioned earlier, infrastructure is very important. They receive requests from various countries, and maybe they will be there in the future. But first it is important to have a stable infrastructure. Hon. A.F.M. Ruhul Haque, MP from Bangladesh, wanted to know whether Seven-Eleven products are made from Japan or other countries like U.S.A. Mr. Ito said the products development, service, etc. are left to the country where the stores are in. He added that the infrastructures were surveyed before opening stores to make sure that products were able to be produced and distributed smoothly according to Seven-Eleven standards.

The National Institute of Population and Social Security Research (IPSS)
“Japan’s Experience in Population and Social Security Policies”

<Summary>

“Greeting Address”

Prof. Akira Morita
Director-General of IPSS

Prof. Akira Morita warmly welcomed the delegates from various Asian countries and officially opened the session at the IPSS. He expressed his expectation for active exchange and sharing of ideas and experiences among the IPSS experts and Asian parliamentarians.

“About IPSS and Population Trend in Japan”

Dr. Reiko Hayashi
Director of Department of International Research and Cooperation, IPSS

Dr. Reiko Hayashi offered a brief history of IPSS by saying that it has as its core function the production of official Japanese population projections and the collection of data (entire Japan) for cost of social security.

The graph for the first Japanese population census in 1920 depicted the shape of Mountain Fuji. The one for 2060 depicts an atomic bomb, which speaks about the aging phenomenon in Japan. Other Asian countries share the same trend, to which we add the dependency ratio. Firsthand data also showed the trend in population concentration in big metropolises, raising the fear of disappearance of rural municipalities.

“Household and Family Changes in Contemporary Japan”

Dr. Yoshimi Chitose

Senior Researcher, Department of International Research and Cooperation

There are some trends in households in Japan (there is diversity of household size in Asian countries), which can be summarized as follows;

- Number of households increased, while decreased in size (2.2 person/per household in 2010).
- Rapid increase in one-person household. About 1/3 of all households accounted by one-person household in 2010 (by 2030 it will increase further).
- Number of the elderly living alone or with only spouse increased.
- Increased co-residence with single unmarried child, while decreased co-residence with married child.
- Increasing number of households with elderly, while decreasing those with children.
- More than half of married children live within 1 hour distance from parents.

“Social security in Japan”

Dr. Katsuhisa Kojima

Senior Researcher, Department of International Research and Cooperation

Dr. Kojima offered a comprehensive outlook on the social security system in Japan. This system in Japan has a long history, dating back to 1922 (with limitations) and periods such as the afterward of World War II, when Japan had to cope with people with disabilities (more comprehensive system begins), and the outset of rapid economic growth period (Universal Coverage); period from 1980s to 2000 (reform for long term care, health care system for elderly, etc.); and period from 2010 to present (reform towards a sustainable social security to cope with declining birth rate).

The current system (that includes non-Japanese citizens permitted to live in Japan) has the following schemes:

1. Social Insurance (financed by premiums and tax, and mainly administered locally) - As the core of the system, that comprehends: health insurance and pension insurance (Universal Coverage), long-term care insurance (40 years old +), employment insurance, and workers' accident compensation insurance. Providers of health care are private/public. On pensions, all persons aged 20-60 must join.
2. Social welfare - For children, persons with disabilities, one-parent household, etc.
3. Public Assistance - For low-income households (previous evaluation)
4. Public Health
5. Housing and other

One of the many examples of the success of the long-established system is that as of 2012, 96.1% of elderly households receive pension that is equivalent to 69.1% of their income.

On challenges, given the increase of the social security cost, due to rapid aging and longer life

expectancies (expenditure for social security in Japan is 22.5 % as ratio to GDP), the focus is to be put on financial sustainability. In this regard, one of the challenges is the construction of integrated community care system, in which, for instance, the elderly can use various kinds of welfare services in the region where they live (services provision based on needs of the elderly).

