The Twentieth Asian Parliamentarians' Meeting

on

Population and Development

Challenges for ICPPD+20

Toward a new decade of ICPD PoA

September 28-29, 2004

Almaty, Kazakhstan

THE ASIAN POPULATION AND DEVELOPMENT ASSOCIATION (APDA)

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The 20th Asian Parliamentarians' Meeting
on
Population and Development

At Almaty, Kazakhstan

28th and 29th September 2004

Challenges for ICPPD+20
—Toward a new decade of ICPD PoA—

27th September 2004 (Mon.)

Participants' arrival and registration <all day>

28th September 2004 (Tue.)

Opening Ceremony

10:00 – 10:30	Address of Organizer:	Ms. Kayoko Shimizu, Vice-Chairperson, APDA
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12:00 – 13:30	Lunch Hosted by APDA	

Session I: Population Issues in Central Asian Region
—Carrying Capacity, Sustainability and Future—

14:00 – 14:30	Mr. Nesim Tumkaya, UNFPA Representative in Uzbekistan, Country Director for Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan
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Session II: Population and Ageing: Consequences for the Future

15:45 – 16:15	Mr. Soroko Yevgeniy Lvovich, Senior Researcher of Russian Academy

of Sciences, Institute for Economic Forecasting,
Centre for Demography and Human Ecology

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Session III: Population and Public Health —Review of Alma Ata Declaration—

09:00 – 09:30 Mr. Akanov Aikan, First Vice-Minister of Health, Kazakhstan
Mr. Sharmanov T. Sh., President of the Kazakh Academy of Nutrition

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Session IV: Achievement and Challenges : 10 years of ICPD PoA
—Focus on Principles of ICPD PoA and MDGs, WSSD—

10:50 – 11:20 Mr. Kunio Waki, Deputy Executive Director, UNFPA
Ms. Safiye Cagar, Director, Information, Executive Board and Resource Mobilization Division, UNFPA

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12:30 – 14:00 Lunch Hosted by Mr. Yoshio Yatsu, Chairman of AFPPD

Session V: Round Table Discussion for Asian Proposal for ICPI in Strasbourg
—Role of Parliamentarians: Toward a new decade of ICPD PoA—
[Sustainability, Environment, Population and Our Future]

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Closing Address: Dr. Raj Karim, Regional Director, ESEAOR, IPPF
Closing Address: Ms. Safiye Cagar, Director, Information, Executive Board and Resource Mobilization Division, UNFPA
Closing Address: Mr. Beksultan Tutkushev, Chairman of Kazakhstan Parliamentarians' Committee on Family

17:00 – 19:00 City Tour

17:00 – 18:30 AFPPD Executive Committee Meeting (＊exclusive for members)

19:30 Farewell Reception
Hosted by Ms. Kayoko Shimizu, Vice-Chairperson, APDA

Opening Ceremony

Opening Address

Ms. Kayoko Shimizu
Vice-Chairperson, APDA

Your Excellency Niurtai Abykaev, Chairman of the Senate of the Parliament of Kazakhstan,
The Honourable Beksultan Tutkshev, Chairman of Kazakhstan Parliamentarians' Committee on Population and Development,
The Honourable Yoshio Yatsu, Chairman of Asian Forum of Parliamentarians on Population and Development,
Honourable Delegates,
Mr. Kunio Waki, Deputy Executive Director, UNFPA,
Mr. Raj Karim, Regional Director ESEAOR, IPPF,
Our Esteemed Lecturers,

Thank you very much for participating in the Asian Parliamentarians' Meeting on Population and Development. I thank you indeed.

I have learned that Niurtai Abykaev, Chairman of the Senate of the Parliament of Kazakhstan, had taken the leadership in making this happen. Let me thank Your Excellency Niurtai Abykaev, Chairman of the Senate of the Parliament of Kazakhstan, the Honourable Beksultan Tutkshev, AFPPD Vice Chairman and the Chairman of Kazakhstan Parliamentarians' Committee on Family, and the members of the Preparatory Committee of Kazakhstan Senate for their inspiring leadership. Also I wish to thank Mr. Nesim Tumkaya, UNFPA Representative for Uzbekistan, Kazakhstan, Kyrgyzstan and Tajikistan and the staff at UNFPA Kazakhstan Office for taking care of the practical matters involved.

This year marks the tenth anniversary of the landmark International Conference on Population and Development (ICPD) that took place in Cairo, Egypt in 1994. Fittingly numerous commemorative events are taking place around the world and one such event was the IPPF Roundtable that took place in London from the end of August to September which was joined by concerned NGOs around the world. As for parliamentarian activities, an international parliamentarians' conference is planned for October to be held in Strasbourg, France. As the organizer of the 20th Asian Parliamentarian Representatives' Meeting on Population and Development, we are very proud and happy that it is being held here in Kazakhstan to mark its special year coinciding with ICPD +10.

I believe there is a great significance in holding the APDA meeting here in Almaty, the old capital of Kazakhstan, as it was here in Almaty that the Alma Ata Declaration was adopted, proudly calling for "Health for All". I have a vivid recollection of having attended the International Conference on Primary Health Care as a technical officer of the Ministry of Health and Welfare, witnessing with excitement the world's ministers of health and finance deciding after earnest deliberation that "health is a basic human right. Primary health care must be practiced with the objective of achieving health for all by 2000".

After a quarter century we meet here as Asian parliamentarians to recapitulate the fruits of ICPD and to adopt a resolution that will carry us forward the next ten years. As a nurse myself I have for many years being involved in medical care. Nursing is an occupation that makes one come face to face with life. Dr. Albert Schweitzer who was our great teacher and physician left us with a well known phrase: "reverence for life". As we know he spent

many years in Lambarene, a small city in Gabon, Africa, providing medical care. He was fondly referred to as the saint of the jungle and his words carry weight. I believe we must once again recall his words, "reverence for life", at this moment in history. Progress of science, including medical science and technology, has rewarded humankind with an enormous benefit. But those of us who live today on our planet must take note that we burden the earth with population increase while at the same time technological progress triggers excessive consumption of energy. By our use of fossil fuels and nuclear energy we consume energy far above the natural circulation of energy that has been created by the sun. It is extremely difficult to sustain the current situation over time. From the perspective of sustainable development there is perhaps a need to review our economic system.

Around the world today, and in most of the countries there are widening income disparities. There are just too many who pant under crushing poverty. It is not too much to say that this discrepancy is the source of global uncertainty. And there are just too many who are not given even an equal opportunity. Under such circumstances it is women and children who are the first victims. With no access to information, to family planning facilities, to medical care and nursing or counselling so many women are forced to carry unwanted pregnancies. In Africa there is a growing serious problem of children orphaned by rampant AIDS epidemic. Moreover, there are rampant terrorist attacks around the world leaving unthinkable tragedies in their wake. It was only quite recently that a school in North Ossetia was taken hostage by terrorists involved in one way or another in the Chechen conflict leaving a high toll of victims including children. While we may differ in our personal and cultural beliefs and ideologies, I believe I speak for all of us when I say that there is no justification for any principles or beliefs that do not have a commitment to the "reverence for life" and a consideration for those who are "too vulnerable to protect themselves".

I am convinced that population activities are based on the principle of the "reverence for life". I strongly believe that we have a common objective which is to build a society where for whatever the reason no child born would be deprived of his opportunity to live a full life with dignity. International Conference on Population and Development positioned population issues in the context of sustainable development. And that the environment surrounding women will be greatly improved by promoting their reproductive health rights. This is precisely spelling out what is meant by "reverence for life".

The main objective of this meeting is to review our activities based on the lessons learned during the last ten years since ICPD. We will accordingly adopt a declaration based on the lessons we draw from ICPD as well as the ten years of experience following it.

The drafting of the declaration gives us, Asian parliamentarians, a unique opportunity to put together our own views on the important matter. The declaration will be reflected at the International Conference of Parliamentarians on Population and Development which will meet in Strasbourg (France) in October. From this perspective too, the meeting has an enormous significance.

In concluding my opening address on behalf of the organizers let me say how much I look to you, my esteemed colleagues, for your insightful deliberation.

Thank you.

Address

Mr. Nurtai Abykaev
Chairman of the Senate of the Parliament of Kazakhstan

Distinguished ladies and gentlemen, dear friends, I express my sincere gratitude to the organizers for the high honour in terms of conducting the 20th Asian Parliamentarians' Meeting on Population and Development. Our current meeting is quite symbolical and quite significant as has been emphasized here in 1994 in Cairo. An international conference was held in Cairo. After which a large scale program of action was adopted. This program touches upon the fundamental basics of population, gender equality, healthcare, education, and development. Today, we can summarize the work of the last decade. It is necessary to note that after a decade substantial demographic, social, economic, environmental and political changes have taken place all over the world. Many countries have achieved substantial progress in the area of expanding access to reproductive health services and increasing birth rate, as well as in terms of producing mortality indices and increasing educational level and increasing well-being of the population including the educational level as well as improving the economic status of women. At the same time, the developing countries still continue to face the unfavourable international economic situation. This factor does not diminish the number of people who live in the conditions of economic inequality. In its term, poverty gives rise to negative aspects to aggressive challenges to the modernity. Among some threats are serious environmental issues, global climate change, which to some extent is preconditioned by irrational manufacturing processes and consumption. We have no doubt that the current carelessness is fraught with serious consequences for the forthcoming generations.

In the years of independence, the leadership of Kazakhstan has been consistently making steps in terms improving its demographic policy, and we give more and more attention to social, environmental, and gender issues. Kazakhstan has become one of the first states in the world which voluntarily decided not to use nuclear weapons, a decisive step of good will of the president of the country and an example of the peace-loving policy of our step was testified by the closure of the Semipalantinsk nuclear test ground, which is number four in terms of power.

The issues of demography are reflected in the development strategy of our country, Kazakhstan 2030. The number one priority in our government policy is the social focus, social orientation. We're consistently working on improving the living standards of the citizens of the country. Kazakhstan's parliament passed a number of fundamental socially oriented laws in the area of reproductive rights of the citizens, water supply, pharmaceuticals, foodstuffs, etc.

Kazakhstan, where in 1978 the famous Almaty declaration was adopted by the World Health Organization on primary care. Kazakhstan gives special attention to the issues of protection of health. We are implementing a multi-faceted program of development of the healthcare sector until 2010. We attach a lot of importance to issues of insuring the population with safe drinking water. In order to achieve this objective, with support of international financial institutions as well as with support of Japanese grants, we are implementing a clean water program. With a view to take care of the people's health, we proclaim the year 2002 as the year of health. Starting in 2005 we will earmark more funds for the development of the healthcare sector.

Distinguished participants, in closing my remarks, I would like to express my deepest confidence that our meeting in Kazakhstan and the joint work by parliamentarians of Asian and Pacific regions not only will help to discuss the outcomes of the plan of action adopted at the international Cairo meeting, but now that we learn from each other, we will be able to come up with joint solutions in terms of practical implementations of the issues related to the population, reproductive health, for the forthcoming decade. Now that we will have a new conference in Strasburg. Thank you for your attention.

Welcome Address

Mr. Beksultan Tutkshev
Chairman of Kazakhstan Parliamentarians' Committee on Family

Good morning, Ms. Shimizu, Mr. Kunio Waki, Ms. Takeyama, distinguished participants and the guests of the meeting. Please allow me to also thank you for the honour of holding the 20th Asian Parliamentarians' Meeting on Population and Development in Kazakhstan in the wonderful city of Almaty. We are glad that you have an opportunity not only to work fruitfully here, but familiarize yourselves with my country, with my people, with my culture. Since Kazakhstan became independent, Kazakhstan has been consistently developing. We've done a lot, we have achieved a lot, but there is a long way to go. We are holding the 20th Asian Parliamentarians' Meeting. We will summarize the action plan of the International Cairo Conference on Parliamentarians on Population and Development on the eve of the general assembly meeting and the international conference to be held in Strasbourg. Let me wish everyone fruitful work and wish you a pleasant stay here in Kazakhstan. Thank you.

Address

Mr. Yoshio Yatsu
Chairman,
Asian Forum of Parliamentarians on Population and Development(AFPPD)

Read by
Ms. Yuriko Takeyama, MP, Japan

Your Excellency Niurtai Abykaev, Chairman of the Senate of the Parliament of Kazakhstan,
The Honourable Ms. Kayoko Shimizu, Vice-Chairperson, APDA,
The Honourable Beksultan Tutkshev, Chairman of Kazakhstan Parliamentarians' Committee on Population and Development,

The honourable delegates, Mr. Kunio Waki, Deputy Executive Director, UNFPA,
Mr. Raj Karim, IPPF Asia Pacific Regional Director General,
Esteemed lecturers,

Let me thank you most warmly for your attendance at the 20th Asian Parliamentarians' Meeting on Population and Development. On the occasion of the opening of the meeting I wish to express my sincere gratitude to Your Excellency Niurtai Abykaev, Chairman of the Senate of the Parliament of Kazakhstan, the Honourable Beksultan Tutkshev, AFPPD Vice Chairman and the Chairman of Kazakhstan Parliamentarians' Committee on Family and the members of the Senate Preparatory Committee for your generous support and leadership. Also I would like to express my heartfelt gratitude to Mr. Nesim Tumkaya UNFPA resident representative for Kazakhstan, Uzbekistan, Kyrgyzstan and Tajikistan as well as all those at UNFPA Kazakhstan office for undertaking operational side of the preparatory work. I hasten to express my deep gratitude to the Honourable Dr. Taro Nakayama, Chairman, the Honourable Kayoko Shimizu, Vice Chair, and Mr. Ozaki, Executive Director and all at Asian Population and Development Association for your warm support of AFPPD.

I understand this APDA Meeting will adopt a declaration after reviewing the progress made during the last ten years since International Conference on Population and Development (ICPD) and International Conference of Parliamentarians on Population and Development (ICPPD) were held in Cairo and crystallizing thoughts and opinions of our Asian colleagues.

Marking the tenth anniversary of ICPD there are many colourful events being organized around the world. One of them was the International Planned Parenthood Federation (IPPF) organized international NGO roundtable conference in London which took place from the end of August to early September. I was privileged to say a few words at the opening of the Roundtable and was pleased to note that tremendous improvements have been made in the fields of population and development in the last ten years. And yet I sadly note that we are faced with many more challenges, such as the prevalence of HIV/AIDS which are indeed beyond one's imagination.

Important conferences were held in the wake of ICPD. Among them the Millennium Summit that took place in 2000 at the United Nations Headquarters in New York attended by heads of states and governments and its outcome document, Millennium Development Goals and the World Summit on Sustainable Development held in South Africa in 2002, I believe are landmark events.

It is noteworthy that the World Summit on Sustainable Development (WSSD) in South Africa held ten years after Earth Summit (UNCED) in Rio de Janeiro had changed the name of the conference from "environment" to "sustainable development". Similarly, noteworthy was the adoption by Millennium Development Goals the notion that poverty eradication was at the basis of development.

I believe that the change at the WSSD reflected the clear understanding we now have that the only way for the human race to survive was to integrate the two objectives of environment and population within the context of sustainable development.

Needless to say, random development could trigger pollution and environmental destruction endangering the very conditions of our survival. In this context we must balance the two challenging requirements: to protect the environment and promote development. Already it has been already agreed as reflected in the name of the Cairo conference that the problems of population would be treated in the context of sustainable development.

This is to say that the population related activities have recognized, ahead of the environmental issues, the importance of respecting the context of sustainable development if for sheer survival of the human spices. How then would the other important challenge, namely "population and poverty" be related to sustainable development?

There is at present a strong recognition of the need for poverty eradication as a challenge in international efforts at development. Today ICPD Program of Action is part of the Millennium Development Goals. Needless to say, poverty eradication is essential if only because poverty robs people of the opportunities to participate in development, for individual decision making, make informed choices and participate in sound competition. These are decisive loss in building a viable society. It greatly impedes the implementation of ICPD Program of Action to provide all with reproductive health.

A look at the present international circumstances the gap between the poor and the rich are not narrowing but widening. The same can be said of the situation within the countries as well. It is most important that measures be put in place to enable those who are living at the subsistence level to free themselves. Given the limit to what the earth can support, it is impossible to eradicate poverty and protect the environment as long as the population continues to grow. There is a need once and for all to send a strong message to the international community to recognize that the population problem is at the base of all the other problems.

Let us work together to realize our common objectives of building a society in which human beings can live as human beings.

I believe the APDA conference will be adopting a declaration with a view to representing Asia's voice at International Conference on Population and Development (IPCI) which will be held in Strasbourg in October. This conference is the single opportunity we have to collect our thoughts and opinions from Asia looking back on the ten years since ICPD. I am convinced that there is no better place than here at Almaty where a noble cause, "health for all", was declared to adopt a declaration of the Asian parliamentarians. It is at the same time an excellent opportunity for all of us to carefully consider the direction of our activities for the next ten years. I am confident you will contribute to the success of the conference by your active participation.
Thank you for your attention.

Address

Mr. Kunio Waki
Deputy Executive Director, UNFPA

Your Excellency Mr. Abykaev, President of Kazakhstan Senate,
Ms. Kayoko Shimizu, Vice-Chairperson, The Asian Population and Development Association,
Mr. Tutkshev, Chairperson of Kazakhstan Parliamentarians' Committee on Family,
Distinguished parliamentarians and guests,

Good morning. I am delighted to be here with you, and privileged to be able to participate in the opening addresses along with such distinguished political leaders. I am also very happy to be able to meet many distinguished parliamentarians from many countries in Asia and the Pacific region including many from Central Asia.

First of all I would like to thank the parliamentary leaders of Kazakhstan for hosting this meeting. We deeply appreciate their hospitality and excellent organizational support being provided.

This is my first visit to Kazakhstan and Central Asia. I am eager to learn from you the history, culture and people of Kazakhstan and other countries in Central Asia. I have a very romantic notion of this region thinking of the very rich history and culture. The whole region has been for a long time connected to China and Japan through the Silk Road. When I visited Nara, our ancient capital in Japan, I realized how closely we were connected and many of the artifacts I saw in our Museum came from or had strong influence from this part of the world.

Tomorrow I will say a few more words on the progress that we have made in the implementation of the ICPD Programme of Action and the challenges that still remain. And I am delighted to be doing so jointly with my new colleague Safiye Cagar, UNFPA's Director for Information and External Relations, who will address in more detail the enormous role that parliamentarians have played and continue to play. May I also introduce UNFPA's Representative in Central Asia based in Tashkent, Nesim Tumkaya, who will speak later today on the specific population and development issues this region is facing.

For the moment, I would like to make a few brief introductory remarks on "the bigger picture" including the international political and economic environment in which we all work now and a few current issues related to development cooperation.

Let me highlight five features of the development agenda.
Firstly, Focus on results: the Millennium Declaration and the Millennium Goals.
The political and operational significance of the Millennium Summit in 2000 and the Millennium Declaration cannot be understated. The MDGs, and through them, sets of nationally agreed goals and targets, remain very important to focus our efforts on specific results in each country, and indeed on global priorities. More than ever before development cooperation is emphasizing outcomes and results rather than just inputs.

The Secretary-General's report to the General Assembly last week gave us a renewed sense of vigour in applying the results-based approach. The comprehensive review of the

Millennium Declaration next year will add to our understanding of what needs to be done to reach our shared goals. Next year will also see the presentation of the work of the Millennium Project led by Professor Jeffrey Sachs. It is expected to provide some sign-posts—including policy options and resource requirements—for achieving the MDGs.

The implication of this for all of us is two-fold. One, we need to work harder at defining and delivering specific results for the benefit of the people we serve. Two, we need to continue to strive to ensure that the goals outlined in the ICPD Plan of Action and its five year review are fully integrated into national goal-setting and strategies. And to achieve this we need to demonstrate very dearly how reproductive health and population are central to the achievement of the MDGs as a whole.

The issue of results is closely related to that of resources. In UNFPA and for development cooperation as a whole, we are being held accountable for the resources we have and being measured on the results we achieve. I believe this is also part of a wider issue of transparency and accountability which we should all embrace, and is of course a matter at the heart of parliamentarians and democracies.

UNFPA welcomes the recent commitments made by donors, including in Monterrey. We have seen our own funding base and resources rise in recent times.

To some extent we are seeing experimentation among donors on resource modalities—core and non-core funding through the UN, the establishment of global funds, budget support and other ideas for financing development. We are also seeing generous contributions from the private sector.

My conclusion about these new ways of financing development is that they should be welcomed. They put the onus on agencies such as UNFPA to deliver high quality services and advice if we are to grow financially.

But we also know that resource flows are still insufficient if we are to meet the ICPD goals. We must harness more resources, both external and internal, make better use of the ones we have, and be more strategic in the way we deploy them.

The link between the MDGs, between results and resources is increasingly expressed through new development frameworks such as PRSPs, Sector Wide Approaches, and, for the UN, our own collective analysis and planning.

The implications for us all is therefore to strive to keep reproductive health issues in the national policy dialogue and use these frameworks to "mainstream" ICPD into national plans, strategies and expenditures.

I believe we need to make stronger linkages—linkages between population and the broader social and economic context; between "downstream" projects and "upstream" national policies and programmes; between people and policies. We need to think about how we address the linkages and practical consequences of the relationship between reproductive health, reproductive rights and poverty. We also need to look into more carefully the linkages between population, water environment and food security as well as the sensitive issues of the linkages between national and international security and population dynamics including migration and HIV/AIDS. Your deliberations here in this conference will move these important agenda forward.

Let me make two general points here. First, an element of this refers to much greater attention to national ownership, capacity development and institution building. I think we need to think more about how we genuinely enhance meaningful national ownership and participation that includes not just governments, but also the full range of civil society, including parliamentarians. I would also add that we will see increasing levels of south-south cooperation.

Second, and very much linked to the above, is the shift towards making development more effective through greater harmonization, simplification and alignment. This is certainly a major thrust of the Secretary-General's reform programme. Moreover, the OECD DAC members—the donors—are increasingly trying to reduce the transaction costs on national partners through shared procedures based on national systems.

These two factors underscore the need for true partnerships, flexibility and common sense—something that we as a development community have not always lived up to.

At the centre of the Secretary-General's address to the General Assembly earlier this month was his call to all of us to remember and respect the fundamental principles that hold the diverse fabric of the international community together.

Cairo was historic in shifting the focus of population from numbers to people. For me as an international civil servant, for you as parliamentarians, for all of us as citizens of the world, the centrality and consistency of human rights must always remain clear in our work. We should not let the talk of new frameworks, new jargon, even new ways of doing development, distract us from that fact. And it should give us strength to continue to work towards the fulfilment of sexual and reproductive health/rights for all.

Ladies and gentlemen, I very much look forward to our work together today, tomorrow and beyond. Together we can and must make the aspirations of ICPD and the Millennium Declaration a reality for the people in the countries we serve.
Thank you.

Keynote Address:
Parliamentarian Activities on Population and Development
—A Review of 10 years of ICPPD : Its Progresses and Challenges—

Mr. Shin Sakurai, MP (Japan)
Former Chairman of AFPPD,
Secretary-General of ICPPD

Your Excellency Niurtai Abykaev, Speaker of the Senate, the Republic of Kazakhstan,
The Honourable Beksultan Tutkshev, Chairman of Kazakhstan Parliamentarians' Committee on Population and Development,
Ms. Kayoko Shimizu, Secretary-General of the Japanese Parliamentarians Federation on Population (JPFP), Vice-Chairperson of Asian Population and Development Association(APDA),
The Honourable Yoshio Yatsu, Chairman, Asian Forum of Parliamentarians on Population and Development (AFPPD),
The Honourable Delegates,
Mr. Kunio Waki, Deputy Executive Director, UNFPA,
Mr. Raj Karim, International Planned Parenthood Federation Regional Director General,
Ladies and Gentlemen,

This year marks the tenth anniversary of the International Conference on Population and Development (ICPD) and International Conference of Parliamentarians on Population and Development (ICPPD) held in Cairo, Egypt in 1994. It is the mid year to 2015, the target year established at ICPD. Around the world there are various events organized to mark the occasion. And I thank you most sincerely for inviting me to address the 20th Asian Parliamentarians' Meeting on Population and Development as a keynote speaker.

As all of us know the Program of Action adopted at ICPD dramatically changed the conventional approach of setting numerical national population targets and asking governments to work towards meeting the goals.

Cairo represented a veritable paradigm shift. It was recognized that there was a need to emphasize the reproductive health/rights, improve the environment surrounding women, realize their informed choice and provide family planning materials. Then the population will be stabilized as a consequence.

A new perspective was clearly introduced: that population was now a part of the global commitment for sustainable development. The title of the Cairo conference introduced for the first time a notion that development and population were inter-related problems clearly indicating the shift.

During the last decade activities relating to population were carried out in accordance with the Program of Action.

That is, while positioning the population problem in the context of sustainable development, the practical measures to be used were to improve the living conditions of the ordinary people, with an emphasis on women. Again the direction was clear, health and life of people at the grassroots must be improved. These goals were in line with our activities as parliamentarians.