“International Migration in Japan”

Dr. Masataka Nakagawa

Researcher, Department of International Research and Cooperation

Japan has evolved from the “emigration from Japan” period (late 19th century to 1941 and postwar wave until early 1960s) to the “immigration to Japan” period. Immigration waves (1970s onward) ignited some fundamental immigration policies based on the principles of not-admittance of non-skilled foreign workers for employment purposes and admittance of foreign workers only on temporary basis.

As of 2011, Japan has one of the lowest levels of immigrants among developed countries. China, South Korea and Brazil top the list of immigrants. Of those, China accounts for a major proportion of skilled/professional workers in Japan. Moreover, the majority of foreigners are aged 15-64 (82.2%). Metropolises such as Tokyo, Nagoya and Osaka absorb most of the foreigners. One of Japan’s challenges is to maintain its principle of not admittance to non-skilled worker, while further promotion of acceptance of highly-skilled workers is in process. There is also a growing demand (with global competition) for care workers. Lastly, there is the integration policy for resident foreigners, as a way of helping them integrate better into the Japanese society.

Discussion

Answers were provided in response to various questions from the participants.

On policies for aging: Japanese government is promoting or reinforcing various family policies such as better education for the children.

Pro-women policies are also being implemented (more nurseries, encouragement to companies for maternity leave, etc.) so as to have more women in the workplace, while carrying on their mother’s role.

On data, policy making and evaluation: Research conducted by IPSS is definitely brought into the table for policy making, besides being uploaded to the Internet for everybody’s usage. And evaluation (of policies) is carried on a yearly and once in three years basis.

“The Japanese Government’s Policies and Initiatives in Realizing a Healthy Aging Society”

Dr. Shiro Konuma

Director of the Office of Healthcare Policy of the Cabinet Secretariat

<Summary>

Dr. Shiro Konuma’s main remarks were centered in the healthcare reforms that the Abe administration is keen on passing. He highlighted 3 pillars of the Japanese reform:

- Realizing a healthy aging society;
- Aging society to help economic growth; and
- Looking abroad to supplement the need for skilled labor.

The government first needs to create market for this product (health care) locally and after this, private companies will look into market abroad. They will later be going abroad to your countries to sell this. Japan’s male life expectancy is 80 years and female is 85 years. Most of the elders remain in bed while receiving service for the last years of their lives. This is why the policy reform aims to have a healthy aging society. By making the elderly people active, we would like to prevent unhealthy aging society and reduce the number of the aged who are in hospital beds. This will reduce the national health care cost.

Discussion

<Summary>

Hon. Tehmina Daultana, MP from Pakistan, asked how the government practically did that - will they send people out of hospital and make them be active? Dr. Konuma replied that they will strive to educate the importance of nutrition, but we do not have that. The Ministry of Agriculture, Forestry and Fisheries of Japan is working together with the Ministry of Health, Labour and Welfare to produce food for the aged people. There is a need for good exercise to maintain brain activity. Since there is a reduction in the labor, maybe the old can have something to do physically. This will be like an exercise for them to be active. But the market for these healthcare products is not big enough, so government would like to create the market, in a way which is economically viable. Educating people on this market and to the elder people about their health situation, there should be cost effective measures. Government is just starting to make the market.

Hon. Daultana again asked whether the government considers decreasing number of population and why cannot they get foreigners to cover for labor shortage. Dr. Konuma said that campaign has already been launched; prices are higher in Japan compared to some countries. The free movement of labour force between countries, for instances, could take nurses who work for health care services from developing countries. We do not want to cause problems to the other countries by luring their skilled people to Japan. For examples most nurse in Philippines take jobs in the U.S. and now there is shortage of nurse in the Philippines.

Dr. Konuma also explained the social burden associated with increase in the elderly population. The medical expenditure for a person increases rapidly when he or she reaches 60 years and over, showing the amount of service directed to them. Imagining the future cost of making healthy life expectancy, shows a possible decrease in cost, but there is no experience about this.