We parliamentarians played an important role in the preparation of the Program of Action. Indeed we had organized an international conference ahead of the ICPD and the outcome of our discussions was reflected in the preamble as well as in the principles of the ICPD Program of Action, establishing clearly the inseparable relations between population and sustainable development. One can say that population issues are fundamental to all global problems. They are inseparable from economic development and environmental issues. Addressing population issues in vacuum will drive us to unproductive academic deliberations and result in the loss of our effectiveness. That is why it is essential that we clearly paint for the global society the future as seen from the perspective of population.

All of us gathered here as legislators and parliamentarians have responsibilities for policy making. That is why we share a common vision. We must not lose sight of the reality, particularly the cruel facts of life of the people at the grass roots. We must feel their plight as our own and build the future society based on clear ideals, one step at a time. This is the role assigned to us parliamentarians. While working for the benefits of our own people we must work at the same time for a bright future for the humankind.

We should work in collaboration with governments but unlike governments, the source of our power is the trust given to us by voters through the democratic process of parliamentary election. This single point gives us power independent of governments and an important obligation as elected representatives of the people to engage in the important questions of population and sustainable development that determine our collective future.

All of us share a common destiny as inhabitants of our limited planet, the earth. We cannot continue to consume more energy than the earth can supply. In this sense it is clear that we cannot realize the benefits of the regions we represent without solving the common problems of population and sustainable development.

How can we then realize the happiness and well being of the people who elected us and at the same time secure future well being of the humankind as a whole? The answer is we must seriously grapple with the issues of population and sustainable development. In order to realize these tasks we must mobilize the power of all elected representatives of the people everywhere.

One single organization cannot control parliamentarian activities. We must work together under a common objective of resolving global challenges fully respecting regional diversities and independent leadership of fellow parliamentarians.

True to this idealism, serving as the chairman of the ICPPD Steering Committee, I called on the regional parliamentarian associations to work together in mobilizing our fellow legislators to convene a conference in conjunction with ICPD. As a result, the ICPPD conference was represented by three hundred strong legislators from one hundred and seventeen countries.

At that time there were just two regional parliamentarian associations: Asian Forum and the American Forum. There were yet no forums of parliamentarians in Africa and Arab regions or in Europe.

Since ICPPD in Cairo, AFPPD took an initiative to organize numerous parliamentarian conferences. In 1995, for example, we convened in Copenhagen, Denmark, an International Meeting of Parliamentarians on Population and Social Development (IMPPSD) in

conjunction with the World Social Development Summit. In August of the same year, International Meeting of Parliamentarians on Gender, Population and Development (IMPGPD) was held in Tokyo, in conjunction with the Fourth World Summit on Women in Beijing, China. In 1996, in conjunction with the Food and Agriculture Organization's World Food Summit the International Meeting of Parliamentarians on Population, Food Security and Development (IMPFSPD) was convened in Geneva, Switzerland. Furthermore, in 1999, in conjunction with ICPD plus 5, International Forum of Parliamentarians on Population and Development was convened in The Hague, the Netherlands. The substance of our deliberations was subsequently reflected in the resolution adopted at the United Nations Special General Assembly on Population held later in the same year.

During this time Africa and Arab regional forum and the European regional forum were established as our colleagues in the two regions followed up on our recommendations at Cairo.

In 1997, Forum of Africa and Arab Parliamentarians on Population and Development was established in Cape Town, South Africa and in 1999, a decision was made in Bucharest, Rumania to establish Inter-European Parliamentarian Forum on Population and Development (IEPFPD) which was formally established the following year.

Additionally, in most Asian countries national committees were established at each national federation of parliamentarians. That is to say, as a result of our activities since 1994 we now have a network of independent forum of parliamentarians on population and development in every region of the world, from Asia and Pacific, to Africa and Arab regions, North and South Americas to Europe.

What does it mean for us parliamentarians to be active in population issues? I am sure there are many thoughts about this, but I think it means creating a society in which every person can live in dignity as human beings.

Earlier I stated that the role assigned to us parliamentarians was to keep our sights on reality, particularly the cruel facts of life of those at the grass roots. We must be able to feel their plight as our own and exert efforts to build a better society.

As politicians engaging in population issues has much to do with our own raison d'etre. We work daily as representatives of our people hoping to improve their lives. As part of the effort we must get to know each person better.

A healthy competition is desirable but the truth of the matter is that there is a widening discrepancy as a result of globalization both inside our borders as well as in the global community as a whole.

In August I visited countries in West Africa. I noted that as a result of international efforts absolute poverty is slowly diminishing but there are too many who are still forced to live at a subsistence level.

Under such conditions of abject poverty, women are deprived of social and economic power as well as opportunities to make informed choice and are forced into unwanted pregnancies. As a consequence they meet untimely death or suffer untold injuries. These must be given the first priority on our political agenda.
I am convinced that it is an important role of politicians to bear pressure upon national

governments to address these problems as first priority. There are also other issues that we parliamentarians must engage governments in deliberation from different and independent positions.

That is to say, while it is important for us politicians to tackle imminent issues we must at the same time think of the future, the kind of society we want to build from a long term perspective. If we lose our idealism we lose our mission, our raison d'etre.

To be involved in population issues is to think in a longer span than usual. Economic principles consider population simply as a market and do not incorporate changes over time. Business and governments consider their interests from a span of only about five years.

In contrast, population encourages us to see things from a perspective of twenty, thirty or even hundred years. These may seem a very long time, but it is not. Just think how long humans have been living on earth.

On the international arena we see an increasing number of clashes of interests. Let us for a moment consider the case of food.

Deliberations at the World Trade Organization have been conducted under the golden rule of comparative advantage. This would be appropriate if the food were regarded as purely economic in nature and from the point of view of maximizing short term interests.

From the perspective of population, however, the issues surrounding our food are not that simple. Before we acknowledge food as an economic asset it is essential to our very survival. It is clear, we cannot live without food.

From the perspective of population the future is bleak. This is because notwithstanding our efforts population will continue to grow while new arable land is scarce. Irrigated farm land that supports the world population today with its high productivity is expected to produce less due to damage caused by salt.

In the main Indian granary regions of Punjab and Haryana, there is a serious lowering of the water table. India's population density today is as high as Japan. This is to say there is a great challenge ahead.

We fear the same situation in China. Naturally the international community will continue to exert its efforts to avert the feared disaster. There is no mistaking, however, that it will be extremely difficult to continue to produce more food over and beyond the population increase.

My country Japan will not be able to feed its people without agricultural import given that the food sufficiency ratio is less than thirty per cent on caloric basis.

On a global basis the bigger constraint to human survival is the fresh water resources. Roughly put, this resource has not changed from year 2000. Per capita availability of fresh water resources, however, has been reduced to one thirtieth, one sixth compared to 140 years ago and one half compared to forty years ago.
Japan is blessed with abundant water resources with plentiful precipitation. But the water we import in the form of food is said to match the water in all our rivers.

Given the population forecast and the seriousness of the situation facing us, it is understandable that we cannot allow ourselves to be optimistic. The Cairo conference underlined the sense of crisis when it positioned population in the context of sustainable development.

Now, agricultural problems seen in the context of "sustainable development" poses a grave question of how food should be produced and supplied. Considered from the perspective of population, it is clear that it is dangerous to address agricultural problems solely from the current mainstream concept of economic principles. It is also clear that economic issues, including agriculture, must be approached from a long-term perspective.

We observe that national interests clash at World Trade Organization. It had been originally created for the purpose of improving overall efficiency of the trading system through liberalization; it has become a protective organ for the developed countries that export subsidized agro products.

Naturally every country has its political agenda. Developed countries that export agricultural produce have their domestic interests to protect. But subsidized agricultural exports destroy developing economies and shake the foundations of agricultural production.

It must be pointed out in all honesty; the present mainstream thinking in the global community lacks a long-term perspective. It is limited to carrying out principles that can only be justified under economic principles. Maximization of short-term interests in the long run will trigger environmental destruction and cause the earth to lose its life-sustaining capacity.

Just to cite a simple example, if business fails to prevent pollution during its manufacturing process and dumps pollutants in our seas and mountains, their adverse effects would be felt for generations. Business may argue that the cost of preventing pollution is enormous. It is quite true, in the short run they may enjoy bigger profits if they do not have to put in place anti-pollution measures. Merely from an economic rationale it would seem that business would benefit more from polluting.

Such maximization of selfish interests must not be tolerated. Do you think it right for us parliamentarians to decide things only from the principles of maximizing short-term interests?

If we consider the future factoring in the population, it is easily assumed that once the food production fails to keep up with the population increase, then food will stop being an economic asset and transform into a political, or even a strategic asset.

In this context too, I believe it is essential that the perspective of population be included in every international agreement and convention, even if it is purely economic in nature.

I am sure there is no one among our "population" team who believes human dignity can be sacrificed at the altar of economic benefit.

If we love our people and love our country, I believe there is no problem in agreeing with this way of thinking.

At the WTO ministerial talks it was decided that agricultural products having special

interests to countries concerned would be allowed exceptional treatment. I believe this is the fruit of our AFPPD and international efforts to promote better understanding among parliamentarians on issues concerning population and development.

As we dedicate ourselves to those issues we should listen to the voices of the grass roots and at the same time ponder on what kind of society we want to build in the future. In this way we can have hope for the future.

I believe in the wise dictum of a philosopher who said: "Any one can be pessimistic. But it is one's will that makes us accept the reality and yet act out of optimism". He is absolutely right.

An important role of us parliamentarians is to represent the will of the people, who are after all the basis of our very existence. Another is to direct government policies in a right direction from a long-term perspective. At the same time, on global issues it is equally important for us to promote international collaboration by supporting international organizations, strengthen and encourage them to play their roles.

We parliamentarians are accountable to our constituencies. That is to say, if we allow ourselves to be controlled by international organizations or by governments, I fear we may be doing disservice to the people who entrusted us with certain mandates. My strong conviction is that while we should strengthen our cooperative relations with UNFPA we parliamentarians should be conducting our activities independently and of our own accord.

When IPCI met in Ottawa in 2002, I understand that parliamentarians met at the initiative of AFPPD Chairman Yatsu who organized the steering committee while Inter-Americas Parliamentary Group (IAPG), of which Canada is a member, hosted the meeting.

I have been told that Inter-European Parliamentary Forum for Population and Development (IEPFPD) will be hosting the second IPCI conference to be held in Strasbourg later in October. We should be working to closely coordinate parliamentarian activities with those of national governments and international community. In so doing we should not lose sight of the uniqueness of our mission.

I believe our roles will be ever greater in the future. Let us work together hand in hand, reaffirming our vision at this memorable moment to realize our shared vision of "creating a society where people can live in peace and in dignity".

I would like to conclude my speech by thanking you for giving me the honour of presenting a keynote speech in Almaty where twenty-six years ago a wonderful message addressed to humanity, "Health for All" was adopted.

Thank you for your kind attention.

Session I

Population Issues in Central Asian Region

—Carrying Capacity, Sustainability and Future—

Population Issues in Central Asian Region
—Carrying Capacity, Sustainability and Future—

Chairperson
Dr. Abd. Wahab Junaidy, MP
(Malaysia)

Mr. Nesim Tumkaya
UNFPA Representative in Uzbekistan,
Country Director for Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan

Thank you very much, Mr. Chairman. First of all, I would like to express my gratitude to the parliament of Kazakhstan, and to all of you, parliamentarians, senators, distinguished guests, honourable participants in this important conference. I am really honoured to be a speaker on population and development in the Central Asian region. I think I am privileged also to be a UNFPA representative in this region, too. My explanations will be as a scientist, as a demographer, rather than as a UNFPA representative.

The Central Asian region is a very unique part of the world. As you know, historically it was part of the Soviet Union. 1990-91 was the break-up of the Soviet Union. The countries here gained independence and they went through a very painful turmoil, transition process that has influenced the countries in almost every aspect of life. Most of these countries experienced a decline in their living standards, deterioration of a lot of things that were granted, deterioration in our systems, in education, in investments, in human capital in general. You can see the impacts of these in the demographic and population elements as well, as I will explain in the presentation.

But in these countries, even though they have a lot in common, there are also major differences between them. Kazakhstan, Turkmenistan, Uzbekistan, and Kyrgyzstan are of Turkic origin. Tajikistan is ethnically different. They have different social economic developmental levels. They have different natural resources levels, and they almost all suffer from major environmental problems that were exacerbated by the Soviet System of management. I think some of these environmental problems are ones of the unique issues, unique environmental problems in the world that are impacting on most of these countries in the region, and whose impact will continue for many years. The populations of these countries, I will try to summarize, but unfortunately we don't have much time to go into details. But starting from population change — I call it population change rather than population growth because in demography it is a change. Population can grow, it can remain stationary, or it can decline as a result of three components. We call these components of population change. We are talking about fertility, which is birth. It adds positively to population growth, and mortality adds negatively and migration could add or could reduce. It has minus or positive impacts.

If you look at these please (Slide 1). If you look at the population in the region, you will find that in 1990, there was about 50 million population, all the five countries combined. In 2004, it rose to 58 million, and it is projected to go up to 70 million in 20 years from now. All other countries; Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, all of them are experiencing positive and moderately fast population growth. But Kazakhstan experienced a slight decline from 1990 to 2004, and is projected to remain about stationary in the next 20 years. I want to make a point here. The slight decline in Kazakhstan's population is not because of fertility, but because of migration. There was massive net negative migration during that period.

Next slide please (Slide 2). The rate of population change, as you see from the screen. It is positive for Kyrgyzstan, and will remain positive, over 1% growth per annum for the next 20 years or so, except for

POPULATION CHANGE
Total Midyear Population (thousands)

	1990	2004	2025
Kazakhstan	16809	15403	15388
Kyrgyzstan	4395	5208	6484
Tajikistan	5303	6298	8193
Turkmenistan	3668	4940	6549
Uzbekistan	20515	26479	33774
Total	50690	58328	70388

Source:UN Population Division, internet data base

Slide 1

Average Annual Rate of Population Change
(percent)

Country	1990-2005	2005-2025
Kazakhstan	-0.60	0.00
Kyrgyzstan	1.22	1.02
Tajikistan	1.21	1.27
Turkmenistan	2.08	1.26
Uzbekistan	1.80	1.14

Slide 2

Kazakhstan, which was negative from 1990 to 2005, and it will be about 0 population growth projected in the coming two decades.

Let's go together now and analyze the factors of these population changes. What happened to them, and I hope I can clarify some of the misconceptions as we go along.

There are different measurements, indicators in demography for fertility, mortality, and migration, but I will take two of the most elegant, two of the most reliable measures, namely total fertility rate (TFR), and age specific fertility rates (ASFR) to show you what happened to the fertility regime. Total fertility rate, as is known, it is the average number of births that a woman would have in her lifetime if she adheres to the current age specific fertility measures.

I'll go slower. I have been reminded that the Russian translation takes time, so I must go slower. The age specific fertility rate is the fertility experience in a given age. Very precise, very elegant measure, and I will show you what happens in those countries to both measures.

Look at the next slide (Slide 3). The total fertility rate in Kazakhstan is 2.46 from 1995, currently it is about 1.95. And in all other countries it used to be higher than 3, higher than 4 in Tajikistan, and

Levels of TFR

	1990-1995 (1)	2000-2005 (2)	Ratio (2/1)
Kazakhstan	2.46	1.95	0.79
Kyrgyzstan	3.45	2.64	0.76
Tajikistan	4.43	3.06	0.69
Turkmenistan	4.03	2.70	0.67
Uzbekistan	3.60	2.44	0.68
Japan	1.49	1.32	0.89
Nigeria	6.38	5.42	0.85

Source: UN Population Division, internet data base

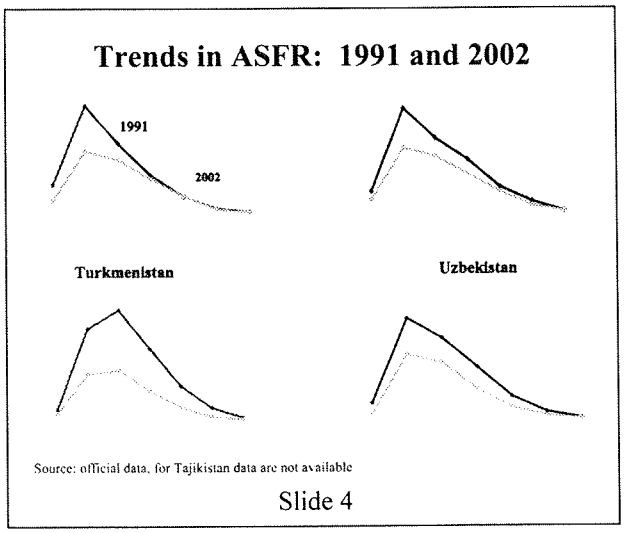
Slide 3

currently it is about 2 to 3 in all these countries. There is something very important about total fertility that I would like you to know. It is a theoretical measure, a total fertility rate of 2.1, other things being constant, actually indicates constant population growth, or zero population growth, not constant. Zero. Other things being constant, because there are other parameters like death and migration. Now a total fertility rate of higher than 2.1 indicates positive population growth, which means excess births over deaths. Less than 2.1 indicates a negative population growth. With another observation here that I would like to stress. If population entering a regime of 2.1 total, fertility rate does not go into 0 population growth immediately. It reaches that level after 30 or 40 years. So even if a country now enters a total fertility of 2.1, it is not going to have a negative population growth. That negative population growth will kick in after 30 or 40 years. And that is because of a phenomenon called population momentum. So those countries which have reached or are experiencing 2, 2.1 total fertility now, they should not expect a decline in their populations immediately.

As you can see, the fertility rate in all other countries, except Kazakhstan, is still much higher than the replacement level, at 2.1. It is called a replacement level fertility, by the way. And it indicates clearly that a very big potential of future population growth.

I took the liberty of showing you two other countries for contrast, Japan and Nigeria. As you can see, Japan has a comparatively very low total fertility rate, whereas Nigeria has a very high one. Many countries in the world still have total fertility rates in the 3, 4, 5, or even 6, and that is the reason that the world population is projected to grow by more than 3 billion in the next 50 years or so. And Central Asia, except Kazakhstan, will continue to be population growth. And as you have seen in the previous slides, about 70 million, collectively, is the expected population after 20 years from now.

Let's look at the age specific fertility rate (ASFR) (Slide 4). Unfortunately we prepared the slides with a lot of colour, but the projectors here don't seem to be synchronized enough to show us the colour. The upper graph is age specific fertility rate of 1991 and the lower graph is age specific fertility rate in the year 2002. This level here is adolescent fertility; age 15 to 20, age 20 to 25 is here, and as we go along, at about age 50, childbearing diminishes, and fertility ends at that age. You can see the major, the highest fertility occurs in the prime childbearing ages, from age 20 to 30. This is an almost universal observation, except in Japan, which is further beyond, about 25 to 35. But most developing countries have a concentrated childbearing between age 20 and 30. And as you can see, there is little difference in the fertility among young people. There is of course a slight decline here in Kazakhstan. Very little decline in Kyrgyzstan, almost no decline in Turkmenistan, very little decline in Uzbekistan, but



Slide 4

there is a major significant decline in fertility rate in the prime childbearing ages 20 to 30, as you can see from this diagram. We don't have the diagram for Tajikistan unfortunately, because of the lack of data.

Now what does it mean? These diagrams compared with the total fertility rates figures that I showed you before clearly show a decline in fertility. And there is no doubt about it. And the decline is most visible and stronger in the prime childbearing ages. So if we are to summarize observations about fertility, I would say that fertility decline in all countries in the region, but faster in Tajikistan, Turkmenistan, and Uzbekistan. Kazakhstan's total fertility rate from 1990 to 2000 was above replacement level, which should have led to population growth. And presently it is about replacement level. Fertility in Central Asian countries is relatively high compared to other developing countries of the world, especially in Uzbekistan and Tajikistan. And as I said earlier, the total fertility rate at replacement level still means population growth for about 40 years in the future.

Now why did the fertility rate decline? I think we must take credit with the introduction of modern contraceptive methods and quality of care that you will see in the next table. As you know the Soviet system depended heavily on abortion, and abortion is not a family planning method. It is something that we discourage. We do not think it is necessary. Abortion happens when contraception fails, and/or when contraception is not available or when people are not aware about modern contraceptive methods. Abortion is termination of an unwanted pregnancy. And there should be no need for abortion if good reproductive health services are available. And the lack of good reproductive health services was the key reason why abortion was high in the Soviet Union in the Soviet system. Fortunately, there is decline in abortion rate, which you will see in the tables that will be displayed.

Here we are showing you the modern methods of contraceptive prevalence rate (Slide 5). It is remarkable, Kazakhstan about 53% of married women are using modern methods. Kyrgyzstan, about 49%, Turkmenistan 53%, Uzbekistan 63%. Except Tajikistan, which is still low at 27%. However, I must give you another observation, which is not very positive, and this is the very heavy reliance on IUD, intra-uterine device. Somehow, the medical system, the medical community here, continues to rely on IUD as a major method of contraception. And given the high anaemia rate in this region, this is contraindicated. IUD is not a good method of contraception in the presence of high anaemia rate. Of course, it is not a good method of contraception for young women. And therefore, good reproductive health services mean choice. It means availability of other methods of family planning, information about other methods, and the choice by the individual, by the client themselves. This one shows us that this choice, this availability of other methods, and the quality of care is not up to

Contraceptive Prevalence Rate among married women age 15-49

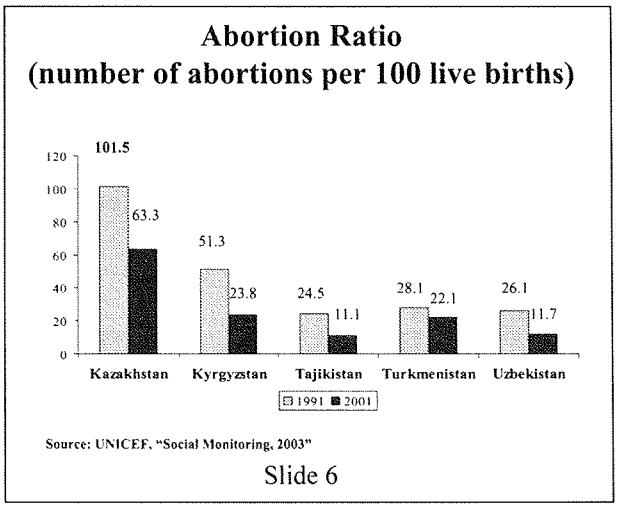
Country	Modern methods	IUD %
Kazakhstan (1999)	52.7	42.0
Kyrgyzstan (1997)	48.9	38.2
Tajikistan (2000)	27.3	25.1
Turkmenistan (2000)	53.1	39.0
Uzbekistan (2000)	62.5	56.3

Source: PRB, Family Planning Worldwide, 2002 Data Sheet

Slide 5

the standard, almost in all the countries in this region, and something that we need to focus on.

Next slide please (Slide 6). As I mentioned to you, the abortion rate, fortunately, has gone down, and we see it in all countries. This is the rate in total in 1991, the large part here is abortion rate in 1991 and the next one is abortion rate in 2001. There is a significant drop in abortion rate across the board in all countries, and this is very positive. It means reproductive health programs in these countries are working to lower the abortion rate. But again, there is still a long way to go. The abortion rate is still very high in Kazakhstan, and considering that about one third of maternal deaths are complications of abortion. This is something still very serious to focus upon. It would be desirable to eliminate the resort to abortion completely, although I would not advocate banning abortion. I think it is a matter of choice and freedom of choice, but it is very simple fact that abortion will be unnecessary if you have good reproductive health services and choice of contraceptives and the information and knowledge to use them.



Slide 6

Now this was a summary of the fertility situation. I would like to take you now to the mortality situation. I will use two measures also in mortality. What is called life expectancy at birth and age specific death rates (ASDR)? Life expectancy at birth is a parameter that is used very often. It is one of the indicators in human development, and simply it means the average number of years that a newborn baby can expect to live if he or she goes through the prevailing mortality conditions at that time. It's a hypothetical measure, but it tells us a lot about the living standards, especially the living standards and poverty situation in the country. The age specific death rates, on the other hand, tell us what is happening age by age to the probability of death. If we look at the figures, next slide please (Slide 7).

The life expectancy at birth, please pay attention to that. It's a very important observation. 1991, 2004, there is a decline in life expectancy. In Kazakhstan, from 61 to 60.7. Kyrgyzstan from about 63, slight increase here. Tajikistan, from 64.7 to 61, etc. In all these countries, there is either constant life expectancy or a slight decline in life expectancy. Normally life expectancy should keep on increasing because with the development accelerating, life expectancy should increase as well. But the fact that it remains constant or in decline, it declines a little bit in some of these countries, tells us a lot about the prevailing living standards. It means that there was a deterioration of the living standards in the whole region.