Hon. Ichchha Raj Tamang, MP from Nepal, asked how the opposition looked at this issue. Dr. Konuma replied by saying that there is no opposition as they all want to have this healthy society, but they might have different approaches to the issue. There will be debates for this, but we all need to have this healthy aged grouped.

Hon. Jameel Usman, MP from Maldives, thinks that opposition will try to fail the health care in order to get to their advantage. Dr. Konuma said that there were lots of debates, but it remains that it will not fail but be approached differently. Launching the aged health care, there was a lot of debate, but there is a need to give this service. There are no different opinions between the ruling and opposition parties on this point.

According to Dr. Osamu Konuma, even in the launching of this health care system, they knocked the doors of important people in the opposition and explained very detailed the system to acknowledge the political intention. The opposition party also realizes its importance and approves it. We have plans in the future to merge hospitals and health care providers, to make the market efficient.

Hon. Dr. Ezzatollah Yousefianmolla, MP from Iran, asked whether 70 years old people go to hospital for services. Dr. Konuma said that they try to make it an obligation to serve the elders, but probably if we make a healthy aged group, we will reduce the burden on health care system, which is good. We have to prove that those services are cost effective, and we have to make the guidelines and scientific evidence that it will work well.

WRAPPING UP

WRAPPING UP

Dr. Osamu Kusumoto

Executive Director; Secretary-General of APDA

<Summary>

As the Wrap-up Session Resource Person, Dr. Osamu Kusumoto, Executive Director/Secretary-General of APDA, summarized the meeting and study visit as follows, starting with the purpose of the project.

The purpose of the project is to achieve sustainable development that gives people dignity, as defined in the ICPD PoA, in particular in its Preamble and Principles. It was from this perspective that Dr. Kusumoto explained the background to this project. Population issues pertaining to structural changes are deeply connected to the pace of countries' demographic transitions. The life cycle approach to population issues also correlates to the stages of a demographic transition. To create a platform for our action, we need to understand the issues that we regard as axiomatic. The purpose of our programme is to create a platform for common action on the basis of a common understanding. For the wrap-up session, Dr. Kusumoto put forward a conceptual framework developed based on the results of 30 years of research by APDA.

Several session participants asked Dr. Kusumoto to explain the concepts of this comprehensive framework as they apply to demographic transitions and the life cycle approach. Dr. Kusumoto began this explanation in response.

1. A demographic transition is a process that ultimately achieves population stability, which is a basic condition for a sustainable society. Events such as wars and natural disasters also achieve population stability, but since these are unacceptable because they rob individuals of dignity, a demographic transition is the sole route for a society to achieve population stability. While that route will also entail the aging of that society's population, that and other resulting problems are unavoidable, but they can be overcome by applying humanity's collective knowledge.
2. A demographic transition consists of two phases: a fertility transition and a mortality transition, which have the following specific characteristics:
 - 2.1 Mortality transition is also called epidemiological transition.
 - 2.1.1 Except in the case of suicide, death is an unintentional occurrence (that is, it is not an action intentionally committed by an individual).
 - 2.1.2 Developments in medical-related science, specifically improvements in primary health care and in social conditions, are the main forces that determine mortality transition.
 - 2.1.3 A mortality transition proceeds in tandem with the modernization of its society.
 - 2.2 By contrast births are the result of actions which could be either intentional or unintentional.
 - 2.2.1 These actions are affected by social norms, values and social knowledge prevalent

- in the relevant society (and include traditions and the like).
- 2.2.2 Most of these underlying social norms and values are not consciously recognized as such by the individuals in the society.
 - 2.3 Given this nature of these actions by individuals, there is always a time lag between any change in social conditions (caused by factors such as new technologies, for example) and any change in peoples' understanding and actions that those first changes might produce.
 - 2.3.1 The time lag (between a country's mortality transition and its fertility
 - 2.3.2 In traditional societies, peoples' actions do not change so readily in response to changes in broader social circumstances, because past underlying values are more embedded in their thinking.
 - 2.3.3 Changing people's values and norms requires changes in the conditions that underlie them.
 - 2.3.4 This is one of the principal reasons why education plays such an important role in solving population issues.
3. Demographers' hypotheses
- 3.1 Until only around 30 years ago, most demographers believed that a country's demographic transition would be completed once that country achieved a total fertility rate of 2 (TFR = 2).
 - 3.2 In most developed countries, however, birth rates have declined beyond TFR=2, and are even expected to decline below the population replacement rate. A Dutch demographer, Dr. Dirk Van De Kaa, has called this phenomenon the "Second Demographic Transition".
 - 3.3 This Second Demographic Transition is itself evidence that a country's fertility transition is a result of changes in the actions taken by individuals (that is, in their values and norms).
4. Phases of demographic transition, and measures needed in response
- 4.1 The first stage of a demographic transition is represented by an increasing population. During this stage, measures are needed to improve reproductive health, maternal health and infant mortality, which are defined in the ICPD.
 - 4.2 In the fourth and subsequent stages of a country's demographic transition, aging of the population occurs, giving rise to a super-aged society, which imposes increased burdens on society. During these stages measures for both healthy aging and to reverse extremely low birth rates are needed. The participation of all stakeholders in society, including elderly people, is one of the strategies required.
 - 4.3 This level of aging matched with extremely low fertility at a global level is unprecedented in human history. We therefore need to look for urgent and creative measures in response.
5. Features of some population issues: the fallacy of composition, tragedy of the commons, and the Nash Equilibrium
- 5.1 The fallacy of composition

The fallacy of composition refers to situations where short-term benefits are collectively against long-term benefits. This is because actions or events which produce a small change in the short-term but a major change in the long-term are not recognized as such or else are simply ignored. For instance, the size of a population is rarely seen as a variable – change in the size of a population is regarded as constant in the short term. When we pursue a short-term benefit, we do not take into account some natural limits (such as the environment), since we harbor the belief that if something has worked before, it will always work again, without any constraints. When individuals seek to

maximize benefits for themselves, it does not necessary bring benefits for all.

5.2 The tragedy of the commons.

This occurs in the context of shared resources such as water, when individuals, in pursuit of their own self- interest, jeopardize the interests of the community.

For instance, the value of a forest is not only the value to be derived from harvesting its timber. A forest also has many more (social) functions attached to it, which give people enjoyment: clean air, natural beauty, and preventing landslides and soil degradation.

Nonetheless the forces of modernization meant that the only value that counted was the price of a forest's timber. Furthermore, the ownership of a commons is mostly neither clearly regulated nor defined in writing. So when a maximization of self-interest occurs (in the form of certain individuals' acquiring a benefit from harvested timber), while at the same time the worth of other societal functions (e.g. clean air), for which it is not so easy to give a monetary value, is either lost or not accounted for, the end result is the loss of sustainability for society.

5.3 Nash Equilibrium

In a Nash Equilibrium, the optimal solution for particular individuals in a group does not equate to the optimal solution for all the individuals collectively (Pareto Optimum).

6. The norms, values and conditions underlying high and low birth rates

6.1 The conditions for and results of high fertility rates

- 6.1.1 The society lacks any system of social security, and infant mortality rates are high. In such a society, having more children is a form of insurance for one's old age.
- 6.1.2 When the cost of having children (including their education) is low (a common feature of the first stage of a demographic transition), the opportunity cost of having children is low and the opportunity income is high.
- 6.1.3 An unrestrained population increase causes the country's carrying capacity to be exceeded, putting too much pressure on natural resources, and jeopardizing the sustainability of people's living conditions.