I would like to compare here, the life expectancy in Japan. It's much higher, almost, more than 10 years higher than the other countries. For male, as you can see, Japan is 78 years in 2004 and for

Life Expectancy at Birth, 1991 and 2004
(years)

Country	Male		Female	
	1991	2004	1991	2004
Kazakhstan	61.3	60.7	71.2	71.7
Kyrgyzstan	62.7	63.8	71.4	72.1
Tajikistan	64.7	61.5	70.5	67.5
Turkmenistan	60.3	57.9	67.4	64.9
Uzbekistan	63.5	60.7	70.4	67.7
Japan	76.1	77.7	82.2	84.5

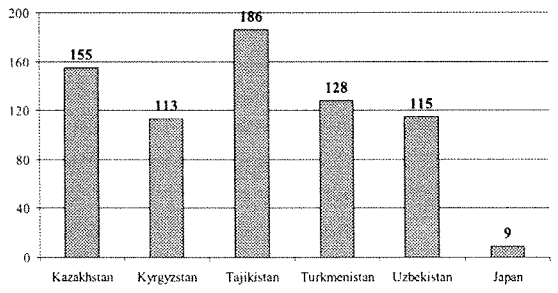
Source: US Bureau of the Census, Internet data base

Slide 7

female it is about 85 years. Whereas in the other countries it is 65, 67, in Japan it is in the 80s. Now I would like to just be provocative a bit to the honourable parliamentarians. You should go the example of Japan. There is still a big room, a very huge potential to lower the mortality and increase the life expectancy in your countries. And if you say it's not possible, it is possible. As you can see, there are examples in the world.

Next slide, please (Slide 8).
Here I want to touch upon the maternal mortality. I mentioned abortion rate. Maternal mortality remains a big problem in the region. It is very high compared to developed countries, and I must tell you that there is a big discrepancy between the official statistics and the estimates from independent sources. I am not giving official statistics because we know for sure they are not reliable. And because two reasons. One of them is the measurement problem, and the other one is the definitional problem. These countries are still using the Soviet system of live birth, which goes to underestimate maternal mortality, underestimate infant mortality, and the whole system of registering maternal death, happening in health facilities is not reliable. I have taken time to examine it, and so I can speak with relative courage, those official figures cannot be reliable and they are not. Therefore, the independent estimates are better off. Unfortunately, they show very high maternal mortality rates, which again tell us that we have a long way to reduce maternal mortality and make pregnancy and delivery safer.

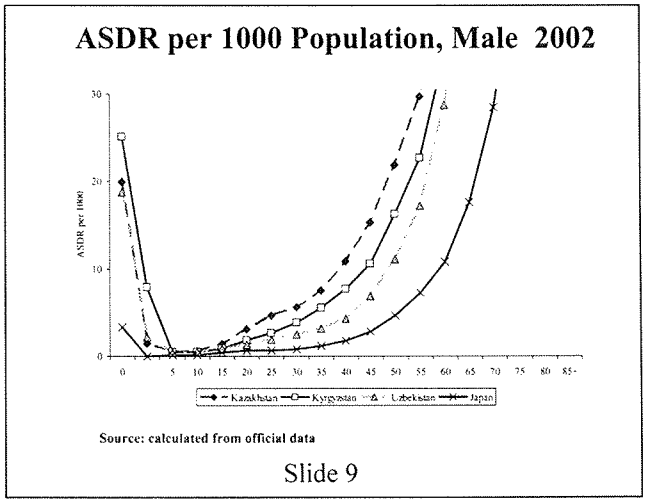
Maternal Mortality Ratio



Source: UNFPA, State of World Population, 2003

Slide 8

I would like now to go to age specific death rate (ASDR), the other parameter of mortality, and please pay attention to this diagram (Slide 9). The top one here, age specific death rates can be expressed as probability of dying as well, but this is not. This is simply the average number of deaths per year per 1,000 population in a particular age group. Look at this figure here. I think this is Uzbekistan. The red one is Kazakhstan. Then Tajikistan and the one here at the bottom is Japan. This is childhood, below five mortality rate, death rate. There is a big gap between Japan and the Central Asian countries, a very significant gap. There is also a big gap in other ages. From age 5 to about age 15, mortality is generally low in all countries, and so you don't see the big difference here, but you see the difference after age 20. And the difference becomes more and more pronounced. Japan is at the bottom. The mortality, death rate in every age group in Japan is far below the Central Asian countries. And here the distance actually is the vertical distance, not the other one, it's vertical. So in this age, 45, for example, if Japan is here, Kazakhstan is about here. What does it tell us? It tells us that there still is a big gap in the risk of dying in every age, more for males than females, and the female graph will come next, in all these Central Asian regions. There is a scope for lower mortality across the age spectrum, all ages. There is a scope for huge mortality reductions here, below age 1 and below age 5. You can see the gap is very big.

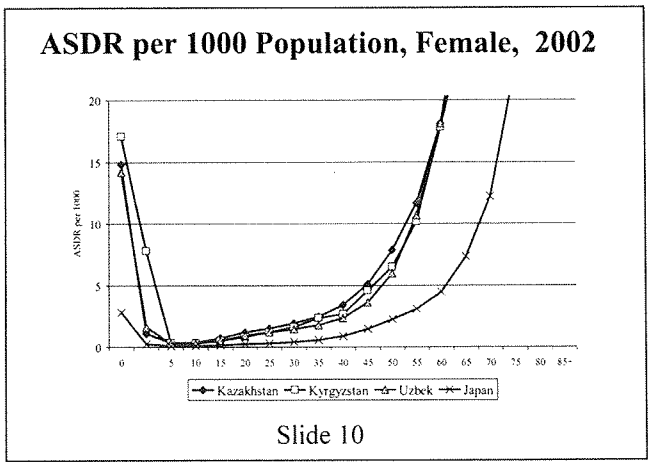


Slide 9

And there is a big scope to lower the mortality after age 30. And in particular to the honourable members of the Kazakhstan parliament, it is the male mortality. Unfortunately it doesn't compare well, even to other countries in the Central Asian region. Male mortality in this country is very high, higher than Turkmenistan, Uzbekistan, or Kyrgyzstan across all ages and there is a bump here even that is also significant as you can see it rises by age 35 and then it tapers off a little bit and then it starts rising again. Because of that in these ages there is particularly high mortality about age 25 to 30. Now I didn't have or I don't have time now to go and analyze and explain to you the cause of death. And there are already statistics that explain it, but apparently in Kazakhstan there have been increase in the death rate in men especially because of increasing accidents and other reckless lifestyles. And this is something for policy makers to keep in mind.

Next slide please (Slide 10). The female mortality diagrams are similar. They show the same pattern and the lower one is Japan and it clearly tells us there is a huge gap to fill in if we are to reach Japanese mortality conditions. And these countries certainly can do it, but they have to pay attention to the living standards and quality of life in general.

I think I have already summarized a lot about mortality. I have here in the handout that mortality



Slide 10

increased in Tajikistan, Turkmenistan, and Uzbekistan. Mortality stayed constant in Kazakhstan and Kyrgyzstan, a slight increase in male mortality in Kazakhstan. Mortality is still high compared to developed countries. Infant and maternal mortality is especially high and there is emerging new threat of HIV/AIDS. These are not yet factored in and the number of deaths from HIV/AIDS is still small. But unfortunately if we look at the experience of the rest of the world, this is going to be a major problem in the next five to ten years. And actually it is needed now to stop the spread of HIV/AIDS before it becomes an unimaginable human disaster.

Migration, the third component of population change. Next one (Slide 11). These are official statistics. You can see there has been negative net migration. I'm talking about net migration, that is the difference between emigration going abroad and immigration people coming in. And that negative has of course peaked around '95 and '96 and now it is slowly decelerating, for example, in Kazakhstan. You know, it has gone down to about half. But still a significant number, about 60,000 in Kazakhstan annually more people going abroad than those coming in and, as I mentioned earlier, migration has been the key reason for the slight population decline in the past 10 years.

All countries in the region experienced net negative migration. Highest emigration occurred in Kazakhstan, which was the main reason for negative population growth. Emigration was initially driven by political and ethnic factors but now it is mostly economic factors. Now the three components of population change determine the size of population, the growth of population and the

MIGRATION

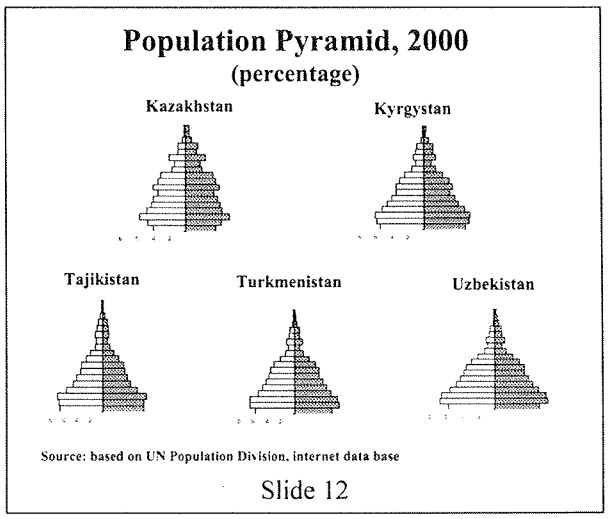
Net Migration per Annum (thousands)

Country	1999	2002
Kazakhstan	-123.6	-62.0
Kyrgyzstan	-10.0	-27.7
Tajikistan	-14.9	-13.5
Turkmenistan	-9.4*	-8.6
Uzbekistan	-62.1	-83.3

Source: official data, * for 2000

Slide 11

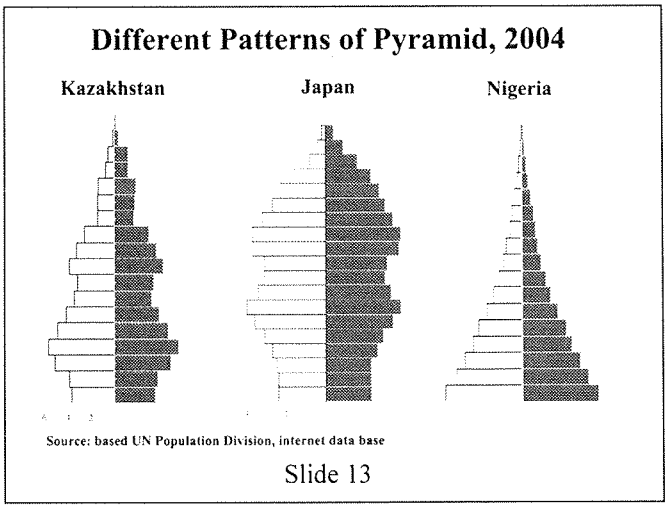
structure of population. And I would like to examine with you the population structure by the help of population pyramids. Look at the population pyramids here (Slide 12). This is a kind of instrument demographers use a lot to show you very visually the structure of population. This is a percentage based pyramid. The right side is female, and the left side is male. And you can see this is about 5, 6 percent population here. This is a percentage scale and the upper coordinate is age. So this is Kazakhstan's age pyramid, age and sex pyramid you call it. As you can see the lower one is population age 0 to 5. The second one is age 5 to 10. 10 to 15, etc. as we go along. And on the top is population age 80 or so. What does it tell us? It tells us that the highest percentage of population is between age 15 to 20 in Kazakhstan and almost all other countries. But it tells us that there is shrinkage. 5 to 9 is smaller than 15 to 20 and 0 to 4 is smaller than the one before it. That shrinkage of the population base is caused primarily by the declining fertility rate that we have seen earlier. So the shrinkage of population base can be seen probably with the exception of Tajikistan in the four countries and it clearly indicates or is a reflection of the declining fertility rate. The other peculiar shape in the age structure here reflects a history of the population, history of births, history of what happens to the population. This entire structure illustrates the 80-year history of the population in terms of birth, death, and migration.



Slide 12

Next slide please (Slide 13). I am taking also the liberty of comparing Japan with Kazakhstan and Nigeria. You can see Nigerian pyramid is still real pyramid-looking and every consecutive age group is bigger than the one before it. You can see it. This is 0 to 4, the one on top is 5 to 9, 10 to 15, etc. It is different than Kazakhstan. It is the opposite of Kazakhstan. And the reason why we have such a structure is because fertility rate in Nigeria is still very high. But also mortality rate is high so that the population structure tapers off rapidly. A lot of people are born but they rapidly die and you have very little population surviving to old age. Japan has about stationary population for the last 15 years, almost constant fertility rate, as you can see, but about 15 years ago, something from 15 to 30 years ago that is clearly the history of declining fertility rate as you can see from here. Whereas in Kazakhstan, the declining fertility started happening in the past 15 years.

I would like now to discuss with you the population age structure. This population structure in terms of age and sex has very important implications for development and the quality of life. That section represents children. This section here represents female population in childbearing ages in this part here. But this part here represents the labour force population. People who can join the labour force and work or who stay unemployed. And these upper ages here represent the elderly population, those who retire. The fertility, mortality, and migration history determine the structure of population. How



Slide 13

many, or what percentage of population will be in the dependency ages. Young dependency ages here or old dependency ages here. And how many will be in the working ages. I will give you another proportion in the next slide.

Next one please (Slide 14). You can see a 0 to 15 from '90 to 2005. There is a decline as expected because you have seen it in the pyramid. The young age population declines so that decline can be seen in the percentage clearly in every country where there is a decline. Even in Japan there is a decline. Look at the working age population 15 to 65. There is a huge increase from the '90 s to 2005. There is increase clearly visible, except of course in Japan which has a slight decrease in that working age population. Now look at the elderly population 65 plus or the old age dependency. It is very interesting observation and I want to stress this and underline it because in the Central Asian Republics the elderly population has not yet started to rise significantly. It is still small, almost constant. Like in Kazakhstan it grew from 5% to 8.6%. Kyrgyzstan from 5% to 6.5%. From 4 to 5, etc. An increase yes, but a very small increase. And the elderly age structure remains very small.

The elderly dependency ratio is still very small in Central Asia and please think about it. The young age population has declined considerably. The working age population has increased considerably whereas the elderly population is about constant. This is what we call in demography as the demographic window of opportunity. It is now for the past 10 years that Central Asia has been in the

Percent of Population by Age Groups

	0-14		15-64		65+	
	1990	2005	1990	2005	1990	2005
Kazakhstan	31.8	23.5	63.0	68.0	5.2	8.6
Kyrgyzstan	37.6	30.5	57.4	62.9	5.0	6.5
Tajikistan	43.2	34.3	53.0	60.7	3.8	5.0
Turkmenistan	40.5	32.0	55.7	63.3	3.8	4.7
Uzbekistan	40.9	31.7	55.1	63.2	4.0	5.2
Japan	18.4	14.0	69.6	66.3	12.0	19.7

Source: UN Population Division, internet data base

Slide 14

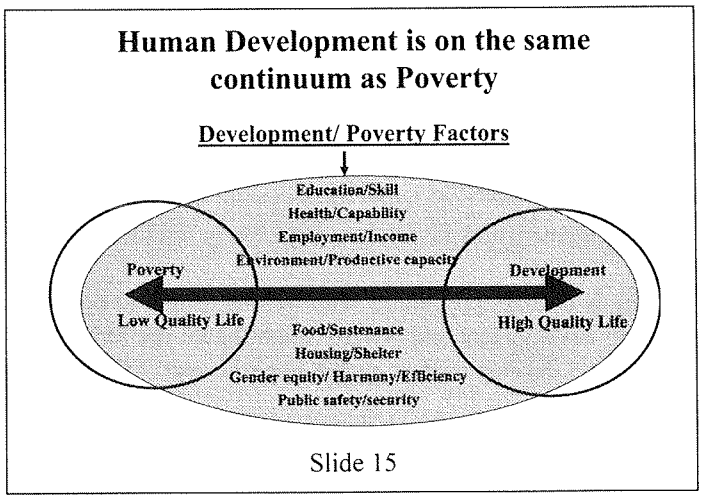
demographic window. It is the best time to accelerate social economic development. It is the best time to take advantage of the declining dependency burden of the young ages without having to take care of the rising old age dependency. And so I haven't yet seen anybody mention that. I don't know maybe someone already mentioned it. But for me it's a very significant observation. Central Asia is in the prime demographic window of opportunity now and if they miss the chance in the next 5 to 10 years to develop rapidly, development later on will become much more difficult because the elderly population will rise very rapidly. Now population development and poverty. Again, I would like to highlight that population development and poverty are very closely interrelated.

Why is it important? Why is demography linked with development and poverty? And I will try to explain to you. First of all, development and poverty might be on the same continuum, on the same line. Poverty is at one corner, development is on the opposite end. Countries move from poverty towards development.

Why? Because development, a simple definition of development is an improvement in the living standards of the people. Human development is improvement in quality of life measured in terms of education, health, income, freedom, public safety, housing conditions, employment conditions, environment, food security, and gender equality. And as you know these are also the indicators, the parameters that are the basis of human development index. And it is now accepted in the mainstream development whether you read the poverty reduction strategy paper or any other development discussion that these are really what counts in human development. You have to improve these characteristics of the population to say that these people are developed, they are in an advanced quality of life. But there is a very strong connection between population growth, fertility, mortality and age structure and these parameters. I may not have the time now to explain to you, but this connection is clearly demonstrable. If I have the time I can show you. As you know education means you have to cater to education for young generations. So the higher the fertility rate you have, the more young children who you have to educate. The higher fertility rate you have, the more people coming in to the world and as they advance in age, more and more demand for health services. Higher fertility means rapidly growing labour force, rapidly growing demand for employment. And in the limited employment opportunities you raise the unemployment rate. So there is a clear connection there and therefore demography counts a lot in development.

I would like to show you a simple diagram about population factors or demographic factors and development, poverty. Here, this is again a very simplified diagram (Slide 15). If you put poverty on the left side, it is an open ended. There is no zero point here. It is open ended. You can go deep below or down the poverty line. And you can go very high in the development side. A country can move forward in development or it can stay constant stationary or it can move backwards. I think what we have experienced in the past 10 years in Central Asia in my days is a slight going back in terms of development as we have seen deterioration in health conditions, especially employment and the rising mortality rate. The aim is to move forward and to develop further. And to be able to do that we have to have a high education level of the population so that they are skilled to contribute to productive economic development. We need good health in order to provide quality of life as well as economic capability. We need employment in order to generate income. We need clean environment again to support good health and productive capacity of the population and so on. So these are the parameters which are linked with population, age, sex structure and fertility and mortality components. And they are the key parameters that define development.

Now I would like to pose some questions or make some statements, particularly maybe to just be provocative for the honourable parliamentarians. I think it goes without saying that every parliamentarian, every person would like to see his country developed, the human development index to rise and if this is the purpose then there is no doubt that governments must concentrate on the factors



that lead to development and that is health, education, housing, employment, environment, gender equality, freedom, security and so on. These are the parameters of development and I would like to emphasize that point. Occasionally we hear that economic growth is alone, but that's not alone. Economic growth in terms of growth in per capita income alone or in aggregate income, aggregate industrial production is not enough to guarantee human development. We need attention on these social sectors.

So I will come to the end of my presentation by making a few statements that development and poverty are interrelated. They are on the opposite ends of one continuum, one line. And it is desirable to move forward, and we can only achieve that by improving the social parameters like health, education, income, housing, and other parameters that I mentioned. To achieve development there must be progress in all human dimensions and not only in economic growth. Development can be sustainable only if it uses the natural resources, environmental resources wisely. And here the sustainable development concept is well known to you. It means we should ensure development today without jeopardizing future generation's welfare. In other words, we should not destroy what we have. We should not destroy the lakes, the rivers, the coral reefs, the fisheries, the environment, the forests. We should not destroy it. If we do, there will be nothing left for our future generations.

Because of still high fertility and unmet needs for reproductive health services, there is room to improve our reproductive health services in Central Asia. Again, the subject of population growth, population size is a very hotly debated topic here. And for those honourable members who are coming from far away, maybe you are not familiar with the discourse about population. There is generally desire here to increase population growth, and my response to this is that the ideal population is not the highest largest population. It is the population size that can facilitate sustainable development in the optimal way. There is nothing inherently good in very large population. You can have optimal development with a small population or even zero population growth or in some cases negatively growing population. You don't need a fast population growth to achieve development; in fact, you cannot achieve it if the population growth rate is very fast.

Governments should take advantage of the demographic window that is available now, which will disappear in the next 5 to 10 years. If for whatever reason governments still want to increase population growth, they must remember that there are other components; not only fertility, but reduction of mortality is equally good. In fact, desirable option as well is migrations. So you can still raise population growth but lowering mortality rate and increasing immigration. Mortality, including maternal mortality is still high in this region and they need to go further by improving reproductive

health services.

There are two points that I would like to highlight taking advantage of being the speaker. It is still a remnant of the Soviet legacy, the restrictions on the freedom of movement of people. While doing the research, we noticed that the rural population is growing fast, and this is contrary to the rest of the world. In other parts of the world, the rural population percentage is declining because urbanization is increasing. Here ruralization is actually accelerating because of very high rural fertility rates, but also because of restrictions on rural to urban migrations. People are not free to move from rural areas to the city. They need a special permit called Popiska to live in the city and that is not only of course against their human right, but it is also contrary to development. I think freedom of choice, freedom of movement is important and I hope governments will have a chance to look at this matter urgently.

And the last point, which gave me a lot of frustration trying to prepare this paper, is that statistics, especially demographic statistics, are very difficult to get by. Countries again under the Soviet legacy, they consider such things as secrets. This is not the situation in the rest of the world. Statistics are for development. They should be available for analysis. They should be available for methodological studies. They should be available to show what is happening to the social economic policy. It would be desirable to have free statistics so we know what is happening to the fertility rate, mortality rate, migration, living standards and so on. But in these countries, especially in Uzbekistan and Turkmenistan, statistics are not available, even the most innocent statistics, like life expectancy at birth, or population projections. We cannot get it. We are told it is a state secret and this is something that I find incredible and unbelievable and I hope governments will take note of this. Statistics should be open. There should be a lot of discourse, discussion, and methodological studies of statistics so that we can monitor progress. Thank you very much for your attention.

Discussion

CHAIRPERSON:
Thank you, Mr. Tumkaya. Actually, he gave a very good speech, and as we know the population is one of the sustainable development issues, whereas the word sustainable development is actually difficult for us to understand. It is actually the development that meets the needs for the current generation without compromising the ability for the future generations' needs. And for us now, the population change is mainly due to the immigration, increase of mortality rate, and also increase of fertility rate. In Malaysia, for the male, life expectancy is about 70.1 and for the female it's 75.3, especially in the rural areas. And you have another about 30 minutes for discussion. I open the floor for anybody to ask a question or discuss anything.

QUESTION FROM FLOOR, VIETNAM:
We have just two questions. The first, why is there a 10-year difference between life expectancy of male and female? The other countries it is just five or six or three years. What is the reason for high mortality among men? Drinking or something? And the second, what is the urbanization like in here? You said that in the Soviet Union, there is strict control of migration. What is it like after Soviet Union? What is urbanization and migration from rural to urban? How about the situation of migration now.

MR. NESIM TUMKAYA:
Thank you very much. About the gender issue, male mortality is always higher than female mortality, the universal observation with the exception of two or three countries in the world, and that is by Bangladesh, India, but that is also changing. But in the rest of the world, there is a difference between male and female mortality. Females are sturdier, they have lower mortality in all ages. If you look at the age specific death rate, you see it's lower among females. I think this is a biological. I mean, according to the literature it has to do with physiology and biology. But you know the difference from country to country is not the same. There are big differences. For example in Kazakhstan, the male mortality is very huge, and that is because of extra risks. Men are exposing themselves, and maybe my colleague from Kazakhstan will tell you more. Apparently there is increasing drinking, reckless driving, and causes of death that are related to violence, you know traffic accidents and so on. So these things make a difference as well.

About the urbanization, I don't have the figures with me, but I will reiterate what I said. The percentage of rural population is increasing, which means urbanization actually is decreasing, which is contrary to the rest of the world. Everywhere else urbanization is increasing. As you know, this is also one of the signs of modernization. When the rural population is freed from agriculture, people come to the city to seek paid employment, and the cities of course grow themselves, and therefore the rate of urbanization is higher and the urban population goes up in percentage. But this is the opposite here, and that is in my view, with two reasons. One of them is there have been a lot of people who migrated from the cities abroad, but another reason is the restriction of movement for rural to urban migration.

QUESTION FROM FLOOR, KAZAKHSTAN:
Ladies and Gentlemen, I would like to some extent to comment on Kazakhstan, some numbers and some considerations. Firstly, Kazakhstan as many Central Asian countries after the disintegration of the Soviet Union faces a very difficult economic situation. Literally during five or six years the GDP

level without any military actions dropped down by 50%.
Therefore, now only in Kazakhstan, by the year 2000, we started rehabilitation of GDP per capita, and to bring it to the level of 1990. Therefore the first factor is economic. Correspondingly, you have noticed that here in Kazakhstan there is a process of emigration. I would call this emigration economic, after the disintegration of the USSR. Moreover because in Kazakhstan more than anywhere else in Central Asian Republics, the biggest share of the population was not aboriginal, and they actually arrived here during cultivation of virgin land and during the industrial development of the country. Therefore, about 800,000 ethnic Germans decided to immigrate to Germany after the immigration rules in Germany were facilitated. Roughly 1.5 million ethnic Ukrainians and Russians decided to go back to their motherland.

Now with regard to the questions I believe that Kyrgyzstan actually did it right and Mr. Tumkaya noted it very correctly that the issues of statistics are not yet perfect, and are not yet to the adequate level. And I do really agree with you that if Kyrgyzstan has already surpassed Kazakhstan in the baby mortality. I think that the difference between Kyrgyzstan and Kazakhstan in this factor is only useful with statistical measurement. Therefore, government authorities have to be courageous enough to try to adopt and accept the standards that have already been accepted by WHO.

Secondly, talking about male mortality, you see how weak men are. I would like to say the following. Firstly, in Kazakhstan, the level of suicide among men is very high. It comes with our 2002 statistics. We had more suicides than crimes. When Kazakhstan has decided to adopt a market economy, and this transition period was very rough, it turned out to be a psychological burden and it became one of the factors of suicidal behaviour among people. Therefore if you take statistics, roughly about 80% of people who decided to commit suicide are men.

Now let's take a look back at the past 10 years. What Kazakhstan is offering now to improve its demographic situation, what we are doing and what we are trying to do. Today, Kazakhstan, unfortunately, is too far away from the standard in terms of GDP per capita. Last year, we dropped about 2.4% of GDP per capita; therefore the president of Kazakhstan about one month ago, signed the program of healthcare in 2010 in accordance with which in 2010 the GDP per capita will be increased to 4.1 or 4.2. Therefore we are going to invest heavily in healthcare systems. It is not a one-time undertaking, but to some extent it will positively affect our demographic growth.

Today we are talking about a sharp increase in the number of capital investments towards a supply of safe drinking water in Kazakhstan. Unfortunately here in Kazakhstan, we are experiencing a shortage of portable drinking water, which is not the case in Tajikistan and Kyrgyzstan. Therefore I would like to say that we see our problems very clearly because we are a huge and vast country and such a vast country cannot develop without increasing its total population. Therefore the government today has decided to introduce the subsidies for the delivery of babies. Starting 2006 or next year we are also planning to increase the donations to mothers until the age of 1.5 of their babies. Therefore we are trying to create some economic and financial stimuli and to increase equality of healthcare. Starting next year the government is going to invest a lot in housing development and today we are facing the tendency that the population has moved from the rural areas to urban areas. Roughly about 42% is living in rural parts of Kazakhstan where the sanitary norms and levels are not very high. Therefore the policy of our government for the upcoming 10 or 15 years is to increase the number of urban population. But of course this will have some negative implications as well in terms of fertility rate because the urban population here in Kazakhstan traditionally had a very low fertility rate. Therefore such tendencies are pretty observable, tangible here in Kazakhstan. But due to the economic growth and its potential, I believe that the situation is going to stabilize.

The political tendencies that we have in Kazakhstan. Such phenomena as Popiska, for example, do not

exist here. We are freely moving in the territory of Kazakhstan and the outside and today we also see that aboriginal, or we call them Kazakh Russians or Kazakh Germans due to the improvement of economic situation here in Kazakhstan. They have decided to re-immigrate back to Kazakhstan. Still, I believe that there are some problems in Kazakhstan. I have to admit and to know that roughly 50% of all our population are of European, Georgian background and we never had a very high birthrate here. Therefore in Uzbekistan, where 80 to 90 percent of population are mono-ethnic, historically they usually have a very high birthrate and definitely the birthrate there in Uzbekistan will be much higher than here in Kazakhstan.

That was the case 15 years ago and the tendency here in Kazakhstan is pretty positive. We still have to talk about the improvement of standard of living. We need to have a higher level of education, higher level of healthcare, and even so the number of elderly people is a little bit lower here than in the neighbouring countries. We say that the birthrate and the number of urban population have to increase, but at the same time, the quality of this population should be very high. They should be highly educated and they should also have the so-called high human development factors. These problems are very well known and I'm sure that tomorrow the minister of healthcare is going to talk about the 26th anniversary of our Alma Ata Declaration and about the step that our government is taking to improve healthcare system. If you have any questions, you are welcome.

QUESTION FROM FLOOR, INDIA:
I'd like to add my information which is a critical point for the honourable member from Thailand. The female body can endure better than a male body. This can be actually proved scientifically. In the pregnancies with two foetuses, sometimes one foetus can parasite another foetus. And when they happen to be a male foetus and a female foetus, it is actually the female foetus that always survives at the cost of the male foetus. In India when there is a female and a male twin are born, the mother always feeds the female and male and sometimes cares more for the male since it is always the female who survives better because genetically the female body is meant to endure more starvation and water deprivation.

Again coming to the lecture, you mentioned that the migration of people from rural to urban is the human issue. That point is fine. But you appear to say that you should increase the movement of people from rural to urban. I would like to contradict. People in rural area must remain in rural area and all this developmental factors like education, health, employment, must be available to the rural areas as well. Industry must be promoted, and people in rural area must remain in the rural area. Urbanization is an environmental issue. To promote urbanization would actually be bad to the environment.

QUESTION FROM FLOOR, KAZAKHSTAN:
I am representing Kazakhstan. I am representing the senate of the parliament. I would like to make a few additions to the statement of my colleague Senator Tutkshev.

First and foremost, dear colleagues, I would like to welcome everybody here in this forum in Almaty. I was saying that in general terms it creates incentives to tackle the problems which are of great concern not only for us but for other regions as well. I believe that Mr. Tumkaya made a very interesting statement today. I thank you very much for it. But at the same time I would like to draw your attention to some issues. Actually you have to know the history of the population and its composition, its specificity. Mr. Beksultan has already mentioned that during cultivation of virgin lands there was such an emigration. However in due times from Caucuses and other regions of Russia, emigration started much before it. Especially at the beginning of the 20th century and during the Second World

War in Kazakhstan, a lot of people were relocated during a very short period of time. Dozens of various ethnicities, roughly 1 million people were deported. And such processes later affected the formation of interethnic relationships. But I would like to say to the merit of Kazakhstan and it was one of our main goals after the disintegration of the Soviet Union when in various regions of ex-Soviet Union there were interethnic clashes. I believe that the peoples of Kazakhstan, the government of Kazakhstan, and the parliament did manage to keep interethnic solidarity and stability, equality. In spite of the fact that right now here in Kazakhstan we have more than 150 nationalities, we never had, we don't have any interethnic clashes. I think that this is one of our greatest values, which we are going to keep. There is interethnic accord. Naturally, such processes are reflected in the population growth. That is the topic of our discussion today, and of course during economic depression shortly after the disintegration of the USSR, we actually faced a very serious decline in population growth.

Here we have to mention migration, natural fertility rate decrease. Since the working age population share has grown, it is probably a correct ratio for the end of 80s, when in Kazakhstan we had a very high birth rate. At the beginning of the 90s the young people of working age having reached the working age, unfortunately, we have a decrease, which we are going to fill in the near future. Right now we are taking every possible measure to try to motivate natural birth rate. We are trying to create favourable conditions for young families and for this we launched the nationwide housing program so that the housing will be accessible for young families with relatively low income. We are improving our crediting policy. Gender policy is pretty comprehensive and I believe that all these measures and efforts that we are taking will be taken into consideration in our strategy and I think that all such elements were scientifically justified. And we have a lot of very good justifications to try to keep the population growth here in Kazakhstan and to keep it thanks to the natural growth.

I believe that the second point, which is very important, is migration. I believe that the return to the historical motherland is going to be a very important factor there. There are a lot of ethnic Kazakhs who are living now outside the territory of Kazakhstan because they were forced to emigrate back in 1930s. For example in China, we have 1,300,000 Kazakhs. From Russia, or other countries, due to the improvements of socioeconomic environments in Kazakhstan and healthy environment interethnic accord, open and free society, a lot of people are coming back to Kazakhstan. Not only ethnic Kazakhs, but at the same time we are taking a lot of Germans and Russians and representatives of other ethnicities who are coming from other territories.

Plus there are problems. More men die. Mortality among men is higher. Dear colleagues, please bear in mind this actually is a traditional indicator. Men were always subject to more risk, all kinds of risk. In the first place trying to protect their women, and these conditions continue to exist here in Kazakhstan. Back in the Soviet times, and even during the pre-Soviet period, that trend persisted. Of course in no way is it good to increase this condition, to allow for this trend to increase.

I am talking about suicides as well. Now the number of suicides is going down. This used to take place in those areas where the nuclear weapons test grounds were situated, back in the Soviet times. This took place in environmental disaster areas on the coast of the Aral Sea, in some environmental stress areas, but this trend is shrinking. If we manage to increase our economic potential and give more attention to the socioeconomic development and increase our GDP, then this positive trend will increase and will be enhanced here in Kazakhstan. Thank you for your attention.

QUESTION FROM FLOOR, KOREA:

I really appreciate your excellent speech, Mr. Tumkaya. I have a couple of questions. First, I'd like to know why the Central Asian's mortality has increased, and their lifespan, why it has declined. And I wonder why infant and maternal mortality is high because, as far as I know, for the last 10 years our

social economic level is improving. Then common sense is the mortality is maybe going down. That is why I have a question. This time I have very interesting issue I found out, which is the fact that the Korean population pyramid is very similar with especially that of Kazakhstan.

So I prepared here, maybe everyone has our brochures and our Korean report in front of you. Please refer to this. Ten years ago Korea has very serious demographic population problems, which include a very low TFR and a fast increasing aging. So Kazakhstan's demographic aging percentage is very similar with ours. I don't know why, but for your parliamentarian, this reference can help you, I think. Please read this. Thank you.

QUESTION FROM FLOOR, FIJI:
My question has been partly asked by my previous colleague. This is with respect to the mortality rate, especially to maternal and child mortality rates. It is pretty high compared to other nations. I think if you contain the two, a lot of the problems will be solved.

Now my query is, in these Central Asian countries, what could be the average budget allocation for health services? Maybe it is out of your preview of this talk, if you can give us an idea, thank you.

QUESTION FROM FLOOR, KOREA:
I really thank you for your excellent lecturing. I'd like to raise two issues. One is that you don't fully take account of cultural issues here, tradition and cultural among five countries. Second is that he mentions that some kind of unexpected social events of epidemic like SARS. So probably from now on and between demographic changes, you have to take account of those stuff and we can improve our prediction of demographic changes or other fertility rates and any kind of unexpected outcomes in the world. So in terms of population change, I'd like to have some kind of views about those two factors from your expertise.

MR. NESIM TUMKAYA:
Thank you very much for all your questions and comments. So that's our discussion and Senator Sultanov, I appreciate your statements. I think you made it very clear the particular situation in Kazakhstan and I appreciate your comments and I agree with them.

The questions from the Korean Parliament. There are two questions about the rise in mortality rates, and this is indeed a very extraordinary situation and I will try to explain from what we have learned to be the primary causes based on our analysis of the situation of Uzbekistan and elsewhere. The main reason for the increase in mortality I think has been the deterioration of the existing socioeconomic system after the breakup of the Soviet Union. As you know that was a very major trauma. Systems that existed before and served the population, education, health, incomes, employment, simply collapsed. A lot of people lost their jobs. They went into poverty so there was an increase in poverty. At the same time the health system itself collapsed. A lot of doctors went without pay. The equipment and services and facilities and hospitals and clinics went beyond repair, broke down. So there was a clear deterioration also of the health services. It's a combination of increasing poverty levels plus the declining standard of the health system. This has been the main reason.

There are now improvements. The systems are picking up and new systems are being established. Hopefully they will be better than the old ones, and I think they will, but it will take a long time. Now I have also one great worry here, and this is a statement I would like to make very loudly if I may say to honourable members of the parliament. It has become almost a common practice tradition to lower the government share of expenditures on the health system. Almost all countries, I know for sure in

Uzbekistan and I see also in Kazakhstan, the share of government budget that goes to house has shrunk. It is lower now. People are made to pay now. There is also a transition to the pay; everybody pays for the services and so on. The implication of the impact on the health of the people is not clearly understood, but if we have to judge from the rising mortality levels, it is probably counterproductive. Maybe later on, as the development level increases and the income level rises in general, people will be able to pay for health services. But nowadays many poor people cannot pay, and they are not getting the health services they need.

The second question about the infant mortality rate and the maternal mortality. I think partly it is the same answer that I said. I will speak more about my own observation of Uzbekistan because I have seen things that were very much eye openers for me. I haven't seen them in other countries, even in developing countries because we have a basic understanding of Central Asia as advanced region and it turns out that a lot of things are not really advanced at all. They are way below the standards that you see in other developing countries even. The health systems, you go to maternity hospitals, they have very old equipment. They have very old standards of care, not so much on the quality of care. It's very much doctor driven treatment. Doctors are disillusioned, and they are demoralized without pay for a long time. Or even when they receive the pay it's very low pay and so I think it is a combination of these things that led to most increase and still high mortality rates.

It is interesting to note your observation about the age structure in Korea and Kazakhstan. I would like to go back and study it myself. About the honourable member from Fiji, your comment on maternal mortality. It is still a serious problem, and I think we must keep in mind that abortion is one reason for high maternal mortality still. The other one is the transition from the old system. I don't know in the old system how maternal mortality was, but the statistics in those systems are unreliable. I wouldn't take them for granted. I think probably the definition of birth and maternal deaths were so much off the mark, but probably even before maternal mortality was high. And now of course we can see it more visibly. But there are a lot of problems in the health system that combines to make maternal mortality high, especially emergency obstetric cases, which is a very bad situation. There are cases where medical doctors are actually causing by their negligence. They are causing a lot of harm than good. But still the general economic development of our poverty level, I think a lot of indicators show that poverty now is more than it used to be because of the lost income earning opportunities and lost social benefits that were given for free. So this too can contribute to maternal mortality.

Madame, you are absolutely right that culture is important, and I should have paid more attention to cultural factors. Culture in this region is very important. Traditions, customs are very strong and very important. One indication of the culture is that family is very much close-knitted. They value the family relationship. The entire family system takes care of each other, and that has actually been a very important social safety net when the Soviet Union collapsed. A lot of people now who are poor are depending on their family members for survival. The impact of this on the demographic processes is clearly obvious. We are seeing also a trend now of early marriages for example in Uzbekistan and early childbearing even among very highly educated people. It's opposite to the observations before and to the West. A lot of university-educated girls, medical doctors marry early, and bear a child within one year of their marriage. And this is, we are told, greatly determined by the traditions and customs which are being revived. I hope these traditions also will be used to minimize the death rate and the mortality rate among mothers as well as the general population.

CHAIRPERSON:
And I thank you for your very good lecture. And we have a very big applause for Mr. Tumkaya.

Session II

Population and Ageing: Consequences for the Future

Population and Ageing: Consequences for the Future

Chairperson
Dr. Malinee Sukavejworakit, Senator
Secretary-General, AFPPD (Thailand)

Mr. Soroko Yevgeniy Lvovich
Senior Researcher of Russian Academy of Sciences,
Institute for Economic Forecasting,
Centre for Demography and Human Ecology

I am a demographer, and work at the Centre for Demography and Human Ecology, research organization that has existed for the last 16 years. Examples of its work are a report, "Population of Russia", published annually, and this is the tenth one, and a four-page bulletin, "Population and Society", published once a month.

The first main part of my presentation is on ageing.

What is the process of population ageing we try to discuss now? It is the phenomenon of a growing proportion of the elderly in the population. Historically, it began in some developed countries by the middle of the twentieth century. Later, many other countries joined and experienced increases in the relative size of their aged populations during the past few decades. Now this process continues to involve new states and actually represents a general world process.

How do demographers represent it using their concepts? They speak about it in different terms. One is a population/age/sex pyramid, which becomes high and wider at the top and narrower at the bottom during the population ageing. The second is the mean or median age of population, which grows while the population is ageing. One more index is dependency ratio of the aged population to the working aged one. It also significantly grows under ageing.

What is the source of the phenomenon? It is a natural and unavoidable, result of demographic transition when the birth and death ratio significantly drops and the fundamental shifts in the population age structure start and accumulate these changes. They speak of the two ageing types, from the top, and from the bottom.

The next question to discuss is the following: Is it a pure demographic process or is its nature wider? Of course, the demographer can project and quantitatively measure it, but the consequences are much more variable. The process leads to deep changes in economic, social, cultural regulations and structures, and has many other aspects. This is the reason why population ageing may be called the challenge of the twenty-first century.

It is a problem significant for the public only or also for governments? The problem is so many sided and transitional that it is reflected in the attention paid to the opportunities, and prospects of it at mainly international and national forums. The concerns of both governments and the general public is, first of all, the social and economic status of older people, consequences of population ageing in culture, economy, and policy.

What are the priorities and the types of ageing related political and economic actions? It is needed to stress that there are no ready answers to them. However, the scale of problems

will continue only to grow in the future. The point here is that in order to act we originally must know; however, do we have sufficient knowledge and information to react adequately to the challenge? Surely, not enough; the ageing-related problems need to be better studied, measured, analyzed, understood, and discussed. Only after sound research of the social and economic sequences of the process of ageing will it be possible to generate new political and social actions.

The United Nations and its units have rather rich experience in the field of organization of such studies. Thus, the UN designated 1999 as the International Year of Older Persons and has developed several international instruments on ageing. They include International Plan of Action on Ageing, the United Nations Principles for Older Persons, and the UN targets on ageing.

To help national government and non-governmental organizations meet the ageing challenges, the UN Economic Commission for Europe has been received financial support from UNFPA, and have been active for years in addressing this issue. This work is guided by the understanding that older persons make social and economic contributions; population ageing should be considered as an opportunity rather than a burden for society. That they are a heterogeneous group is resulting from differences in gender, social conditions, economic and health status, cultural background, and all this is quite clearly defined, multifaceted, in well-targeted policy instruments and responses.

Recognizing the urgent need for better information on which to base well-informed and effective policy-making, the UN Economic Commission on Europe has been coordinating various data collection and research activities in each population in the European Union. One of the results is the collection of unique census-based micro data samples. They are currently used in the studies of the social and economic conditions of older people. One more result of work from this unit is surveying and taking stock of population ageing-related research in Europe: There is currently over 300 projects and it is created a directory on population ageing-related research projects in Europe. It is quite reasonable to continue this work at the level of other continents, including Asia, and the world as a whole.

Now let us proceed to list several significant consequences of population ageing. Most of them will continue to grow in the future and will need suitable actions of governments and the society.

Proportion of older persons, aged 65 and over: Currently, it is about 10-15% in most developed countries of the world. In the year 2030, this proportion will reach about 20-30% of the total population. In some countries, the proportion of the oldest old who are aged 85 and above: Now they are about 20% of the total aged, but it is expected to grow in the future. Persons at this advanced age tend to be potentially vulnerable to health and economic hardships.

Next, the age/population/sex structure will be significantly asymmetric with greater share of women. This ratio is currently about 6 males to 10 females and will remain in the future. It will be higher in the oldest old population.

Considerable variability of demographic development between countries of the world exists now and will remain in the future due to the different historical trends, cultural, political systems, and will result in quite different measure of the population ageing process in these countries in the future.

Ageing leads to new structure of diseases, disability, causes of death, healthcare needs, and costs. Health-related problems of the older population will continue to escalate. They need to be better measured, analyzed, and understood. Population ageing stimulates great interest in the problems of differential mortality and longevity. It becomes more important in the future, research into determinants of variation in human longevity and the cross-national comparative studies in understanding all the potential reductions in adult mortality that may be accomplished.

Social security and pension systems will experience in the future a high pressure of the older population. The questions will remain and grow about how to change and in which direction to shift the balance between public and private resources. Can the state change the share of financing the pension? What is the source of healthcare payments?

Ageing, shifts in the retirement age, changes in the population age structure, will lead to changes in the labour force and the labour force participation of the older population. That also needs to be investigated and rated by the society.

Lower fertility and mortality, higher divorce rates, with simultaneous growth in life expectancy, will lead to the significant problems of loneliness. The number of people who live alone will grow, which is especially difficult for the elderly.

Changes in family and household structure in the future will partly be caused by the population ageing. More persons will need to participate in healthcare. More generations will form a household. More complex will become family relations, rules, and functions.

Currently, a rather low proportion of older people receive healthcare and other support within institutions. The number of aged persons needing institutionalisation and long-term care will grow in the future. Many other sociological, psychological, and cultural sites of the problem exist. All of them should be also taken into account.

As a conclusion to the first part, we may say that population ageing is a challenge of the twenty-first century that needs to be better studied and understood. The bowl of the related problems will be much bigger in the future. To meet it adequately the world community must continue to join the efforts in further data collection of the phenomenon, projection of it, and its consequences, widening the research, development of new political and social actions, and informing governments and publics via mass media.

In order to proceed to the second smaller part of my presentation, I would like to launch a slogan of the two bridges. One is a bridge between European and Asian communities. I am sure that a lot of Asia-related ageing-related research takes place in Asia now; however, the experience of hundreds of European projects can be extremely useful and it is reasonable to utilize them. The second bridge to build and to discuss here is the dissemination of demographic knowledge. It completely intersects with and develops the theme of the previous presentation.

What is the problem? My point is that no population and development program can be successfully fulfilled without good information on it in the society. Both the objects and the subjects must have an opportunity to know all they want without applying great special efforts; otherwise, we may produce wrong political actions, or people may misunderstand their rights, duties, prospects, rules of healthy behaviour, or even go on strike.

One of the types of such a bridge we try to build in Russia is a web demographic newspaper, Demoscope Weekly. It has been published for over three years. It is a bridge between the scientific community on the one side and the general public and decision-making persons on the other side. It consists of 30 various sections: frank, analytical articles, demographic barometers of Russia, CIS, Europe, and the world, and now, of course, science life, databases of demographic indicators, youth of Russia, Baltic states, and the world, book reviews, discussions, and so on. I want to invite all who attend here to join us and to extend publishing of Demoscope-like web demographic newspapers in other languages and other countries. We have a lot of common data to be exchanged, shared, and disseminated. Thank you for your attention.

Discussion

CHAIRPERSON:
Thank you, Professor Soroko. I think that it is very important to hear that, by all means, after all the research from Europe, Asia, we have to bridge them, and the last and most important point is that understanding between the scientists, political actors, and the public. That is the point. We have to try to distribute the knowledge to all parts to understand each other; otherwise, we will keep going to the wrong way because one country cannot represent another country. Time for questions and discussion. We open the floor for you. Thank you.

THAILAND:
I have a concern that you have to consider that in ageing it is not the person that is a burden to society; it is a brain bank, actually, for the country. That is my point. And on this, in Thailand, by the Queen, she organized a club called the Brain Bank for Ageing.

As I have experience in working with the indigenous people in the northern part of Thailand. The elderly can be the bridge between the young people and the older people, especially in traditional transformation and environmental conservation. I would like to point out the usefulness and the benefit of the ageing people in these areas.

The third point is about religion. I have not heard from any participant about the role of religion, that the elderly, especially the indigenous people, they respect religious philosophies, and the aim of their life is peace and happiness without using technology, or materialism, or consumerism. I would like to focus the benefit of the ageing on religion: religious transformation.

CHAIRPERSON:
It is quite clear, I think. Actually, she graduated from Chulalongkorn University, which is the most famous university in our country, Thailand, and she is a genuine Bangkok native, but she went up to the hills, up north in Chang Mai, and she worked there at an NGO, and worked with the hill tribes. She is the mother of the hill tribe people up there. Thank you.

QUESTION FROM FLOOR, INDIA:
Ageing is, of course, a global phenomenon, but it is quite natural that a human being ages; the question is to what extent the society honours them, protects them, and makes them feel happy, they are still wanted in the society. That is the basic question. There it needs, for instance, the participation of, or greater involvement of, the government, according to me. But this is the difference between the Asian communities, or Asia, Europe, or America, and Latin America.

For example, in Indian society, in the Indian system, where, of course, there is in some areas a matriarchal system, some a patriarchal system, the rural people especially, and the whole family itself, shows respect to the older people, or the parents. But in my understanding, and I may be wrong and subject to correction, in the European society people become individual, and the aged parents find themselves in a difficult situation, because they are in an old age home and there are many things to come. So the customs that prevail in different societies have also a telling impact on the ageing. But this is not a problem in certain societies,

especially in Indian society. It is a matter to take care of them by the people, especially that they cover the rural areas. The involvement of the government of India is also very much that—I can proudly say that it is to look after them.

What I am suggesting to you is that you cannot view it with one angle; it has to vary from society to society, from nation to nation, especially from continent to continent. On the Asian continent it may not take the European society's approach. Definitely, I can say that it is not reflected in India, in our part of the world. But the question is to what extent the society and the government can move to keep this group of the population happy and protect them? These are questions that we should look into.

CHAIRPERSON:
I think that is a very good comment. I will give you a chance to answer, because I also doubt that when you want to keep us survive, when do you want me to die at 60, 70, or 80? And what do you want to use me for?

MR. SOROKO YEVGENIY LVOVICH:
I am sorry: To decide to survive or to die—it is not my duty; it is the duty of yourself, your relatives, and maybe of your culture, of your habits, and so on.

I wanted to clarify the point about the first bridge: I completely agree that when we try to solve the problems of the elderly we need to take into account all customs, all religious and other aspects which are maybe quite special for some country: for example, India. I want you to apply, not to directly use the European experience—"They use such a system, for example, for the pension. Let us try the same system in India." I wanted to say that research of problems relating to the ageing of population can be used.

In Europe, maybe half a thousand projects have been launched or even completed. In these projects they study the position of the elderly: how to provide and to give them health care; who must pay for their pension, and so on; a huge number of questions. The experience of organizing and launching such research, I wanted to say that it would be quite useful in Asia including India. Thank you.