6.2 The conditions for and results of low birth rates

- 6.2.1 The society has a fully-formed social security system. Individuals have no need to depend on children as a form of insurance for their old age.
- 6.2.2 People need to invest big in their children's education, but can expect to see little of that returned.
- 6.2.3 The high cost of education and of a fully-developed social security system creates a situation where having children is more of an economic burden for parents.
- 6.2.4 The accumulated actions of individuals (that is, the accumulated choices that they make) result in an extremely low birth rate for the society.
- 6.2.5 An extremely low birth rate undermines the viability of the nation's social security systems.

6.3 When individuals optimize what are to them "rational" choices, it results in problems for society as a whole.

7. Policy requirements and focus

- 7.1 Given these factors involved in population issues, there is a need to somehow strike a

balance between what individuals regard as being in their interest and what is in society's best interest, and this is precisely where policy intervention should be directed.

- 7.2 The goal of policy intervention is to close the gap between people's self-interest and the public interest.
 - 7.3 To achieve our target, improving the well-being of the more vulnerable in societies is essential. Avoiding unwanted pregnancies improves the well-being of women.
 - 7.4 At the same time it is also essential to create a social environment amenable for young couples to have children, or to improve the existing environment for them.
 - 7.5 The nature of population issues is such that improving conditions for individuals in a society leads to the solution of these issues at the global level.
8. The evolution of demographic transitions and the transformation of societies (pre-modern →modern →post-modern economic systems)
- 8.1 The first stage of a demographic transition occurs when a society transitions from a pre-modern to a modern economic system. The country's population increases because while new medical technologies are introduced and public health conditions are improved in what is still a traditional society, individuals in that society continue to act in conformity with pre-transition (traditional) conditions albeit unaware that their actions constitute such conformity, with the result that there is no decline in their birth rates. Introducing modern medical technologies results in a steep decline in mortality rates.
 - 8.2 A modern economic society is characterized by rational actions and accountability.
 - 8.3 As it transitions from the modern to the post-modern stage, a society comes to have an aging population and an extremely low birth rate. The change in emphasis from the family to the individual during this transition, which is premised on the existence of a full-fledged social security system in the society, gives rise to an extremely low fertility rate as the natural result of rational choices made by individuals concerning their reproduction.
 - 8.4 Overall, Asian countries are to be found somewhere between the modern and post-modern stages.
9. Three main waves of change in society
- 9.1 Pre-modern society: The stage prior to a demographic transition, where the dependency ratio is relatively low, since practically everybody is engaged in work, with few exceptions for age, gender, time or place. Most workers perform their activities in traditional modes. Like independent farmers, most workers have considerable scope in deciding what type of work they will do. Most work all day, but neither their place nor hours of work is fixed.
 - 9.2 Modern society: Developed in the wake of the early stage of the demographic transition, now displaying the pyramid model of population structure, meaning that the old age dependency ratio is low. Work is basically limited to the economically active, and there are some restrictions in terms of age, gender and place. This happens basically during the later (second and subsequent) phases of the country's demographic transition.
 - 9.3 Post-modern society: A society in the fourth and later stages of its demographic transition. It has an extremely high old age dependency ratio, but a low youth dependency ratio. There are fewer younger people, but greater longevity. This society can no longer expect to benefit from an abundant and cheap young labor force. More participation in social activities occurs. People engage in work according to their individual capacities, under certain conditions (physical conditions, time, pace, age and gender). Some limitations and restrictions in terms of time and place need to be resolved with the help of science and technology.
 - 9.4 In order to achieve a vibrant aging society, ensuring that people live longer lives in good health in the manner that scientific research such as Prof. Takao Suzuki's will be essential.

At the same time, in order to promote older people's partial participation in the workforce, a number of employment customs and regulations in today's society will need to be examined and revised to match the changes in society.