There are a few patterns that I would like our speaker to discuss later on, what are the patterns that affect. We discuss two factors: one is legislative, another one is government policy, and another one is medical review.

I agree with what the delegate from India mentioned that there are certain conditions based on culture, ethnicity, religion, and so on. In our country what we have is the acceptance of the younger generation towards the elderly. In some other countries they just send their elderly parents to the welfare house or to the old folks homes; whereas, in our country, we accept it and we take care of them until God calls them. I think that point of view also you should consider in your study. Thank you.

QUESTION FROM FLOOR:
I must actually support the comment from Thailand, because it is an entirely new concept. Everywhere you see the burden on the community, and when you talk about productivity you

always talk about indigenization and the whole concept for change. So even the old population can be productive in their own way compared to the younger people but they may be useful to the facility in their own way. And when you are dealing with young people you are not always talking about requiring low medical care. That is a very new concept and it is wonderful in its own way. Thank you.

QUESTION FROM FLOOR, KOREA:
I will thank you for your excellent lecture, and on Madame Chairperson's comment: In terms of an ageing society, Korea is experiencing one of the fastest rate in the world. As an Indian parliamentarian indicated, Asia has different culture from Western countries; however, Korea is an Asian country. Here in Korea in rural areas, however, every young man is going to urban areas. At this moment even in rural areas, in 20% of Korean rural areas, the population older than 65 has got to more than 20%.

The other thing is that even in urban areas, and even the older people, they do not want to take care of their grandchildren any more because they would like to be very independent, they would like to enjoy their lives, and they focus on their quality of their live. Family values in Korea have changed so dramatically even though we really respect and admire older people in the family setting. The demographic change has forced them to think differently. Also, the birth rate is going high and the low fertility is 1.17 in 2002 and 1.19 in 2003.

We are experiencing demographic change so dramatically. This kind of experience in Korea could be a model for what you will experience in the future. I do not think India has the same experience as Korea has at the moment. Still, in terms of a bridge between western society and Asian society it is so enormously important. Even in Korea, we kind of think that the experience can be different from that in western countries. However, because of globalization the thinking is changing so dramatically, so probably our experience, and his suggestion to share our knowledge and information, is going to be so invaluable in the future in terms of demographic change as well as development, that is, sustainable development of the world.

I would like to forecast that the future is going to be like a rainbow. But the fact is that it's not that very good and there is some pessimism. I think this kind of meeting is so important: We can share everything that we have and then the future of the world is going to be growing and growing, I hope. I would like to thank the organizer of the meeting and in the future we can share everything that we have at this moment. Thank you.

QUESTION FROM FLOOR, FIJI:
I just have a small comment. I quite agree with some of the comments made but there is no simple answer to this problem ageing I supposed to be a problem but we have to ask which countries are we talking about? In the developing and developed countries, people are dying every day there; whereas, in the more developed countries, people are living longer lives because of their social systems, values and health systems, which are advanced. In those countries, generally, I think they are also supporting their elders by way of state funding, social security system, and all that.

Unfortunately, the developing countries are the countries that have problems. They are faced with various problems. One of the main ones is, of course, the resource one: because of lack

of resources. This phenomenon of social degeneration is universal. No society is exempt. India mentioned about the whole value system; Korea had a similar situation in the past; the values are changing, globalization, and people are having nuclear families now. How are we going to contain that is a big question mark: Can we tackle that?

In my country, recently, we had a family bill, mostly drawing on things from New Zealand and Australia, and so on. We do not have a social security system. It is only the people they get a small pension maybe $30-50 maximum. It is probably not enough to cover the bus fare. In this particular bill, they introduced something new, the current government: There is compulsory care for the parents because a lot of people are ending up in the old people's home and all that, which is, of course, a community responsibility and state responsibility. This particular clause provides for the parents to sue the children.

This is a very debatable and moot point for discussion, whether it is going to create the right kind of society we want. This law in Fiji came in only last year, and so far we have not had a case.

The next question that arises is should the government introduces a bill like that, a clause like that, in its legislation? Second, should the responsibility lie with the children or with the state, by way of social security system, and so on? These are some of the things that are quite interesting, and I do not think we will find a universal answer for this.

MR. SOROKO YEVGENIY LVOVICH:
The remark, what you have said, I must say that according to all UN and other demographic indicators of the world, fertility will continue to diminish, and population in about 50 or 60 years will stop growing. That is why, if that country is more developed or less developed, maybe not just now, but in 5, 10, 20, or 30 years, population ageing will start in any country; it is a world process, irrespective of whether some country is more or less developed.

QUESTION FROM FLOOR, NEW ZEALAND:
Thank you. I am just very interested in the issue of the ageing population. Of course, we are to a degree at the other end of that, because we have a significantly ageing population now and, going over the next 10 or 20 year, the proportion of older New Zealanders will increase quite dramatically: It will no longer be a news item when someone turns 100, and already I notice that Japan, I think, has umpteen-thousand 100-year olds right now.

One of the key issues, unlike Fiji, we do not assume and cannot assume that the children will look after their parents. We assume that their parents, or older New Zealanders, will need to live independently, and that they will continue to have sufficient financial provision for their old age provision within our resources. We address this in a couple of ways. First, in terms of old age pension, we now have what is called the Cullen Fund, named after our current Finance Minister, through which a proportion of current taxation has been put aside and invested for a future draw-down for New Zealanders, a draw-down that will not completely cover them in years to come but will supplement the additional to taxation revenue, to take into account, within about 15-20 years, the increasing proportion of older New Zealanders.

Item two is to ensure that as many older New Zealanders as possible can continue to live

independently and not go into what you call "geriatric care", because that is the real cost to society. There may be a mid-way point where you have increasing assistance from agencies, and so on, in terms of keeping older people in their own homes as much as possible—I think about one in ten require some form of around-the-clock geriatric care—but even that raw number will increase as the proportion goes up.

The other final point I want to make, which I think is critical, and it comes back to an earlier observation from a previous presenter, is about how much we put in our budget. One of the big issues in New Zealand is what we call the population health. Looking at that long-term growth in New Zealand, we have a very alarming rise in diabetes. It is multi-factorial, and some other countries will be familiar with, the fast food, poor nutrition, bad nutrition, and lack of exercise—there are a whole range of factors there. If we do not address some of those long-term issues, then that will be the time bomb for us in the future in terms of that ageing population, because we will have an increasing proportion that will require around-the-clock care.

The observation I would make is that, let alone shorter life expectancy, the critical society is really putting investment and money now in long-term health studies and investing in things like antismoking, diet and nutrition programs, and so on. Some are also looking at putting ahead and taxation to improve our superannuation uptake in years to come. Thank you.

MS. KAYOKO SHIMIZU, JAPAN:
Thank you. My country Japan was just referred to, so I would like to say something. The longevity of Japanese is the longest and the rate of ageing is the fastest in Japan today. In 2050 the number of people over 100 years old will climb to 470,000, and this is a real problem. How many of you are over 65 or 65 plus? They are referred to as the aged people but those people are young people. They can be called youth or young people. Here is the problem: Can we call those above 65 elderly people? We want greater contributions to the society from these people. We want more of those over 65 to pay tax and contribute to the society. We will have more of them in the society, but the budget or the cost of long-term care has increased. We have the medical care system and we have the long-term care system, and those who are older than 40 pay for this. Next year it is going to be the fiftieth year and currently it is under review. This long-term care system is under review because those who have received the services have increased in number and the system faces difficulty. We would like to increase the number of healthy people and have more of those healthy elderly who do not need long-term care. The concept of this system has been changed.

Next, in health care or medical care when the Japanese economy was booming we created a lot of facilities, a lot of institutions, and we have a lot of capacity to provide good care. However, I think that today we have too many facilities and too many institutions. They stay there all the time; and they never come home. They are kept there for a long time and never let them come back home. I do not think that these older people who are put into institutions for such a long time are happy. As the speaker from New Zealand just mentioned, they should be able to live at home in their own community with independence. The professionals and the nurses have to make sure that these people can stay in their homes not in institutions. We are changing our concepts a great deal, not to put these people into institutionalized care, but we should let them have a better life. If home is difficult, group homes that they would find it easier to live are required; if it is difficult to put them in the family then they should put them in group care. We as parliamentarians should push these kinds of concepts more.
Our society is ageing and we have the Basic Law on the ageing society and also we have

another law, countermeasures on lower fertility and rapid ageing. Those are the laws we have. If these problems are taken up only by the state, problems of sectionalism may arise. All these problems, children and ageing population, require holistic approaches, total solutions, and so we created the laws, as parliamentarians, that Japan should have a quality of society and life for older people where they can enjoy a happy life. We do have the pension fund in Japan, but we want more of the healthy and wealthy older people to enjoy their life in their community and in their society. Japan will be the first country in the world where ageing has progressed to such an extent. We are working hard with these efforts. Thank you.

QUESTION FROM FLOOR, JAPAN:
We just heard from Ms. Shimizu about the ageing society and the medical system. Of course, each country faces such a situation, but in Japan we did not really support the elderly through the whole community because we were rather individualistic in the past. Each person would earn their own income and take care of themselves in their old age. I think the total amount of money held by the elderly in Japan is probably 60% of Japanese whole assets. That is because each individual is trying to support themselves in their elderly years. The social security system that came to Japan later on has lead to a pension system and a medical system, but it was only 50 years that we had these systems, as Shimizu just explained. I think the accounting system, what to do with our currency system, what to do with our money, is important, otherwise we would really only go into some wrong directions.

In Japan we had the impairment system of accounting and we also had the market level accounting system. You look at the flow of capital every day and you look at the market capital value base, and I think that the Japanese financial system is probably the best for that. We should have the alignment of everything to this monetary system. People who are really familiar with this accounting system should get together and make some recommendations. I think all of you should think of your own currency, monetary, and financial systems because the nomad people and the agricultural settler people have different values.

QUESTION FROM FLOOR, KOREA:
I think we Koreans usually copy the Japanese. We are very similar culturally, and also on the percentage of ageing, given, as you know, we have such a rapidly ageing population. Today, I think you mentioned something about the loneliness of ageing people, but I could not find out about it here in the paper.

Viagra helps the ageing persons? That is something like a joke. But in Korea some ageing persons are suffering from STDs, and I think that this is related to their loneliness: especially, Viagra helps their sex life. My point is that it is about how we can solve their loneliness. There are a thousand ways maybe, but we should make new jobs for ageing persons.

Now I am trying to make a new law for having healthy and educated ageing persons care for poor and sick ageing persons, say, volunteer wealthy ageing persons, maybe, and then they can feel more independent and they can work by themselves. The government gives little budget for them, like transportation costs, and the like, and it does really help. About 10 years ago, I started a generation exchange program that involves the ageing people educating or meeting youths around 10 to 15 years old. I think that can help to pass tradition

on and promote respect of older persons. I think it does work. Thank you.

QUESTION FROM FLOOR, SINGAPORE:
The ageing population problem is really an issue that is multi-faceted in the sense that there are many concerns, but I think that, for the elderly people, the main thing is to continue to have shelter, what happens to their healthcare, and, more importantly, that they are living as individuals and still retain their pride; to put in place a system for all kinds of grant assistance, and; to continue to be employable whether we can help them do something that will enable them earn a living on what might not be very good wages.

In Singapore, we are quite fortunate to actually have saved through our central providence fund, which encouraged people to save up. But, more importantly, people will still definitely need some kind of social safety net has to be put in place. So there is still a national health care scheme, which is more catering to the needs of nursing home care for the elderly. In addition to the individual saving, we must also have something for them to be able to take advantage of greater risk pooling stretch their dollar when they face the problem.

As a member of parliament, I think I will say that what we have set up currently in Singapore is an inter-ministerial committee with a number of MPs and ministers working together to come up with some of the proposals in terms of addressing this issue. Of course, we would like to share then with all the others, and hopefully we can get some good suggestions that we can share and implement in our own countries.

QUESTION FROM FLOOR, THAILAND:
I would like to point out one important issue and that is about the elderly people who are stateless person: I mean, the people who have no states to support them, especially the people who now live along the border of Thailand and Burma. We are talking about people who have family, but there is no information about stateless people. I would like to make this call for those who have no voice. Thank you very much.

CHAIRPERSON:
Thank you. I think the time is over. Dr. Soroko, if you have no further comments, I would like to close the session and thank you very much, and thank all the participants, for your very energetic interaction. Thank you.

Session III

Population and Public Health
—Review of Alma Ata Declaration—

Population and Public Health
—Review of Alma Ata Declaration—

Chairperson
Ms. Kayoko Shimizu, MP
Vice-Chairperson, APDA (Japan)

Mr. Akanov Aikan
First Vice-Minister of Health, Kazakhstan
and
Mr. Sharmanov T. Sh.
President of the Kazakh Academy of Nutrition

CHAIRPERSON:
Today, Dr. Sharmanov acts as a moderator. Next to me, this is Dr. Akanov Aikan. Dr. Dosacv, the Minister of Public Health, Kazakhstan, was originally scheduled to speak here today, but there is an official engagement and is not here for today; therefore, on behalf of Dr. Dosacv we have Dr. Aikan, the Deputy Minister for Health. He used to be the Director General of the President of the Health and Life Research Institute and currently he's the Deputy Minister for Health.

When I attended a Primary Health Conference of WHO, I had an opportunity to see the community health of Alma Ata. I was very much impressed to see that facility and thought that was the origin of the primary health activity. The Conference of WHO was hosted by Alma Ata at that time, and I was very impressed by the Primary Health Care Initiative and that is the reason why it was the host of that conference. I believe that Dr. Aikan and the Minister for Health have been taking a distinguished initiative for those activities. We look forward to the presentation.

Part I

Mr. Akanov Aikan
First Vice-Minister of Health, Kazakhstan

MR. AIKAN:
Dear guests, we're happy to welcome you here in Kazakhstan and on behalf of the Minster of Health, on behalf of the Government, let me welcome such a distinguished audience and also let me say that it's of great interest and a pleasure for us to watch your experience. The Minister was supposed to attend this meeting today, but unfortunately he was unable to make it because he had an important meeting with the President of the country. I'm officially authorized on behalf of the Minister to make a small statement related to population and public health in our country.

The demographic factor is one of the most critical for Kazakhstan; one of the most critical society development factors. A lot of attentions have been paid by us to this problem after we gained our independence. Demographic problems are among the prioritized policies of our country; such as Public Health System reform.

Kazakhstan has a huge area, and we've been seeing a stable decrease of birthrate. Today, we do have problems with the decrease of the population. The population size has decreased by a huge emigration flow from our country into Russia or the Easter Europe during the first years of independence. The Republic is concerned not about a big size of the population, but about a reduction in population. Actually while we are seeing a decrease in population, the neighbouring states are seeing a rather rapid increase of population.

In the central Asian region, there are over 50 million people. Kazakhstan's population is about 15 million and during the last one hundred years the population was affected by a number of factors. Among those factors throughout the 20th century the one which had the most impact upon the population was Democracy. Even back in the 50's and 60's, the determining factor was the crude birthrate indicator. Back in the middle 80's we saw a slow growth of population.

The second factor is the migration flow. As I have mentioned, after independence and after many of the sovereign republics have been formed, many ethnic groups in the Russian Federation, in the Central Asian Republics, Ukraine, and Belarus started moving back to their historical homeland.

1993 was the watershed year for us. This year, in fact, Kazakhstan had the largest population size of 17 million. As I have mentioned, our current population is 15 million. Starting with 1993, the population was reducing until 2000 and only in the last few years we have seen some increase in the birthrate and some trends of population growth. This is an important issue because this is closely related to labour resources, which might change macro-economical factors.

Please look at some of the specific indicators: the birthrate has gone down during the last 12 years by about 20% and is 17 per 1000 population. The overall mortality rate was at its highest in 1996 which was 10.4 per 1000 people and it started increasing in 2000. The major causes of death among our people are blood circulation diseases, accidents, traumas,

oncology, cancer, respiratory diseases, and infection. We realize that as far as our public health is concerned, we need to pay more attention to preventive care and health.

The recent years of transition have actually also demonstrated a great amount of social diseases such as Tuberculosis, HIV and AIDS. As for infant mortality, of course this is another central indicator for us and it reached its highest level in 1990. It was 28 per 1000 live births and starting with 2000 this rate went down to 15 per 1000 live births. In fact, this is not a high indicator and at the same time, it's low enough.

It's not to recall that the rate in Japan is 2.25 times lower. Of course, infant mortality is predetermined by the primary health care. We have a whole network of health facilities providing care to infants and pregnant women. We are thinking of strengthening this essential critical block of our work.

As for maternal mortality, it is also somewhat average; it's about 42 per 100,000 live births. As for the average life expectancy in Kazakhstan, it has been stabilized here in the recent years and is about 65-66 years old . For men the average is 60.5 years old and for women it's 71.5 years old. We realize that this is 16-17 years lower than the indicator found in the European countries and in other advanced or developed countries. But again, there is a lot we can do and many things that we can work on.

In the view of this complicated situation, the country has been taking a lot of efforts in order to work on demography. We have the Framework of Demography Policy and National Commission on Family and Women's Affairs under the present Republic of Kazakhstan. The Migration Law has also been adopted, which regulates migration-related issues. We also have some regulations governing the process of repatriation of the citizens of Kazak origin and actually regulate the process of their repatriation, their location within the country. Kazakhstan has a Migration and Demography Agency and its structural subdivisions are also based all over the region. There is a special information system within the agency. The government allocates quotas on an annual basis and tries to provide all support possible to their repatriates.

Today, Kazakhstan is at one of the most critical stages of health development. Very recently, on September 13th, we adopted a governmental program for Health Reforms and Development for 2005 through 2010. Some of the major priorities here, first of all, are to enhance mother and child health, to provide free-of-charge health services to women of productive age, and children within the framework of medical insurance. A lot of attentions have been paid to primary health care and also introducing practice of general practitioners. I believe that as far as primary health is concerned, Mr. Sharmanov will talk in more detail about it. We are also talking about improving preventive care and diagnostic, as well as, treatment and rehabilitation for socially significant diseases, and also introduction of new technologies. And we are working closely on implementations with all international organizations on that.

At the moment we have a lot of cooperation underway with demography, migration, education, and science institutions, as well as social security agencies, physical exercise and sports. A very important approach that we are thinking of introducing is a concerted effort that would incorporate efforts from various environmental agencies and organizations that directly or indirectly affect public health. We are in the process of developing a healthy lifestyle policy. Implementing a healthy lifestyle principle illustrates to us that if we are successful in this program, we will be able to have as many as 10 lives saved on an annual

basis. We have a Presidential Healthy Lifestyle Program and also educational facilities are built by this edict.

Some of the priorities in terms of demographic policies are the following:
First of all, increase the size of the population through migration, as well as regulated internal and foreign migration policy
Increase birthrate in the country through specific incentives
An incentive program for social support for mother and child, and also
Develop a positive mindset within the young generation in terms of reproductive health.

We're also thinking about bringing down the mortality rates by improving health among all age groups through healthy lifestyle programs, as well as quality improvement programs for the health system.

We have significant disparities at the regional level. We have regions with a very high birthrate and with a very low birthrate. With such regional variations, levelling out the regions and establishing equal conditions for all of them will enable us to actually have a positive impact upon the expectancy of infant and maternal mortality. The new programs veer toward reforming the public healthcare system, providing specific funds to be allocated for health and also specific new technologies. We're hopeful that this policy will enable us to actually produce a great impact on population problems in the public. Thank you.

Part II

Mr. Sharmanov T. Sh.
President of the Kazakh Academy of Nutrition

MR. SHARWANOV:
Thank you for the opportunity to speak in front of you. Especially I would like to thank Senator Tuktushev who was the initiator of idea so I have a chance to speak in front of this audience. Last year, the year 2003, was marked by two events of global scale. The first one was the 50th anniversary of decoding by Messrs. Watson and Crick of the structure of DNA. The second one was the 25th anniversary of the Alma Ata Declaration that was recognized as a great charter of the world health care system. Thanks to decoding the DNA structure, the genetic engineering technology will change completely the way we produce medications and thanks to the Alma Ata Declaration improvement of human health was recognized by all the states of the international community as a main priority.

It is quite symbolic that on the eve of these two events, the fundamentals of science declared the decoding of the genome of human beings with identification of 3 billion nucleotides, whereas the WHO proclaimed it as a major scientific project which may pose the greatest threat to life. Both of these events have significant consequences for the humanity, helping to cure people of previously incurable diseases, preventing the most common diseases, and helping people to live a long life without any diseases.

At that time I acted as the Minister of Health Care, Kazakhstan, and I was honoured to be an initiator and one of the chief architects of this historical conference. The organizers of the conference, which was proclaimed as one of the most outstanding events, adopted the Declaration that was called the greatest charter of the world's health care.

Despite the fact that the humanity has achieved these fantastic achievements in science and technology, as paradoxical as it is, we has seen the new millennium with a feeling of uncertainty of progress because the natural and social environments are now becoming more aggressive and more unfriendly. One example is the catastrophe of Chernobyl Nuclear Power Plant, and another is the fact that the Aral Sea is drying up. I fear an imminent danger where the last vesting of human beings is collapsing, when people loose their hope and people loose their instinct of self-preservation. Humanity has achieved a lot, more than in the previous history, but the bulk of the population lived in poverty.

The population of developing countries account for 90% of diseases, whereas they have access to only 10% of resources used for the healthcare in the whole world. This disproportion in health can be found not only in the whole world, but within certain regions and within individual state. The economic liberalization promotes increase access to healthcare for the poor people.

The more we move away from the September 1978, the more significant the decisions of the Alma Ata Conference are. The principals of primary health care formulated in the Alma Ata Conference serve as the basis of the strategy to achieve the objectives of health for all for many decades. That is why in every five year the Alma Ata Conference conducted in 1978 is celebrated by the international community.

Last year, its 25th Anniversary was celebrated in many regions of the world. I was fortunate to be in Brazil at that time and there was an event dedicated to the Alma Ata Conference. The feature of this conference was problems of globalization, where we confirmed that the national and international efforts of the health care policy are closely interlinked. In order to be effective, they need to form an integrated approach and there is a need for any country to draw lessons from positive acts of global changes and simultaneously to reduce the negative impacts, which requires partnership at both the national and international levels. Just like economic globalization, the health care cannot be treated in a one-sided way. Such national and international cooperation is prerequisite for fighting infectious and non-infectious diseases, such as AIDS, TB, and Hepatitis. We have accumulated extensive experience which helps us promote this concept of primary health care and come up with a number of new provisions.

Please let me reiterate two important factors. One, partnership geared towards new social relations and ethical codes; a partnership between the states, partnership between different systems. Secondly, we need to focus on fairness. There is an urgent need to improve the quality of health services. We need a provision that guarantees health care services to all the citizens based on the principles of the Alma Ata Declaration.

The UN declaration of the Millennium Development set 6 goals in the fields of health care. This means that the idea of the Alma Ata Declaration has been materialized in every country. Our actions in the area of health care should be considered not only from the standpoint of our economic experiences, but also from the humane standpoint of the quality primary health care for all. The governments should play a key role in achieving this goal.

In Kazakhstan, the creation of the National Medical Information Network has been successfully introduced in ten areas. This Network helps us to overcome problems of infrastructure of primary health care, making it more accessible to the population regardless of few vehicles or the condition of our roads. The network can provide the remote areas with necessary information through telecommunication channels. I would say that

Kazakhstan now has a unique opportunity to be part of the global technological integration in the 21st Century. I think this will not only be a technological, but also a social breakthrough; for the first time in the world the advanced technological achievements can be utilized in the health care. In Kazakhstan, 75% of national budget was allocated in this area. It certainly helps people get access to quality health services.

So for the first time this year such focus is becoming materialized. This approach helps to enhance the relations between patients and health care workers and helps to restore social fairness where the protection of human rights is becoming a reality. This is the only way to pursue efficient prevention of diseases, such as cancer, cardio vascular disease, diabetes, and TB. This also helps us to have a better understanding of patients, with the Healthy Life Style Act as a component of reforming and creating a strong system of health care.

Professor Aikan was one of the forefathers of restructuring and implementing the Healthy Life Style promotion program. For a number of years he was the first Vice-Minister of Health Care and he was in charge of the Healthy Life Style Promotion Centre. In May 2002 WHO indicated the risks of non-infectious diseases, with ten important factors; high blood pressure, abuse of alcohol, tobacco smoking, unsafe water and poor sanitary conditions, iron deficiency anaemia, and micro-nutrient deficiency, low and high level of cholesterol, and obesity. Sixty per cent of the deaths in the world is directly linked to nutrient intakes, such as consumption of too much fat, salt, and sweet.

Our Academy of Nutrition is a partner of ADB and UNICEF with an effort to reduce micro-nutrient deficiency. This helps to alleviate poverty in especially developing countries. Their report says that the parliament's job is to overcome the risk factors for the people's health. In this forum we reconfirm the professional implementation of PoA and I think that successful implementation of this strategy will make a positive impact on the health care system for many decades to come.
Thank you for your attention.

Discussion

CHAIRPERSON:
Thank you very much for your wonderful speech. The Alma Ata Declaration says "health to all by the year 2002". It is 2004, but there are so many people who do not benefit from primary health care services. Now I would like to take some questions and comments from the floor. Are there any questions?

QUESTION FROM FLOOR, SINGAPORE:
It's very important to promote healthy lifestyle. Nowadays, it's not only the official diseases that we are concerned, but rather many of them as mentioned are lifestyle-related illnesses, which are related to unhealthy diets and so on. We need a nationwide healthy lifestyle promotion, for example, with a network and a kind of framework that would be the most effective. Of course we can start in the schools trying to educate people to start healthy lifestyles; 1) eat healthily, 2) exercise regularly; 3) quit smoking; and 4) manage stress. These are four key areas. But maybe there are other concerns. For example, for those who have already been in poverty, is there a way to effectively reach out? We all agree that such healthy lifestyle promotion is important but how to find a more feasible way of doing so.

QUESTION FROM FLOOR, VIETNAM:
Thank you for your presentation. Your information about primary health care is useful. Every country recognizes the importance of primary health care. It's true in Vietnam, too. But every country spends just only 10 or 15 or 20% of the budget on health. What is the reason for that and how can you live with that? Because I see so many countries are in the same situation. Thank you.

QUESTION FROM FLOOR, THAILAND:
Thank you Madame Chair. Actually, I think that Thailand has done quite well with the family health care. I'm very proud of Kazakhstan for the Alma Ata Declaration; it helps to change your country. Concerning about it, one of delegates mentioned that the budget allocated for the primary health care was lower than one to the hospital; I think it's because in the hospital everything is so expensive—the equipment and everything. But it depends on the work because in our country we have education for doctors, nurses and staff. I think that in the Ministry of Public Health we can select a good NGO to work on that, and so we need cooperation with NGOs. The government cannot work alone by budget only. We have to send the information and the message down to the grass roots and that will be successful.

Anyway, I would like to have a question to Dr. Sharmanov about his success in the Declaration of the Alma Ata: "help for all by the year 2000". And has he followed up what the world are getting including the health care system all over the world? What is the percentage in any country that uses this declaration to improve the health care system? What is the situation after the Declaration at this moment? Thank you.

QUESTION FROM FLOOR, NEW ZEALAND:
Thank you and to just compliment the speaker on a very inspiring address which obviously respective of the different countries experiences, huge implementations and relevance too many countries. Can I just talk in terms of primary health care around two issues? One is the need to adequately fund long term research and I'll just take an example from my own area in the north island of New Zealand in regards to long term research around the growth in our region shifted, the very catastrophic growth in our country of the condition of diabetes, which is what we term an epidemic and particularly around younger people. We see more and more younger people are now acquiring diabetes. Now of course there are huge budget considerations down the track as the population ages and of course that relates strictly to a combination of nutrition and very poor lifestyle choice. So, there is an issue, and I've found this hidden in New Zealand, just making sure that we get adequate money out of the primary health budget for some of these long term population health studies to inform us to what policies we need to undertake. That is point one.

Point two comes around the whole issue of education around lifestyle and pitching that education or directing that education to the specific audience. Now we have this saying in New Zealand which you probably have here, "One size does not fit all" and in the matter of education such as to create a younger market where the younger sort of people, you know the kind of program that would discourage young smokers to desist or young people and sexual practices in terms of safe sexual practices are a totally different approach to say an older audience. The other thing is in terms of delivery of primary health care and education obviously being very specific and focused in terms of different cultural groups that you attach on. I'd be very interested in terms of their observation, or if you like how you vary the delivery of primary health care in terms of different ages groups and also different cultural groups that is most effective. Thank you.

QUESTION FROM FLOOR, MALAYSIA:
Thank you, Madame Chairperson. I would like to respond to what has been mentioned by Dr. Malinee. Our ordinary missionary experience, we actually have a very good health care system. The budget is allocated about 25% on this area. Regarding this primary health care issue, in my state, in Johor, we even do the HIV compulsory screening for pre-marriage couples. For every young couple who wants to get married, you have to do a blood test, and if your test shows positive results, we call them and we give them a discussion or a briefing and let them to decide if they would like to continue or not continue with the marriage. I think this is the best idea I would like to share with the audience.

A second thing, for the children, for the young children from the newborn, we give all immunizations free, including typhoid, BCG, Antigen, and things like that. Thank you.

At the same time, Malaysia also like many of the countries of this region is quite vast. Some are densely populated; others are not so densely populated. Some, in terms of outreach it is quite difficult. But we believe in health for all, so we have flying doctor services to reach the very interior. Maybe it's about once or twice a month. The doctors will go and outreach to all those further places and they give all the medical advice, sometimes even right on the spot they give some treatment. I think one of the most important things is that government declares that everybody is entitled to all these public health services. I think that it is a very good cooperation between all the ministries. It's not only the Health Ministry, but it's also the Welfare Ministry and the Women and Health Ministry. It's all the ministries including the Youth and Sports Ministries. So everybody

has their program to go for when the government has announced, like our friend from New Zealand, healthy lifestyle. All the ministries will have to have programs on healthy lifestyle. Thank you.

QUESTION FROM FLOOR, INDIA:
In India, the child health care has the most priority. We have both the government and state government systems. According to the constitution, the health is primarily the sphere of each state. But the cases of malaria, AIDS, TB and etc., these kinds of diseases are included in the National Program. Polio is a big national campaign and under the national ministers of Health, there is a big publicity for this kind of immunization program going on in different cities. Another case is TB. There is a problem of deficiency of primary health in the rural area. But, now the government is aware of this problem and we are trying to eradicate it.

So in India, there are two issues for primary health care concerns. One is child care and the other is residents in rural areas. The government is responsible for these two issues. In the urban areas, the private sector is a stakeholder in a big way so this is collaboration between the private sector and state sector. The state sector must take the responsibility of looking after its inhabitants, especially in the rural areas and the poor people. Even those who cannot afford definitely have to go for a check-up and special treatment. Ultimately what I have to say is this: Indian government and the state government are more concerned about the health care of the children, which is getting a priority. But the budget allocation is not up to the mark—I think it is 2.55 or so. It might be 3%, but there is a demand for the parliamentarians to push it more. There are 20,000 to 30,000 patients per one primary hospital. One primary hospital have two doctors: one lady doctor and a man doctor with 10 beds. So this is the way the Indian government is doing. I think it is followed by other states also.

There is an obstacle the maternity health because one woman doctor is compulsory in all these primary health centres. It has been a major achievement in the state of Kerala as far as the healthcare is concerned. The government of India is more concerned, but especially after the Alma Ata Declaration, we have been very much active and doing what the government can do. Thank you very much.

QUESTION FROM FLOOR, INDIA:
A very important interesting observation may be, I remember a comment from New Zealand, the increase in diabetes. It is very important because we are expecting 25% of Indians to become diabetic by 2023. Considering our huge population, it's going to be a very big economic burden. So it is very important that we discuss diabetes. Coming back to the suggestion by the honourable member from Malaysia regarding making HIV testing compulsory, compulsory is basically a dirty word because there are a lot of human rights issues involved in that. I would prefer to call it routine. There are very serious human rights issues when you suggest that it should be compulsory before marriage. Again, going back to the lecture by Dr. Sharmanov, he did mention that in the future you will be concentrating on non-communicable diseases. You referred to safe water and non-communicable diseases, and as far as we know, safe water has got an impact on communicable diseases. I don't know what relation it is between unsafe water and non-communicable diseases, could you explain about that please? Thank you.

QUESTION FROM FLOOR, KOREA:
In spite of the Alma Ata Declaration, I think there are many people who don't have any access to primary health care yet in the world. However, in Korea it has been changing much since Korea has signed the declaration. In Korea, we have our national health coverage system for every person, but still there are some people who cannot go to a primary health care in Korea. However, these have changed in terms of the primary health care in that we have to really focus on the quality of care, not only in context of primary of health care. We are focusing on the quality of care in terms of long-term health care, for example, for diabetics and elderly people. At the same time we are focusing on the quality of the care from the womb to the tomb. So it has moved a little from quantity to quality of care. At this moment what I think as a kind of suggestion the primary health care concept should shift from the quantity to the quality ensuring that we all people in the world have the accessibility of primary health care. Even in Asian areas, we have different kinds of countries over here, but we have to really focus on primary health care in terms of qualifying primary health care as well. That's my comment and suggestion. Thank you.

MR. SHARMONOV:
Well, maybe I could start and actually cover a range of issues that are related to primary health care. And of course this is extremely important for the huge global development and for this purpose we actually had that historical Alma Ata Conference. I believe that we are progressing and we are implementing the ideas of the Alma Ata Declaration. And in any country PHC develops in different ways, and it depends on the economic development level, of course, and there is no certain way to achieve the targets of Alma Ata Declaration.

Let me briefly touch upon those things that are directly related to me as a specialist in the area of nutrition because, as you might have heard already, the World Health Organization identified some of its priorities and it's placing an emphasis upon some of the risk related factors that are primarily related to non-contagious, non-infective diseases. Those are the overall focuses of the global health. One of the most large scale projects that was published last year actually lists the major determinants, the ones that I've mentioned and those are non-communicable factors and I've already mentioned why. Those are the basic factors for many countries; some of the determinants would be communicable diseases, which are a stand-alone factor for some of the countries though in fact non-infectious diseases, non-communicable diseases, are the factors that cause communicable diseases.

Even water, why do you think water is one of the reasons? If you don't have safe drinking water then it can be a source of infection, even cholera. If we come down with cholera or hepatitis, this is all related. Living among those contaminants such as heavy metals and pesticides, they are also transported through water and they are the source of infectious diseases and communicable and non-communicable diseases.

There were also many cases or questions related to diabetes for instance. Why do we think about diabetes? Why do I think it shocking that 60% of our world deaths are directly related to malnutrition, or improper nutrition? It differs in different countries, and it directly is related to diabetes. Let's say when people overeat, when they eat a lot of food containing fat or cholesterol, when they do not have nutrient microelements, they are also directly related to diabetes just like other common diseases, just like osteoporosis. Now it's now becoming a priority problem. Let's say diabetes, this is a problem of overeating or, let's say, a problem of obesity. When people predominantly consume cheap foodstuff namely carbons, then the reduction of physical activity, all these are factors that promote the

development of diabetes.

As the Vice Minister of Health Care, Professor Aikan is the founder and the chief organizer of the Healthy Life Style Promotion Centre, which is a state agency. So this gentleman works in order to implement the WHO ideas about the interceptor of horizontal and vertical partnership. What this idea means is that one ministry or one agency will not be able to cope with the problems. Without involvement of other agencies, social agencies, without the Ministry of Economy and Finance or the Minister of Education, it is impossible to do something about it. It is impossible to implement it without inter-sectoral interaction so people in different countries with people of different ages and concerns have different approaches. As I remember in Singapore they conducted an experiment when they tried to teach school children healthy life style to prevent obesity. Children grow up as a carrier of such culture, of healthy lifestyle. They set examples for their parents and they could promote and disseminate this experience to other people. School children can provide the major input; this is a very good example of a very good approach. It shows that we should adopt a cross sectional approach. We should involve various agencies in this effort.

What they are speaking about deficiency anaemia. One health minister alone could not cope with the problem. We should involve representatives of the educational area and different community ministers with information, social entities, all of them together. For three years we have been working on this issue and we have achieved a lot in terms of alleviation of iron deficiency anaemia. This is a good example of inter-sectoral approaches and a good example of how we can achieve the goals.

One more thing, how can we achieve not only quantity but quality as well? Primary health care is developing a lot because we give a lot of attention to the telecommunication aspects. We have villages which are situated far from each other. Telecommunications will help us to achieve immediate success. The Minister of Health Care in that respect is putting a lot of effort in resolving this task so that all the country is involved in these activities; this is the only way to achieve success.

I was surprised not only in Asian countries, but also in the whole region, only 20-30% is channelled through primary health care. This year, we see a turning point, the reform of the health care system in Kazakhstan thanks to the efforts of head of the state, thanks to the efforts of our parliament. Now the budget of the country is geared towards prevention. Now we are trying to distance ourselves from in-patient services and we are moving towards primary health care. I'm sure Professor Aikan will speak more about it so you will have a better understanding. Thank you.

MR. AIKAN:
I would like to answer some of your questions. I'd like to comment on the question asked by the distinguished representative from Vietnam. Why only 15 to 20% of funds are earmarked for primary health care? Kazakhstan allocates 23% of total funds on PHC, but it's not sufficient. The issue is the management, or how to organize the system. The issue has to do with political understanding of the role of public health care. Next year, we will provide 50% of additional funds to promote primary health care and in two or three years we want the entire health care budget to be channelled through primary health care. This is one of the distinctive features of our new program.

The distinct representative of Vietnam also asked what has happened after the Alma Ata

Declaration in the area of PHC. We no longer rely on the Soviet system of primary health care. The basic of PHC was the Soviet model, but now we don't have any Soviet power over us, so we don't have a Soviet system anymore. Then what do we do now? We are building a new model of public health care with a new pattern. We are the ones who inherited the Alma Ata Declaration and our job is to implement it, to put it into practice.

The distinguished representative from Thailand talked about cooperation with NGO's. The new pattern of public health care should work with NGOs. I'm glad that soon in the middle of October we will hold public hearings on health care. The hearings will be held in the capital of our state. We have a confederation of NGOs and we will hold its parliamentary hearings in mind to boost the role of NGOs.

The distinguished guest from New Zealand asked a question about the priority of diabetes. This is a big issue in our country as well. We have 110,000 who suffer from diabetes in our country. On October 15th we will hold a national day to combat diabetes. This is an annual exercise. We have established a special school of diabetes and we carry out a lot of campaigns in terms of reducing diabetes. Our guest from New Zealand also talked about the role of PHC and I'll try to answer this question.

The distinguished guest from Malaysia said they have educational programs geared towards young people. We also have such a program, too. We have an immunization program, the one that our guest was telling us about. We have AIDS programs free of charge, all funded by the government and practically 95% of the people are covered by free-of-charge vaccinations. I visited your beautiful country of Malaysia. It's a very well-organized country. They have a good PHC system. Our system is very much the same.

The distinguished guest from India asked a question about the priority of childhood. In our country it is indeed a number one priority. The problem of TB, it is a serious problem indeed. Speaking of TB, Kazakhstan has been ranking first in the European region in terms of TB morbidity. Today we allocate 7-8% of the health care budget to combat TB. Most countries allocate 3-4%, so we allocate two times higher. And in the last two years we've managed to reduce TB morbidity and TB mortality. Unfortunately, globally we have multi-resistant forms of TB. Internationally, this is a major headache.

Our guest from India also raised an issue of AIDS. This is a growing problem indeed. In the neighbouring Russia about 1 million people are HIV/AIDS patients. We have about 4,000 infected people but we suspect that we have more people with HIV. The problem of chronic non-infectious disease raised by our guest is also a topic of issue; they are related to life styles, to nutritional habits, and to the ways people live.

The distinguished guest from Korea raised the issue of the quality of health care services. Yes, we agree. We are trying to set up a three-tier system of quality assurance. The first tier is at the hospital level. As the second tier, we want to create a state quality assurance system. Number three, we want to set up an independent quality assurance program and an independent organization involving our people.

All people emphasize on the need for a healthy life style. In Alma City, we have the National Centre of Healthy Life Style Promotion. We are the only entity which was visited by the General Director of WHO, Dr. Lee. All over the country we introduce an educational program to promote a healthy lifestyle in all schools, colleges, and universities. We are now in the Guinness World Book of Records. In Thailand they managed to include

46,000 people for physical culture classes, and we managed to enrol 1 million people into physical culture classes. If you are interested, you can make your comments and we can organize a tour to visit these centres.

Today, unlike ex-Soviet countries, we allocate 1% of the health care budget to promote a healthy life style. We have a coordinating centre and, as Mr. Sharmanov has said, we have coordination at the national level, at the regional level, and at the rural district level. If you are interested I could summarize more details. We tackle important issues, such as tobacco smoke, chronic or non-sexual diseases, etc.

Another issue – this is why we are meeting today – is the population issue. I would like to talk about the principles of population at the Cairo Conference. I'd like to take this opportunity and thank the UNFPA and thank Mr. Shimizu who arrived here, and thank Ms. Tuktushev who helped organize this event and focus our efforts on these issues. We have been working in a concerted effort on these issues.

One more thing, Kazakhstan is an open country. We recognize that we are faced with a lot of problems like quality of health services, accessibility or affordability of health services. We are faced with a host of social and economic issues, but we collaborate with a number of countries from Europe and Asia. I'd like to take this opportunity and thank the Government of Japan. We have a lot of joint projects with the Japanese Government in the Ural area. Last week we signed an agreement on the establishment of a treatment centre to help children who suffer from leukaemia. This centre will be established here in Alma Ata. We also collaborate on special activities. Speaking of educational programs, we have a great neighbour, China. We expect that about 3,000 young people will be trained in the most prestigious universities of China. We have a presidential program called "The Future"; about 5,000 people have received a brilliant education in the most reputable universities abroad. Kazakhstan is advancing at a great pace. We are a very open country and your experiences will be very helpful to us.

Finally, I would like to touch upon the role of Parliament in promoting and developing public health here and coping with population issues. I'm happy to hear and see that you are raising in-depth issues. I would like to thank our distinguished Members of Parliament: Mr. Sultanov, Mr. Tutkushev who discussed our problems a number of times. The public health care issues are a problem that all of us are facing and I'm glad that we are trying to have a better understanding of these issues here today. Thank you.

CHAIRPERSON:
Thank you very much. I am sure we would like to continue to discuss this topic, but we have now come to the time to end. The Alma Ata Declaration for the primary health care has given a big influence on the health care in each country. You talked about the Healthy Life Style Promotion so the government has taken various measures to promote health. And as Mr. Sharmanov has mentioned, it requires not only the help of the Health Ministry, but the Ministry of Education or all the Ministries. A cross-sectional approach is important. The same for the water issues; we all do our work and we must integrate our efforts towards the primary health care. That is the role of us Parliamentarians. We should make efforts and exchange our achievements, which I think should simulate our progresses. We would like to close the session. Thank you so much.

Session IV

Achievement and Challenges :10 years of ICPD PoA

—Focus on Principles of ICPD PoA and MDGs, WSSD—

Achievement and Challenges :10 years of ICPD PoA
—Focus on Principles of ICPD PoA and MDGs, WSSD—

Chairperson
Mr. Vayalar Ravi
MP (India)

Mr. Kunio Waki
Deputy Executive Director, UNFPA
and
Ms. Safiye Cagar
Director, Information, Executive Board
and Resource Mobilization Division, UNFPA

Part I

Mr. Kunio Waki
Deputy Executive Director, UNFPA

MR. KUNIO WAKI:

INTRODUCTION

Good morning.

This morning I would like to highlight the progress and challenges for 10 years after Cairo. After my brief remarks, my colleague Safiye Cagar will outline in more detail what we in UNFPA think can be done about them and in particular the role of parliamentarians in the years ahead.

I base my remarks on the Global Survey that UNFPA undertook to appraise national experiences ten years after Cairo. A total of 169 countries responded to the Survey – 151 from developing countries and countries with economies in transition and 18 from donor countries. While the Global Survey is not an assessment or evaluation of programmatic or policy interventions in the countries, it does confirm some achievements while at the same time drawing our attention to some areas for improvement.

So what are the main achievements?

One, increased relevance of population dynamics in development planning.

Globally, 79 per cent of countries reported taking actions to integrate population concerns into development strategies. In Asia, most countries (40 out of 44) have taken such actions.

Two, integrating population concerns in socio-economic development strategies to eradicate poverty and achieve the MDGs.

Globally, 57 per cent of countries reported taking action to integrate population factors into poverty reduction strategies, a steep increase from 1994 when only 13 per cent of countries reported taking action in this critical area, but clearly more needs to be done. In Asia, most countries have considered population in their poverty reduction strategies (38 out of 44).

Three, addressing issues of population in sustainable development.

Globally, 88 per cent of countries reported that they have taken population and

environmental interactions into account in national and/or sectoral development plans; this is a major development considering that in 1994 most countries did not report taking these interactions into account. In Asia, 37 out of 44 countries reported that population-environment interactions are considered in their national and sectoral plans and strategies.

Four, the Survey shows that countries are increasing their attention to internal and international migration issues, including internally-displaced persons, migrant workers and human trafficking.
For example, countries such as India, Indonesia, Philippines, Bangladesh, Iran, Maldives, and Sri Lanka have pursued policies to redistribute population or effect population movements through a combination of regional development measures (rural development, improving infrastructure and social services in rural areas, provision of rural credit etc.) aimed at reducing disparities among the regions.

Five, increasing access to quality, safe reproductive health services.
The Survey showed that many countries have increased reproductive health staff and training, increased the number of service delivery points and introduced quality standards for health delivery. In Asia, reproductive health services were integrated into the primary health care system even before ICPD in nearly half the countries and most of the other countries have taken steps towards that goal since ICPD.

Six, promoting reproductive rights.
In Asia, 39 out of 44 countries have taken one or more steps to promote/enforce reproductive rights.

Seven, an increased commitment to gender equity and equality issues is also evident globally and in Asia as a region, with countries reporting action to protect the rights of girls and women and promote their empowerment; as well as taking measures to enable men to support women's empowerment.

CONCLUSION

I think that we can all be proud of what has been achieved and in many cases these are impressive results. Despite these gains, though, there are still a number of gaps. Some of those gaps are at the national policy level, but as the above would indicate, many countries have established the laws and policies to promote ICPD.

There are considerable gaps in resources. ICPD defined a basic programme of priority actions to be undertaken in the primary health system – including family planning and infrastructure; additional reproductive health services such as prenatal care, normal and safe delivery and information education and communication; prevention of STIs and HIV/AIDS; and data and research for population and reproductive health. The annual cost for this package was estimated at 17.1 billion in 2000, increasing to 21.7 billion in 2015. In 2003 donors contributed about 3.1 billion, just 54% of the Programme of Actions donor commitment for 2000 and 51% of the requirement for 2005. Domestic expenditures for the package in 2003 were estimated at 11.7 billion. However a large proportion of this outlay comes from a few large countries such as Brazil, China, India, Indonesia, and Mexico. Clearly we all need to work hard to mobilize the necessary resources, and to spend them well.

I think there are gaps in terms of implementation – putting laws and policies into practice

and making sure that they have a real benefit for those who are most affected. For example, as revealed in our recent publication on the State of the World's Population:
- 350 million couples still lack access to a full range of family planning services;
- One third of all pregnant women receive no healthcare during pregnancy;
- 529,000 women die as a consequence of complications during pregnancy and childbirth.
These are basic reproductive health standards that are not being met.

Lastly, I think there are some gaps in terms of emerging issues that we have to address with vigour.
- Demand for family planning services will increase by 40% by 2025.
- By 2007, half the world's population will be urban.
- One person in five – 1.3 billion – is an adolescent, the largest youth generation in history. Half of these young people are poor.
- By 2050, the 50 poorest countries will triple in size.
- The proportion of the global population over 65 years old will double by 2050.

Two particular issues I would like to raise with regard to Asia – ageing and HIV/AIDS.

AGEING

As countries pass through the demographic transition – as fertility declines and the population ages – there are important policy considerations. In Asia, 36 out of 44 countries have indicated that they have taken initiatives to address the needs of older persons, including specific policies on ageing and social welfare programmes targeted at older persons. For example, both India and Malaysia have developed a "National Policy for Older Persons". Sri Lanka has set up National Council and passed an Act in the Parliament to protect the rights of older persons. Nepal has introduced a national scheme of monthly pensions for widows over 60 and for all persons over 75. Here in Kazakhstan, the various measures adopted include the registration of 1.6 million retired people in institutions of social welfare, and a range of legislation on pensions and social payments.

The impact of the ratio of working-age to dependent-ages has implications that we need to follow carefully. South Asia, for example, will reach its peak ratio of working-age to dependent-ages between 2015 and 2025.

HIV/AIDS

As was made clear at the 15th International AIDS Conference in Bangkok in July, AIDS is taking a terrible and increasing toll on young people, and on women. Of over 1 billion young people worldwide, 10 million are currently living with HIV. Women continue to bear the major burden of the epidemic from caring for orphans and the sick, becoming ill themselves. The overall proportion of women living with HIV continues to rise and is currently at about 50% of the total – many of these women have little power or means to protect themselves. While some progress has been made, the HIV/AIDS epidemic is clearly a major threat for the years ahead.

Together these "gaps" provide us with a full agenda for the future. We cannot be complacent at all. If we are to achieve the goals of ICPD and the Millennium Declaration, we need to step up our efforts and do so now as a matter of urgency. Your role as parliamentarians remains critical. Before I hand over to Safiye, may I just publicly acknowledge how grateful UNFPA is around the world and in the Asia region in particular to the support you provide – support in terms of intellectual leadership; support as champions for the rights of citizens – particularly women and those who are marginalized; and support to UNFPA as an

organization. Without you, we would not be where we are today, and we would not be looking forward with confidence to where we want to go.

Thank you.