10. How can we achieve the population stability that is the foundation for sustainable development and for creating societies that offer dignity?
 - 10.1 Essential for combating the problem of population increase will be to achieve universal access to reproductive health measures (as set out in the ICPD PoA), which can help people avoid unwanted pregnancies.
 - 10.2 Reversing the aging of society and extremely low birth rates will require creating an environment conducive to having children for those who wish to do so – one that is characterized for example by measures offering support to people willing to become pregnant.
 - 10.3 Uphold the measures and principles in the ICPD PoA, whose aim is sustainable development. In 2014 the UN General Assembly agreed to extend the ICPD PoA indefinitely. As well as meaning that the range of measures set out in the ICPD will be adopted from here on in, this decision means that a principle of the ICPD – namely, that population issues are to be viewed in the context of sustainable development – has also been extended indefinitely. Accordingly we are to proceed with our work both on the basis that population issues are to be formally understood within a framework of sustainable development, and also in a manner that includes the results achieved during the past 20 years. This project has made clear the position of Asian countries which find themselves in varying states after 20 years of the ICPD, and has also made clear the nature of its policy issues.
 - 10.4 Tackling the issue of population growth will mean a need to advance the ICPD PoA further. It will also require changes to the social arrangements on which modern societies are premised, in order to build societies where all individuals can participate according to their abilities, while turning to technology to help manage the aging of society. Today's developing countries, whose populations are still far from aging, will also need to start implementing measures to deal with the aging of their societies that will ensue from their own demographic transitions, while adopting measures to avoid unwanted pregnancies. In other words they will need to create measures to help themselves adjust to a post-modern environment.
11. A bird's eye view is needed for long term strategies that will strike a balance between the self-interest of individuals and the public interest.
 - 11.1 Dr. Kusumoto explained that if we in Asia understand the background to a demographic transition, we will see that a range of measures in that background will be necessary in line with that transition's particular stage of development, allowing us to work hand-in-hand towards common objectives.

Dr. Kusumoto asked the participating parliamentarians if they approved of the content of this summary. The parliamentarians engaged in a lively Q&A. It was agreed that all the parliamentarians should share this identification of the issues that we are to undertake, and that this document would serve as a summary of the matter.

Given that an entity was essential for presenting these policy recommendations and the related policy materials to Diet members, the participating parliamentarians strongly requested APDA to take on that role.

Participants' List

MPs and National Committees on Population and Development				
1	Hon.	A.F.M. Ruhul Haque	Bangladesh	MP; Chair of the Parliamentary Standing Committee on the Ministry of Science and Technology
2	Mr.	Samir Biswas	Bangladesh	Personal Secretary to Chair
3	Hon.	Kimsour Pirith	Cambodia	MP
4	Dr.	Damry Ouk	Cambodia	Secretary-General of CAPPD
5	Hon.	Wang Longde	China	MP; Member of Standing Committee; Vice-Chair of ESCPH Committee, Vice-Chair of AFPPD
6	Mr.	Zhang Chuansheng	China	Parliamentary Officer
7	Mr.	Chen Naikang	China	Parliamentary Officer
8	Hon.	A.W. Rabi Bernard	India	MP
9	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
10	Hon.	Dewi Coryati	Indonesia	MP
11	Hon. Dr.	Ezzatollah Yousefianmolla	Iran	MP
12	Hon.	Yasuo Fukuda	Japan	Former Prime Minister; Honorary Chair of JFPF; Chair of APDA
13	Hon.	Teruhiko Mashiko	Japan	MP; Vice-Chair of JFPF
14	Hon. Prof.	Keizo Takemi	Japan	MP; Executive Director of JFPF
15	Hon.	Aiko Shimajiri	Japan	MP; Secretary-General of JFPF
16	Hon.	Kuniko Inoguchi	Japan	MP
17	Hon.	Samakova Aitkul	Kazakhstan	MP; Vice-Chair of AFPPD
18	Mr.	Ulan Kassymbekov	Kazakhstan	Parliamentary Officer
19	Hon. Prof. Dr.	Phonethep Pholsena	Lao PDR	MP; Chair of Social & Cultural Affairs Division; President of LAPPD
20	Hon.	Jameel Usman	Maldives	MP
21	Hon.	Baasankhuu Oktyabri	Mongolia	MP; Chair of MPGPD
22	Mr.	Enkhtuvshin Urtnasan	Mongolia	Secretary-General MPGPD
23	Hon.	Ichchha Raj Tamang	Nepal	MP
24	Mr.	Manohar Prasad Bhattarai	Nepal	Secretary-General of Parliament
25	Hon.	Tehmina Daultana	Pakistan	MP
26	Mr.	Wajahat Ahmad	Pakistan	Section Officer of Parliament
27	Hon.	Rogelio Espina	Philippines	MP; Chair of the Committee on Population and Family Relations
28	Hon.	Jose Cari	Philippines	MP
29	Hon. Dr.	Thamrong Dasananjali	Thailand	MP
30	Mr.	Ramon San Pascual	Thailand	Executive Director of AFPPD
31	Ms.	Olesya Kochkina	Thailand	Programme Specialist for Central Asia of AFPPD
Former MPs				
32	Hon. Dr.	Taro Nakayama	Japan	Member of APDA Board of Councillors; Former Chair of JFPF; Former Chair of APDA
33	Hon.	Takashi Kosugi	Japan	
34	Hon.	Yoshio Yatsu	Japan	Member of APDA Board of Councillors; Former Chair of AFPPD
35	Hon.	Kayoko Shimizu	Japan	Chair of the Japan Visiting Nursing Foundation; Member of APDA Board of Directors
36	Hon.	Chieko Nohno	Japan	Former JFPF Secretary-General
37	Hon.	Kazuko Nose	Japan	