Part II

Ms. Safiye Cagar
Director, Information, Executive Board
and Resource Mobilization Division, UNFPA

MS. SAFIYE CAGAR:
Good morning,
It is my privilege to attend the 20th Asian Parliamentarians' Meeting on Population and Development. Listening to you all since yesterday I feel energized and full of optimism about our work.

I would like to echo the words of Mr Waki and other speakers before me, and thank the Asian Population and Development Association (APDA) and its Chairperson, the Honourable Dr. Taro Nakayama, as well as the Asian Forum of Parliamentarians on Population and Development (AFPPD) and its Chairperson, the Honourable Mr. Yoshio Yatsu, for organizing this meeting. I would also like to thank our Kazakh hosts for their warmth and hospitality. Special gratitude goes to the Honourable Mr. Beksultan Tutkushev, Chair of the Kazakhstan Parliamentarians Committee on Population and Development. Last but not least, I thank all of you for taking the time to attend this important meeting.

Honourable parliamentarians and friends,

It is a pleasure to be with you in this historic country. As a Turkish national, I feel a bit like this is a home away from home. Many countries in this region, including Turkey, Russia, India and of course China, have for centuries shared customs, religions, art and culture. We peoples of the steppes have much in common.

1. Global Parliamentarians' Movement on Population and Development

This brings me to the subject today: Parliamentarians, the ICPD and Strasbourg. Let us step back a little in history for a moment—the parliamentarians' movement in the work of population began as a dream – to unite people in a common cause through their elected representatives. It was the dream of former Prime Minister Nobusuke Kishi of Japan and the first UNFPA Executive Director Rafael Salas. They met several times in Japan and finally travelled to several Asian countries including India, where they were hosted by a then-young, UN staff member by the name of Kunio Waki. I think he still looks young!

Following these early discussions with parliamentarians in Japan and in Asia, the Japanese Parliamentarians Federation for Population (JPFP) was formed in 1974 as the first national parliamentary group in the world on population. APDA and AFPPD were created in 1982 and since then have helped many Asia and Pacific countries create their own parliamentary groups – most recently in Laos, last December. APDA and AFPPD also took part in the creation of regional parliamentary groups elsewhere in the world. This culminated in December 2001 in Paris with the birth of the Inter-European Parliamentary Forum on

Population and Development, the group, which will host this year's global meeting in Strasbourg.

So UNFPA's partnership with parliamentarians started right here in Asia, spreading over the course of 30 years, from Japan to all of Asia and to the entire world. Moreover, I gratefully acknowledge the Government of Japan's $1 million trust fund each year since 2000 has helped UNFPA support inter-country and regional parliamentary activities around the world.

2. The ICPD—From Numbers to Human Rights

The early days of population work focused primarily on numbers. The unprecedented rate of global population growth, in particular the rapid increase of population in the developing world, was a major concern for both experts and policy makers.

UNFPA was created in response to requests from many quarters, including 25 heads of state and government who wrote to then UN Secretary General U Thant asking that the UN do something to assist governments of Member States to address their population issues. A small unit was established within the UN Secretariat in 1967, which moved to UNDP in 1969 and became known as the United Nations Fund for Population Activities, UNFPA. In 1987, UNFPA was officially renamed the United Nations Population Fund, but the acronym for the Fund remained as UNFPA.

The Cairo International Conference on Population and Development (ICPD) in 1994 changed the way the world addresses population from a focus on numbers to a focus on individual people and their needs. The Cairo Programme of Action is grounded in two very important principles, human rights and women's empowerment. It is based on the well-founded assumption that, if human and reproductive rights are respected, and if access to voluntary reproductive health services and choices for couples and individuals on when and whether to have children are guaranteed, then population stabilization will occur naturally.

It also maintains that, if gender equality becomes a reality and women are educated, provided with healthcare, especially reproductive healthcare, and are afforded the opportunity to participate in all facets of society, not only will families and communities benefit, but countries will also prosper as they begin to utilize the significant contributions that can be made by women.

Research shows that, if women have just a primary school education, they have fewer and healthier children; their families are more prosperous, malnutrition is lessened; and poverty is reduced. Countries that invested in women early on are the countries that have developed fastest and have the strongest economies.

Reproductive health, the cornerstone of the Cairo Programme of Action, is not only about family planning. It also includes high quality maternal health care, which means safe deliveries with medical attendants present and emergency obstetric care available. It includes the prevention of sexually transmitted infections — including HIV/AIDS. It includes women's and adolescents' rights to have access to information and services, and their right to determine whom to marry and when. And it includes the prevention of gender-based violence and harmful traditional practices such as female genital cutting and "honour killings".

Listening to this morning's speakers on the review of the Alma Ata Declaration and the

questions that were raised thereafter, it caught my attention that no one made any reference to reproductive health or maternal mortality. Let me remind, dear friends, some statistics:

Each minute:
- One woman dies in the world from preventable complications related to pregnancy and childbirth;
- 95 women suffer serious injuries or illness following childbirth;
- Almost six persons contract HIV;
- About six people die of AIDS;
- 646 persons contract sexually transmitted infections;
- 399 women become pregnant;
- 26 teenage girls give birth (24 in developing countries);
- Almost 4 girls undergo female genital cutting; and
- 146 persons are added to world population.

This is why reproductive health is so important. This is why the ICPD agenda is and will continue to be crucial in promoting development and reducing poverty.

There is a clear link, therefore, between population, reproductive health and the Millennium Development Goals, which was endorsed by 189 countries in 2000. As UN Secretary General Kofi Annan has stated in his message to the 5th Asian and Pacific Population Conference in Bangkok 2 years ago, and I quote, "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning." End of quote.

3. Roles of Parliamentarians, Ottawa and Strasbourg

Parliamentarians have been present at all of the major global population conferences: Bucharest, Mexico City, Amsterdam, Cairo, The Hague and just a few weeks ago in London, where NGOs and policy makers from around the world marked the 10th anniversary of the ICPD. Parliamentarians have also met many times in between at the national and regional levels to address various population and reproductive health issues.

You, as parliamentarians, are the closest elected officials to the people. You know their needs and the needs of your country and of the world. You control the purse strings of your governments and can mobilize financial resources to meet people's needs. And you have the legislative power to bring about positive changes in laws and policies. With these important roles in mind, you as parliamentarians have met to discuss HIV/AIDS, population and sustainable development, food and water security, violence against women, sexual and reproductive health, among various other important population and development issues. You have met many times and set policies that benefit your people and your nations. But, despite these efforts, the international community still has a long way to go in achieving the ICPD goals.

From the global survey UNFPA conducted that measured successes and constraints 10 years after Cairo, it is clear that we are all working hard and that, in fact, many countries are making great progress in implementing the ICPD Programme of Action. But it also showed us that the poorest of the poor, the Least Developed Countries, are lagging far behind. Millions of women, men and young people in these countries still lack access to primary health care, including reproductive health care, as well as access to education and other

basic social services. This is not only wrong in human terms, it is not good policy—not if we are trying to develop globally; protect our environment and resources; help offer hope and opportunities for our youth; reduce poverty; and most importantly, to save lives.

In late 2001, UNFPA met with all the key global and regional parliamentary groups on population and development, including APDA and AFPPD, and decided to work together to promote the ICPD agenda by tackling the two most critical issues constraining its implementation. These issues are political, they require political will to solve, and they require acknowledgement and action by governments and parliamentarians in both donor and developing countries.

The two issues are:
- Mobilizing financial resources from both donor and developing countries, with a view to meeting the ICPD funding targets, and
- Creating an enabling environment in all countries for ICPD implementation through enacting positive changes in laws and policies.

In November 2002, over 100 parliamentarians and ministers from 72 countries and territories, including many of you, met in Ottawa, Canada, to pledge continued dialogue and collaboration in these areas. We decided in Ottawa that we would meet every two years to focus on these two critical issues until the ICPD has been successfully implemented.

The second conference, as you all know, will take place in a few weeks in Strasbourg, France. I would like to point out the fact that the Strasbourg conference is the only global event taking place this year in which legislators from around the world will gather together to review the progress made in the past ten years in implementing the ICPD and to discuss what actions are necessary in the remaining ten years. The conference is expected to produce a forward-looking declaration that would build on the Ottawa Commitment and provide a clear sense of direction for the ten years ahead. I am glad to learn that you have already taken action to adopt a declaration during this meeting, which will feed into the Strasbourg meeting's declaration.

There has been much progress since Cairo and even since Ottawa. Just review the our newsletter, "The UNFPA Global Population Policy Update", which was established upon instructions of the Ottawa conference, and you will see what governments and parliamentarians have accomplished in the past two years to mobilize resources and to foster an enabling environment for ICPD implementation. UNFPA has also produced other publications this year that provide further evidence of our progress, including the Global Survey report I mentioned earlier and the State of World Population report on ICPD at 10, which was launched just two weeks ago.

However, I must emphasize again that we still have a long way to go. The decisions that the largest youth generation in human history makes about fertility will determine where global population eventually stabilizes—they need education, services and opportunities. Maternal mortality is still dreadfully high in far too many countries. And we must stop AIDS now—it has decimated several sub-Saharan countries and is set to explode in Asia. Let us commit here in Almaty that our deliberations in Strasbourg will build upon the remarkable Ottawa Declaration, your declaration. Let us commit in Strasbourg to redouble our efforts to implement the ICPD. We know what to do and how to do it. You, above all others, can make it happen.

In closing, let me remind you of the now famous slogan from Ottawa. "Life and death is a political decision". Honourable parliamentarians and friends, life and death are indeed a political decision, and the decision is in your hands. We, UNFPA, are proud of our relationship with our parliamentarians and look forward to working with all of you and to accomplishing our shared mission.

Thank you.

Discussion

CHAIRPERSON:
Thank you, Madame Safiye, for your valuable, very informative speech. May I invite your honourable members to participate in the discussion.

QUESTION FROM FLOOR, KOREA:
As Safiye said, reproductive health and reproductive right are really correlated with each other. And if women are educated fully in a right way, then they will recognize their right to have reproduction or to have babies or not. They will also recognize their right to have an abortion or not. Pro-life and pro-choice is not a matter of issue at this moment. However, we really have to educate women to lead their life. I'd like to emphasize that we have to educate girls since they are the prospective mothers and they have to take care of their health and their babies in a right way. Since I am an obstetrician, I really want to share may experiences in my country that I set up a special girls' clinic, not only to take care of sick girls or the girls who need help, but also to promote their health. The clinic aims to promote their good health, in terms of diet issues and sexuality choices, which means having sex or not. That's the special clinic I'm developing in my country and it's working really fine. And we have developed some programs and educational materials exclusively for girls around 10 to 12 years old. So, I thought that I can share my experience with you. Also, I think that women's health issues are very important to all of us since we are all from the womb of our mothers. So I think health and population issues really start from women and end up with women. As a woman, I know that I am powerful to give a birth and then to promote mankind's health by taking care of my family's health. I hope every parliamentarian in this room recognizes that it's a very important issue. Thank you.

QUESTION FROM FLOOR:
I have a question regarding a human right versus compulsory testing of HIV. We have to stop HIV and compulsory testing of HIV would be effective to reduce new cases of HIV. I agree with it, but it goes against a human right. Would there be any other measures to prevent HIV for our future generations? I would like to listen to your opinions regarding this issue.

QUESTION FROM FLOOR, THAILAND:
With my profession, I never thought that men and women have any difference—we study together and some women push the men behind. But when it comes to the parliament, I think men and women are quite different. Women stay behind a lot and this is something that so distresses me. I think if you have more women in the parliament, things would be much better. Women are always concerned about social issues. Men are always concerned about only economic issues. Every time you have a prime minister, it just happens to be a man. They'll talk about the GDP. They seldom think about trafficking or such social issues. How can the UNFPA help us put more effort into women's empowerment—women can work on women issues. Even I try to compete with men to be a vice president, I lose actually. I would just like to ask that Mr. Waki to put more effort at that.

QUESTION FROM FLOOR, NEW ZEALAND:
That's a very interesting contribution. My boss, the prime minister, is a woman. The Attorney General of New Zealand, the Minister of Justice, and Attorney General are all women. The chief justice of New Zealand is a woman. Our head of state is a woman, the secretary of cabinet is a woman, and the Minister of Health is a woman. Seriously, that's one of the great advances in New Zealand, and personally I'm very proud of it, as it is our daughters who have role models and opportunities to look up to. And we look for the day when I don't even have to give that kind of speech because that is common place. It becomes the norm and people share in parliaments and governments represent the cross section of population.

I just want to briefly acknowledge the very sobering statistics. That actually brings it into real human terms. That takes it out of the dry stacks of a graph and puts it into a suit of humanity. I am very pleased that out of the draft declaration that we'll be working on, we're going to be looking at the issue of domestic violence, which goes right across societies. I want to assure people here that even though technically New Zealand in an economic sense may be regarded as developed, there is no cause for complacency in admiring society here. Domestic violence is the fifth leading cause of death from injury of New Zealand women. Fifty per cent of all homicides of New Zealand women are committed by the woman's partner or ex-partner. One per cent of all women with current partners have been treated or admitted to hospitals as a result of that partner's violence. Three per cent of women reported being afraid that their partners might kill them. Six per cent of men who are arrested by police for family violence had assaulted their pregnant partners. Fifteen per cent of residents of women refugees had a permanent disability as a result of battering.

There is no cause for any complacency, notwithstanding my opening observation. What I think is very important is that we have to in the issue of domestic violence move past the statements, past the platitudes. And what I think we need to share in these countries is the practical, on the ground work that has been done in different communities with different structures. In my own city of Hamilton, we have a program called the "Hamilton Domestic Abuse Intervention Program", and for example, when the police are called to domestic violence or some incidents in the household, that is reported to a group of agencies that work together. Because obviously in those situations children are at a huge risk, so through funding with different agencies, justice, police, women's groups, care of children groups, etc. work together on that particular household.

Now that's just a practical local example. It's not consistent, I hasten to add, throughout New Zealand. Clearly if our children are unsafe, women and children are unsafe in their households. In summary, even in my own community, I think we've done some very good work, but right now there are children in my city of 120,000, who are currently unsafe. And it's work that must not stop. It's something that we must put energy and passion into. I just want to show one aspect to the delegates. Our culture and structure of our society is very different from a number of countries obviously here. But there is no cause for complacency. We still have those problems along I suspect with the rest of you.

QUESTION FROM FLOOR, KOREA:
I would like to express my agreement with the point of view that was stated by Mr. Waki that 10 years after ICTP we still have a long way to go to achieve our goals. There are pressing problems of infant and child mortality as well as mother's problems. Also we have already covered in this conference other issues such as diabetics and high HIV rate in

developing countries. I would also add suicides that are increasing in developing countries including Korea. Developed capitalist countries also have problems. There is an expanding gap between the poor and the rich. I would say that the ultimate goal that we have set in front of us at ICPD is get the money. I think that it is necessary for people who constitute a richer class to provide more subsidies to the NGOs and to their activities. I think that we, the representatives of the parliamentarians from various countries elected by the people, should do our best to influence the policy in those areas.

QUESTION FROM FLOOR, FIJI:
Thank you for the informative talks, which are quite an eye opener for all of us. On this final day, we feel more energized and we want to do some things to directly address the issues we are facing. And when we go back to our own country, we'll also educate our colleagues.

Fiji also has our own problems. HIV and AIDS patients are increasing at the rate of about 20% a year. We leave testing for HIV/AIDS voluntary and concentrate more on awareness and education programs so that people can come forward and get themselves tested.

The crime rate is also really high in Fiji for a small country, especially with respect to sexual conduct. And victims are largely women. The suicide rate is really high, especially among women and young girls. Many women have unwanted pregnancies, and teenage pregnancy is a major social problem.

Another major concern we see nowadays is incest. It is something that people are really alarmed at. We don't know why it is happening, but it's just surfacing now because of increased awareness among our communities. The victims are mostly infants and young girls. We are contending with these problems in our way, but compared to other countries we are not getting better, I would say.

I was also concerned about the issue of female genital mutilation, which mostly happens in developing countries, and mostly in African countries. I just wanted to post this question to UNFPA. What's happening in those areas? What is already UNFPA doing in those areas?

QUESTION FROM FLOOR, VIETNAM:
In order to understand more about an effect of ICPD on people in the world, we must present something like a report on situations before and after ICPD. So people will understand what our important keystone is in ICPD and what is changing. For Vietnam, I think ICPD is very important, especially for the changing policies from quantities to qualitative objectives. And also in the parliament, we must have a report or analysis of what the parliament movement before ICPD and after ICPD is. In every country we have a forum and committee on population and I think in Asia and in the world, there is a lot of movement of parliamentarians. There are also so many activities, not only family planning, but also approaches with a wider concept on population. As for HIV, we have to discuss not only how we can prevent, but also how we can care for them. How we can bring down the price of drugs and how we can make sure more HIV patients have access to drugs for treatment.

QUESTION FROM FLOOR, INDIA:
I am going back to the issue of making HIV testing mandatory or not. It is a human rights

issue. But in some places it can be made routine. One possibility is mandatory HIV testing for pregnant women, since testing on them would reduce mother-to-child transmission. Hepatitis B testing is mandatory, while HIV is not mandatory because it involves human rights. Actually, I think it should be mandatory.

With regard to the question of violence against women, in India, there are women actually in very low status mostly in rural areas. Also, some places where the family system is collapsing, violence against women is high. Again, it is something to do with the cultural aspect and an issue that we should give more emphasis to make family institutions restructure.

QUESTION FROM FLOOR, KAZAKHSTAN:
We're now facing a problem of gender equality. I believe there is some sentimentality in Asia in terms of gender equality. We have an objective of achieving gender equality. Looking at the Swedish experience and speaking about gender equality at the political level, regrettably, we are far from achieving gender equality. We have only 11% of women among members of parliament. We formed a committee of members of parliament on women's issues and Mr. Tutkshev chairs the committee. We try to address population-related issues, problems faced by families and women, with involvement of male MPs. For the interest of families and population, we managed to push a lot of drafts forward. We don't want to diminish the significance of the role of gender equality. We should put the right emphasis.

MR. KUNIO WAKI:
In many ways I share the sentiments and also opinions expressed by all of you. In terms of comments by a delegate from Korea, I think I am also concerned in Asia the issue of reproductive rights of young girls. Even in Korea or Japan, I am not sure how much they have access to information, how much parents and if there is even also fathers are talking to girls and boys on sexuality and reproductive health. As a Japanese father, I was too shy to talk about this subject when I was still having teenagers at home. It's always my wife who was very open and she started communicating. Therefore, I would also like to see some parliamentarians in touch with each other. Already New Zealand has a lot of experience at that. I am sure Australia, too in dealing with violence issue, as well as education for young girls and boys. We have knowledge sharing and also work with NGOs, governments and policy makers. In Tanzania I visited a youth friendly clinic. Particularly, of course, the target was for young people, but they use a fact book, so it's really discreet. Nobody knows where it is but by word of mouth they know where to go when they have questions or need some treatment or counselling. And in that clinic I saw young couples. Maybe they are boyfriend and girlfriend, coming to consult on the STD/SPI, sexually transmitted disease or they can also get the testing.

So I'd like to see when there is an SPI increasing in some countries in Asia. It's very important that we also care about young people. They may not come to a normal hospital or clinic, but as expressed by our Korean colleague, if there is a clinic with exclusive service for girls or both boys and girls, that can increase access to knowledge. This is an issue I was also discussing with Madame Shimizu because also in Japan, I want to see there is more open discussion. But at the same time, she told me there are also conservative NGOs or even a few conservative parliamentarians so there needs a lot of education and advocacy work.

As the UNFPA and UN system as a whole, we are promoting voluntary counselling and testing that should be incorporated in reproductive health service delivery. And in Zambia I was a little bit challenged because a nurse asked me to counsel a young couple and also another woman who were just told they were HIV positive. From that point of view it is very important that we also think about the care and treatment. The retro-virus drugs are now available, but in still small quantities. And also we have to worry about the nutrition of girls and women with HIV. Right now there is a disparity between HIV programs and reproductive health service delivery, but integration with reproductive health services is so important.

I agree with also Thailand that we also want to monitor the number of female parliamentarians in the upper house and lower house globally. UNDP produces some documents; including Human Development Report. So I'd like to also see real advocacy for increased parliamentarians and also an increased number of women in cabinets. Madame Shimizu told me that in the new cabinet of Japan there are only two women. And that is something that we can advocate for a larger number. We have a lot to learn from New Zealand in terms of gender based violence, and also domestic violence. They are all hidden, and only now it is opening up. And parliamentarians have an important role to advocate for gender based violence and how to deal with it. And also I agree there is no place for complacency even in developed countries.

Korea mentioned various issues of communicable diseases and diabetics, mental health, and also maternal mortality and child mortality rate. I agree there are disparities within the country. Working with NGOs to reach those who aren't reached in both urban slum areas and remote rural areas is important.

I was also listening to our colleague from Fiji and I was struck by the very high rate of HIV infection. I totally agree that awareness and education is so important. In terms of FGM, Female Genital Cutting, UNFPA is also working with parliamentarians to bring new legislations. When I went to villages in Mali, the village leaders and men said that they welcome stopping FGC because it incurs a lot of expenditure. They have to pay the man who cut and they have to entertain the whole village, which is really expensive. The UNFPA is working in most of these countries, with advocacy and working with community.

I also agree with Vietnam that we need to produce some report with data. This is something we are now discussing and we hope to produce something on how each one of you have done in terms of ICPD. Also, you mentioned treatment and prevention of HIV/AIDS issue. We are working closely with WHO by "three by five" initiatives - three million people with the treatment by the year 2005. The UNFPA is also working with WHO to make sure this is done through normal health services. I must add that you have done a good job with the treatment of TB with drug. The dropout rates I found is quite small, so if you have enough manpower with enough training, I am hopeful that a retrovirus treatment may be accessed without too much dropouts. I am very much worried about this issue, but success of TB drug treatment is encouraging.

A delegate from India raised a big question of mother to child transmission prevention. This should be done through antenatal care and through normal health services. Also, Hepatitis B is an important aspect. Some countries already included Hepatitis B in normal immunization program.

A Kazakhstan parliamentarian talked about gender equality issue. We are proud in UNFPA

at least we attain almost the gender parity in professional staff. Half of our professional staff members are women and among the top executives, three of us, two are women and I am the only man. Sometimes I have to protect the rights of man because we become too quiet in our cabinet meeting. But I see still in Asia we have a lot more to do with gender equality. Thank you.

MS. SAFIYE CAGAR:
I think Mr. Waki touched and covered each and every one of the questions that were raised, perhaps except for Kazakhstan's observation. But just coming back and responding to some of the issues that you have raised in general, such as HIV/AIDS, which seems to be in everyone's mind. And it should be in everyone's mind, because as I said before, 10 people are infected each minute with HIV/AIDS. You probably know that many UN agencies work in the area of HIV/AIDS. But no one works in the area of prevention of HIV/AIDS, which is the role of UNFPA because we are in reproductive health. We promote the prevention of AIDS, advocacy and education. We work with our host governments. Not only the governments themselves, but we work with the religious and community leaders to ensure that there is proper advocacy done at the grassroots level to make people aware. We have 1.1 billion adolescents, and they are coming into reproductive health age and we need to educate them. We need to make them aware, not only of HIV/AIDS, but also of reproductive health, if we are to do anything for poverty and population.

I was very sad to hear our honourable colleague from Fiji talking about a high suicide rate among girls and women. And perhaps the reason was due to unwanted pregnancies. And here again, teaching reproductive health makes testing and family planning accessible to everyone, and voluntary family planning is very much part of the UNFPA's program that we need to get it out to the people. And if women and young girls have access to reproductive health, perhaps there would be no unwanted pregnancies and perhaps there wouldn't be any suicides.

As regards to Vietnam's concern on ICPD, the statistics before and after ICPD, as I mentioned earlier, our State of the World Population report was launched two weeks ago. We looked at what happened within this last 10 years and we have noticed that there have been many achievements in the areas of most countries integrating reproductive health and population concerns in their development strategies. And issues such as the ones that we are discussing here today, used to be taboo—that is, gender based violence and sexual and reproductive health and rights of adolescents. These issues were not discussed before, but they have been discussed openly since ICPD. And proper steps are being taken by the governments to either bring legislatures or national laws to change that and bring it into their countries. The use of modern contraception has been increased since ICPD. In 1994 55% of the world's couples were using contraceptives, but it has increased to 61% today. Three quarters of the countries that were surveyed by UNFPA last year has now adopted HIV/AIDS in their national strategies. I cannot stress enough how important this is for us to focus on getting rid of and preventing HIV/AIDS. We have a long way to go. We have, as Mr. Waki mentioned, more than 300 million couples still lack full range of family planning services.

Complications of pregnancy and childbirth are the leading cause of death among women at reproductive age in developing countries. Last year, 3 million people died of HIV/AIDS and 5 million people were infected. And of half of those infected, 2.5 million were women and young girls. Moreover, half of those were between the ages of 15 and 24. Most of

this does happen in Africa. This is where our advocacy and education also comes into role. It is true that most of the HIV/AIDS infected people are living in Africa, but Eastern Europe is the fastest growing HIV/AIDS area. The use of needles, the use of drugs, is the leading cause.

As Mr. Waki says, we'll come up with specific statistics that will show you what has been achieved and what is to be achieved. Coming back to female genital cutting, since ICPD, genital female cutting still does occur in Africa. It is not a religious, but cultural, although some people associate it with Islam. It has nothing to do with Islam because there are many African countries who are not Moslem also practicing this. As Mr. Waki says, we are promoting and advocating those people who practice the cutting and they are now being given options of earning their money through other ways so they are stopping this practice. Since Cairo, 16 countries have stopped and have past laws preventing female genital cutting. So that to us is a big achievement. We still have a long way to go, but that is still a progress.

Coming back to Kazakhstan, I've got no real question. I was referring to only the number of parliamentarians in a given country. But we are looking at very poor countries where women have no access to education, no access to health. So these are very basic issues which I think Cairo is urging that we should be extending to the women of the world and empowering them by giving them education. And as I said earlier in my speech, a woman with a primary school education will have less number of children because she is able to, through knowledge and education, take care of children. So that it is better for her health and it is better for the child's health as well. Thank you.

CHAIRPERSON:
Thank you, Madame. Now the meeting is called to conclusion and as Chairman I thank all the delegates who have participated in this very valuable discussion. I would like to express my gratitude on behalf the delegates for the brilliant lectures, the brilliant way of facilitating discussions by two eminent personalities. And I thank you all for your contribution to this conference.

Session V

Round Table Discussion for Asian Proposal for ICPI in Strasbourg
—Role of Parliamentarians: Toward a new decade of ICPD PoA—
[Sustainability, Environment, Population and Our Future]

Round Table Discussion for Asian Proposal for ICPI in Strasbourg
—Role of Parliamentarians: Toward a new decade of ICPD PoA—

Sustainability, Environment, Population and Our Future

Chairperson
Dr. Gunasagaran Gounder, MP
(Fiji)

INTRODUCTION

The 20th APDA Conference held at Almaty, Kazakhstan, a place known for Alma Ata, became a venue for reconfirming the involvement of parliamentarians in ICPD and adopting the future activity guideline by reviewing the importance of primary health care and the condition of each country 10 years after the ICPD Programme of Action and re-examining future action programmes. Meanwhile, the roles of parliamentarians that would be required in implementing the ICPD Programme of Action and the need for further fund-raising were reconfirmed at the discussion. Wording was also corrected in detail at the discussion, and the draft declaration was revised in response to detailed corrections and opinions. As a result, "Role of Parliamentarians: Towards the Next 10 Years of ICPD Programme of Action—Sustainability, Environment, Population and Future" was unanimously adopted. This year's APDA Conference was the only opportunity to integrate the opinions of parliamentarians on population and development in the Asia/Pacific region before the International Parliamentarians Conference on ICPD Implementation which will be held in Strasbourg to commemorate the 10th anniversary of ICPD. Adoption of this declaration thus made it possible to present the views of parliamentarians in the Asia/Pacific region. Mr. Osamu Kusumoto, Assistant Secretary General and Senior Researcher of APDA performed as a secretary of this session.

Main discussion that took place was as follows.

CHAIRPERSON:
First of all, the first paragraph of the Preamble, I would like to suggest changing "Parliamentarians from the Asian countries" to "Parliamentarians from the Asia/Pacific countries". This is in consideration of the fact that many parliamentarians are participating from the Pacific region. Is it acceptable? We would like to keep the name of the conference "Asian Parliamentarians' Meeting on Population and Development "unchanged because we have been conducting the conference under this name for the past 20 years.

Is this acceptable to you? The section in the declaration changing "Parliamentarians from the Asian countries" will be changed to "Parliamentarians from the Asia/Pacific countries". No objections? It has been accepted.

COMMENT:
At the third paragraph of the Preamble, it says, "However, to achieve sustainable development, it is essential in all our countries to have a long-term perspective on population and development, including on reproductive health/rights, gender, violence against women, food security, environment, adolescent, youth and elderly, at the sub-regional level. These perspectives need to be adapted to each specific national situation".

in food security because it has been given importance in APDA Conference and reference to water resource has been made during the conference.

CHAIRPERSON:
Let us discuss these two points. Is there any objection to adding the word "children" in front of the word "youth"? Let us specify "children" by following the trend of giving importance to children's rights. Are there any objections to the second point of changing the word "food security" to "food/water security"? We will include water here because there seem to be no objections.

COMMENT:
I would like to suggest including a line "a concern exists over not enough AIDS medicine being available" in the section about STDs and HIV/AIDS. I would like to include a sentence, "not enough AIDS medicine is available" or "concern exists over the fact that medicine is unavailable at developing countries in particular". We may include the word "treatment" in addition to "medicine".

CHAIRPERSON:
It would be difficult to include detailed matters. Let us only include things that are truly relevant. I think we can include "medicine," but the expression "unavailable" and "not available at affordable prices in poor countries"... In fact, only 10 people can afford this medicine in Fiji. So I think we should use words such as "availability" or "affordability." We at developing countries want to turn these into the subject of our lobbying activities. We want to appeal to the world to supply medicine at lower prices. Do you have any opinion? It has been approved so let us include the phrase "non availability and non affordability of medicine".

COMMENT:
I think we should include the word "cultural diversity" in the section about "Quality of population". There are countries in the world where cultural background differs between regions of the same country. For instance, there are 78 ethnic groups in China. What I want to emphasize here is that we need to respect these ethnic and cultural differences. In addition, changes are recently being observed in gender perspective. In Korea, extramarital relationship is being respected and love childs are being accepted. I want to include the fact that these views are spreading because a decade has passed since the Cairo Conference.

COMMENT:
I don't think it is necessary to include "cultural diversity" in this section about "quality of population". If you want to include this comment in the declaration, it is already mentioned in the third paragraph of the Preamble.

Our countries have rich heritage and are different in many respects. To achieve sustainable development, while we have to respect the differences in terms of social changes and gender view in different area...

Personally, I think this is sufficient. I think cultural diversity is also included here. Including gender, religion, traditional customs into "quality of population" will stretch the interpretation. So, I think it is necessary to explain a little more about which customs you are referring to if you are going to include cultural diversity, and what you are going to say from the viewpoint of women and family. Otherwise, it will stretch the interpretation and magnify the problem.

CHAIRPERSON:
I agree. There are cultures that tolerate violence against women and female genital mutilation. In some countries, minority groups are victimized by such acts. Stressing cultural diversity again may create some problems. If we make a mistake, it may be interpreted in slightly different way. Since cultural diversity is already mentioned in the Preamble, I don't think it is necessary to include it again here. Therefore, I think we should not include the word "cultural diversity" here. I think we have your approval.

COMMENT:
I would like to comment about "Call to action". There it says "including adolescents," but since it is intended for everybody, I don't think it is necessary to include "adolescents".

COMMENT:
I think it is always necessary to include "adolescents" because adolescent population has become a problem in the Asia/Pacific region.

CHAIRPERSON:
However, in terms of expression, the word "adolescents" is already included, so I think it's sufficient. I think we have your approval so we would like to approve the original text containing "adolescents".

COMMENT:
I want to talk about "Call to action" as a whole. Those of you here today may be feeling that "there is little reference to primary health care." Therefore, how do you feel about adding what we can do as parliamentarians to enhance primary health care? I personally think we should include "inputting additional funds." When I say this, I mean for both developing and developed countries. I propose including addition of "both developing and developed countries shall input funds for primary health care".

COMMENT:
What is important is mobilizing funds to carry out sustainable development. Of course, it is necessary to make adjust the language but is it all right to approach it this way? For instance, how about changing it to "mobilize manpower and funds as role and mission, and enhance the capacity to cope with the population problem"? I think including the words "role and mission" will make it stronger.

COMMENT:
Let me make a comment. I think it is good to include primary care in the commitment, but carrying out our activities with role and mission is already mentioned in the first and second paragraphs. Here you want to emphasize the need to mobilize the resources. So I think we should express this in a straightforward manner like "We call on our governments to allocate the necessary resource for the implementation of the population and development activities".

CHAIRPERSON:
Is this acceptable to you all? I would like to obtain your approval on this if there are no objections. No objections? Thank you. There are many legal experts here, so I would like to complete the sentence by ask them about details of wording and grammatical problems. I hereby adopt the Almaty Declaration of the Asian Parliamentarians' Meeting on Population and Development with your

unanimous approval. Thank you for your meaningful discussion.

Closing Ceremony

Closing Address

Ms. Kayoko Shimizu
Vice-Chairperson, APDA

Honourable delegates,
Esteemed lecturers,
I wish to thank all of you for your passionate cooperation in concluding successfully the 20th Asian Parliamentarians' Meeting on Population and Development. I also thank the lecturers for your outstanding presentations.

Thanks to your passionate deliberation we have been able to adopt the Almaty Declaration on Population and Development. We can all congratulate ourselves for this.

The population issues lie at the base of all global problems, at the same time they are issues that directly bear on our daily lives. They are close to us particularly as they directly affect the lives of the most vulnerable among us, women and children. Time has flown since the Cairo conference. During the years we have seen the world undergo a vast change. No one ten years ago predicted that September 11 tragedy would ever take place. Since then blood of so many people have been shed due to the chain reaction of terrorist attacks and the war in Iraq. The ongoing globalization has made the world ever smaller. The development of internet is enabling us to enjoy instant communication.

While technology allows us to live in such close proximity the sad reality is that we do not fully understand each other. Compared to ten years ago, the population issues have assumed greater diversity. In Kazakhstan and CIS region and in Japan and in East Asia few births and aging are serious problems.

There are other countries that enjoy population bonus having achieved population conversion. And still others continue to see their population explode unfortunately not being successful at coping with the rising population.

In Asia where these diversities are found, the importance of managing population issues are evermore pressing. However, since at first glance the nature of the problems is different from the conventional ones there is less passionate commitment on population. Compared with ten years ago we cannot say that the crisis has gone away. Rather the truth is that the population continues to grow steadily and placing an increasingly heavy load on the planet. Industrialized countries that have borne the funds to cope with the problem are now experiencing a heavy burden on pension finance due to aging and fewer younger people to pay in to the schemes. Are the economies of developing countries growing enough to sustain their own population programs? No, they are not quite there yet. HIV and AIDS are proving to be far more serious than ten years ago. These are imminent problems that face us.

The fact that we are gathered here today in Almaty has a great significance. During the cold war years Almaty was a distant place for most of us. In 1994 when the Cairo conference was convened CIS countries have not had much time after gaining independence. Kazakhstan and other former planned economies were struggling to get their economies in order. During the ten years since then most of the countries have managed to rebuild their economies and are playing their roles as members of the international community. This has proved to have been a great accomplishment.

This is the first time APDA has organized a conference in central Asia. And this is the fruit of peace brought about by the end of the cold war. At first we thought we would enjoy a larger peace dividend but things did not happen that way. Instead there were new challenges.

The world has become much more insecure, for example. Needless to say, September 11 and other international terrorist attacks are making the world a less secure place. Only the other day, we watched with terror the loss of innocent lives of small children in North Ossetia victimized by terrorists. As you know the scientific name for human beings is "homo・sapiens・sapiens", meaning a man of wisdom. The scholar who named homo sapiens repeated sapiens twice. He must have placed a great expectation that human beings will be wise man of wisdom. What have we done to our wisdom? Ten years after Cairo we are at the midpoint to our target and we are far from near achieving our objectives.

If humans are to live like human beings the resolution of population problems is a priority. Let us politicians work hand in hand to achieve the objectives we have set for ourselves. The present circumstances do not permit optimism. But one thing is sure. Nothing comes from pessimism. To quote the words spoken earlier, "it is our will that enables us to be hopeful", it is up to us and our will that will determine what the future society will be. I understand that the Almaty declaration you have worked hard to adopt will be reflected at the Strasbourg conference in October. Let us do the best we can with hope in our hearts so that we will not regret we did not do more APDA will do our very best to the best of our ability.

In closing let me say that I look forward very much to reuniting with you at the next APDA conference.

Thank you very much.

Closing Address

Dr. Raj Karim
Regional Director, ESEAOR, IPPF

Thank you, Mr. Chairman. And on behalf of IPPF, I would like to thank APDA for giving IPPF this opportunity to address the Asian Parliamentarians' 20th Meeting on Population and Development. I think that it's a very historic meeting and very timely, because the declaration that we have just passed through will be a significant contribution towards the fulfilment of ICPD's program of action and for us to realize the goals of ICPD.

IPPF is proud to be associated and to work with APDA and AFPPD. And more recently we are very privileged to have forged more active partnerships, especially during the session that we had in Kuala Lumpur at the regional roundtable and in London at the global roundtable, where NGOs had the rich experience of interacting with other parliamentarians directly and also hearing your views on issues related to population and development.

Because, as Ms. Safiye Cagar, Director of IERD, UNFPA said this morning, it is you that makes things happen, and you that will pass the laws and legislation that will determine whether a woman has access to the choice of use for contraceptives that she needs, whether a woman has access to good quality and prenatal care, and whether a young person could have access to prevent unsafe abortions and also to prevent infections like HIV/AIDS.

At the regional roundtable and the global roundtable that we held recently, we heard personal testimony of persons who were affected by reproductive health problems. We heard the stories of a young person living with HIV/ AIDS. We heard stories of a girl who was a rape survivor and who is living with the psychological and physical trauma that she had endured. And we have also heard voices of victims of domestic violence and many others. These are the people – especially women, girls, and young persons—who represent the numbers that Ms. Safiye mentioned this morning. Many revealing facts of this true situation lie in all our countries. And these are the problems that we face in our daily work.

NGOs like IPPF and many other partners that we have work with these unfortunate people who are under the serious conditions and who are disadvantaged and who come from poorer communities, to supplement the role of government in bringing reproductive health services and bringing quality of life to people who do not have easy access to such services.

We are happy to note that in the review, including the ESCAP review that was presented at the Asia and Pacific population conference in 2002, the role of NGOs is getting more important, especially in the areas of working with young people and working with disadvantaged women to promote gender equality and a rich life. And we hope that our relationship with government and with parliamentarians will continue to grow and that you as parliamentarians will have the time and the opportunity to listen to the voices of NGOs because they really represent the voice of the grassroots people that you represent in your constituency.

We have just concluded a UNFPA project involving 3 agencies which also involve IPPF and AFPPD. And this is a new partnership that we have worked on for prevention of HIV/AIDS. And we hope that this example will be an entry point for us to further our collaboration with AFPPD, UNFPA, and also with APDA and you at country levels.

As Mr. Waki said this morning, countries are in various stages of implementation of ICPD. But we have

a long way to go and we have great challenges to meet, especially as we face emerging issues of different degrees, or even try to meet the longstanding issue of maternal mortality. In this regard, I would like us to re-look at these issues like maternal mortality, where we have the knowledge, we have the technology, but we do not yet have the political will and we have not put in sufficient resources to reduce maternal mortality in our countries. And I believe we can, because there are many countries in this region that have shown good examples, from whom we need to learn but more importantly to commit ourselves to resolving.

And here I'd like to talk in terms of putting in place a functioning health care system. This is precious because we made a promise 26 years ago in Alma Ata, where we promised that we would provide primary health care to all our communities and health for all by the year 2000. But this has not happened, and this needs to happen if we are to meet the important reproductive health goals that we have set ourselves in the ICPD plan of action that aim to provide and make available and accessible comprehensive reproductive health care to all our people by the year 2015. We cannot do this unless we have an efficient and functioning health care system. And we really cannot do this unless we invest resources into construction of strong system.

And here is where our parliamentarians can like you need to make the advantage in your countries, and we cannot depend on aids from support countries. Because our projects for an efficient and functioning system takes many years and projects need to continue. We need to build these basic systems for ourselves.

IPPF, as an NGO and the largest NGO working in this area, would like to reaffirm our commitment to all of you in the countries in Asia Pacific and beyond to work with the agencies here – we have AFPPD, APDA, and UNFPA—to further the goals of ICPD and also through it to meet millennium development goals.

I would like in ending to thank my host, Mr. Beksultan Tutkushev, for hosting this evening, which has given us the intellectual resource that we need and also given us the enjoyment that we need. So I'd like to say thank you very much. It has been a very hospitable and very enlightening meeting. Thank you also to APDA and to the AFPPD and very close colleague which works together. Thank you very much, and I do hope that we will go back and work harder to meet our goals for ICPD. Thank you.

Closing Address

Ms. Safiye Cagar
Director, Information, Executive Board
and Resource Mobilization Division, UNFPA

I wasn't aware that I was going to be taking the floor again, so I don't have a written statement. But I think you have all heard what I needed to say this morning. However, let me just reiterate the importance that we put in UNFPA on our partnership with our parliamentarian colleagues.

I think we are the envy of all of the other UN agencies. As a matter of fact, the Secretary-General of the UN has asked Madame Obaid, our executive director, to teach the other agencies how she has developed, or how the UNFPA has developed its partnership with the parliamentarians. So we are in a way the envy of everyone, and we are very grateful for your partnership.

I must admit that I've been with the UNFPA for the last two-three years and have been attending various parliamentarian meetings, but this is the one I have seen where everybody has participated. It's been a very participatory meeting, which I think is incredible. Your belief and your convictions have come through. And I'm hoping that whatever you have discussed here, whatever this declaration that you have created, you will take it back home and not forget, and push it through your governments, with your people at the grassroots level, NGOs, etc., but also not to forget your commitment to population and development goals and the ICPD. Because implementation of the ICPD is important for you, for your country, for your nation, and globally for the whole world.

So I thank you for your partnership, and I look forward to the continuation. And I'm sorry I do not have enough cards to pass around, but I'm sure that afterwards I will pass my communication address to you as well as my speech, so I look forward to seeing you next time around. Thank you very much.

Closing Address

Mr. Beksultan Tutkshev
Chairman of Kazakhstan Parliamentarians' Committee on Family

Thank you. Ladies and gentlemen, I would like to express my deep gratitude to Mr. Yatsu, AFPPD Chairman, and the other gentlemen who could not come to our meeting here in Almaty. I would like to thank you, dear colleagues, because you all came here to my country, despite the fact that you had to cover long distances. It was a country that was unknown to you, but you came here anyway. I think it is thanks to your participation in this conference that the objectives set for the 20th meeting of APDA have been fulfilled on the eve of the celebration, or to be more exact, on the eve of our evaluation of the 10—year period after the Cairo conference. I don't want to meet with all of you again in 5 or 10 years —if one of these meetings can be held in Almaty, we are always prepared to organize it here.

The Alma Ata declaration of 1978, the one that was adopted here—of course it did not resolve all the issues. Just like the Cairo conference, it cannot solve all the problems, but these great conferences set certain objectives and show how we should proceed. Given that our countries have different political, geographical, and economic conditions, despite the fact that we have special distinctive features, still the objectives—for the sake of human beings, for the good of human beings—are common for our human communities. Human communities have always been faced with problems, and they are faced with problems and will be faced with new problems, and we will have to address them anyway. So this kind of meeting including different homelands with different experiences will help us resolve the objectives set.

We, dear colleagues and members of parliament, elected representatives, if in our work we could help at least one single individual, then I think that we have resolved the problem and we have fulfilled the duties of MPs before our people. I would also like to say that the speaker of our chamber, Mr. Abykaev and my colleagues express deep gratitude to you for your participation in this conference. I'm sure we will learn a lot more from each other. I am sure that we will have many more meetings like that. And as a doctor, I would like to wish everyone good health. And the health of your family depends on you, the health of your nation, of your state, and of course in my state it will depend on us. Let's meet more and more; let's love and respect each other. Thank you.

Almaty Declaration

on

Population and Development

Almaty Declaration
on
Population and Development

Adopted at the Twentieth Asian Parliamentarians' Meeting on Population and Development
Alatau Health Resort, Almaty, Kazakhstan
29th September, 2004

PREAMBLE:

We, the Parliamentarians from the Asia/Pacific countries meeting in Almaty, Kazakhstan, on 28-29 September, 2004, at the Twentieth Asian Parliamentarians' Meeting on Population and Development, to discuss the issues of population and development, issue the following declaration:

We reaffirm our commitment to work for achieving the aims and goals of the Cairo Declaration of the International Conference of Parliamentarians on Population and Development (ICPPD) and Programme of Action (POA) of the International Conference of Population and Development (ICPD). We reaffirm that without addressing the interrelationships between population and sustainable development (including environment, food /water security and health care), we will not be able to meet the regional population and development challenges.

Our countries have rich heritage and are different in many respects. To achieve sustainable development, while we have to respect the differences in terms of social changes and gender view in different area, it is essential in all our countries to have a long-term perspective on population and development, including reproductive health/rights, gender, combat violence against women and children, food/water security, environment, adolescent, youth and elderly, at the sub-regional level. These perspectives need to be adapted to each specific national situation.

We, the Parliamentarians of Asia/Pacific countries, urge our governments to develop long-term strategies to address the population and sustainable development issues in the Asian and the Pacific region, and fully support their timely implementation. We also urge mutual assistance between us in such a critical task.

Our countries have very different situations in terms of population and development. Some countries are facing problems of fewer children and aging population and others are on the path of demographic transition and enjoying their population bonus. And some of the countries are still facing rapid population growth. Some of the CIS countries have faced a very challenging past because of the economic transition to the market economy.

ISSUES:

Demographic Structure: Each country has its own population dynamics and needs to address this in relation to its development. In some countries, the major challenge is to reduce fertility rate, whereas in others, fertility rate has already decreased and efforts are focused on reducing the mortality rate. Migration is also an important issue for some countries; it needs to be better understood and taken into account in sub-national development strategies. In countries where fertility rates have been decreasing, aging is an increasingly important issue to address. Given the rapidly evolving economic context in the Asia/Pacific countries, it is necessary to develop long-term perspectives and strategies to address adequately the population and development balance.

Reproductive Health: Concerted efforts are needed to ensure access to quality reproductive health

information, counseling and services. In times of transition or economic difficulties, the most disadvantaged populations are often those suffering the most. Attention needs to be given to ensuring that services are provided to all, so that each individual can exercise her or his reproductive rights, including the poor, the minorities, and the adolescents. As a prospective mother, girl's health needs special attention and care. The youth of today represents our future, and we need to give them the tools to have a healthy and productive life. Urgent attention is needed to ensure that the specific needs of adolescents are addressed. In many countries, improvement of the quality of reproductive and child health would reduce significantly the high rates of maternal and infant mortality as well as the high prevalence of abortions and of sexually transmitted infections thus improving the quality of life of our populations.

STI/HIV/AIDS: Of great concern is the rapid spread of STI/HIV/AIDS in our region, the potential terrible consequences on the very fabric of our populations and societies, and the costs associated with inadequate prevention. Concern is also raised for non availability and non affordability of medicine. Our countries are experiencing different stages of the pandemic, but we all agree on the crucial importance of acting now in preventing further spread of the infection, in particular among the youth.

Gender: The transition and recent economic development have exacerbated some gender inequalities or have stimulated the emergence of new issues with regards to gender equity. Equal access to education and work, elimination of violence against women are among the priority issues in this area.

Sustainable Development: We recognize that Asia/Pacific has diverse and rich natural resources; however, they might be facing their limit of capacity, given the too often unsustainable manner in which we have been using our resources. Development strategies need to include proper use of resources, and an analysis of the implications of our developmental activities on the environment. We recognize the importance of maintaining our traditional food production and food supply systems. Equally important is the provision of appropriate storage and distribution systems. We strongly believe that food / water security is imperative for peace and stability.

Quality of Population: Every person has a right to lead a happy life. We have to consider all aspects of life and address each individual's life long health, qualified life to promote overall population quality.

CALL TO ACTION:

We Parliamentarians here in Almaty, commit ourselves to the following actions and call on Parliamentarians in Asia and the Pacific to follow suit:

Make and encourage more efforts to link population and development, and to increase access and improve the quality of reproductive health services.

Urge our respective governments and other partners in development to work together in developing and implementing comprehensive long-term strategies to address population and development issues, including reproductive health.

Promote and monitor equal access to quality reproductive health services for all including adolescents.

Encourage all partners in development, at all levels, to act immediately, in a coordinated and concerted effort, to prevent the further spread of STI/HIV/AIDS, giving very special attention to adolescents and young people.

To promote better understanding of the gender dynamics and to promote concerted interventions to

ensure full participation in and equal access to the benefit of development for both women and men. We need to monitor the situation and the trends, and encourage our respective governments to take the necessary actions, including the establishment of a positive legal environment.

Urge the international community to ensure that the international trade be fully consistent with the long-term perspective of population and sustainable development, especially food security issues.

We call on our governments to allocate the necessary resources for the implementation of the population and development activities.

COMMITMENT:

We, the parliamentarians commit ourselves to advocate and ensure implementation of the above actions at the grass-roots level, with our constituencies, and at the highest political level in our countries. Concerted efforts should be made, at all levels and with all partners, including the international communities, the NGOs and the communities themselves, in implementing the necessary actions.

We, the Parliamentarians believe in peace and respect of human rights, including reproductive rights. It is only in such environment that development can take place. We urge all the governments to adhere to all the international conventions promoting respect of human rights and peace, and to resolve problems in a peaceful manner. Together, we should aim at providing a peaceful life and security to all human beings.

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