Ministries & Embassies				
38	Mr.	Hiroyuki Yamaya	Japan	Director of Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs
39	Mr.	Hassan Pourghadim	Japan	The Embassy of Iran
40	Mr.	Maxat Saliyev	Japan	The Embassy of Kazakhstan
41	Ms.	Jamilya Kulyashbekova	Japan	The Embassy of Kazakhstan
UNFPA				
42	Ms.	Kate Gilmore	US	Deputy Executive Director
43	Ms.	Nobuko Horibe	Thailand	Director, Asia and Pacific Regional Office
44	Ms.	Junko Sasaki	Japan	Director of the UNFPA Tokyo Office
45	Ms.	Lee Yunlee	Japan	Intern
46	Ms.	Maori Nawa	Japan	Intern
IPPF & JOICFP				
47	Mr.	Tewodros Melesse	U.K.	Director General, IPPF
48	Ms.	Yuri Nakamura	U.K.	Resource Mobilization Officer
49	Mr.	Ryoichi Suzuki	Japan	Executive Director cum General Manager of JOICFP
50	Ms.	Maho Ishikawa	Japan	Senior Editor of JOICFP
51	Ms.	Eriko Jibiki	Japan	Advocacy Group Chief of JOICFP
Resource Persons				
52	Prof. Dr.	Makoto Ato	Japan	Director Emeritus of the National Institute of Population and Social Security Research (IPSS); Member of APDA Board of Councillors
53	Dr.	Takao Suzuki	Japan	General Director of Research Institute, National Center for Geriatrics and Gerontology
54	Dr.	Takashi Inoguchi	Japan	President and Chairman of Board, University of Niigata Prefecture
55	Dr.	Shiro Konuma	Japan	Director, Office of Healthcare Policy, Cabinet Secretariat
56	Mr.	Junro Ito	Japan	Director, Executive Officer, Corporate Social Responsibility Department, Seven & i Holdings Co., Ltd.
57	Prof.	Akira Morita	Japan	Director-General of IPSS
58	Dr.	Reiko Hayashi	Japan	Director of Department of International Research and Cooperation, IPSS
59	Dr.	Yoshimi Chitose	Japan	Senior Researcher, Department of International Research and Cooperation
60	Mr.	Katsuhisa Kojima	Japan	Senior Researcher, Department of International Research and Cooperation
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Corporations, Corporating Organizations & Observers				
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71	Mr.	Shinichi Suzuki	Japan	EX Research Institute Ltd.
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