

# The 28<sup>th</sup> Asian Parliamentarians' Meeting on Population and Development

*Countdown to the ICPD PoA and MDGs*

2-3 October 2012  
Tokyo, Japan



**Asian Population and Development Association (APDA)**



## TABLE OF CONTENTS

<b>Programme .....</b>	<b>5</b>
<b>OPENING CEREMONY.....</b>	<b>9</b>
<i>Address of the Organizer</i> Hon. Yasuo Fukuda, Chair of APDA/JPPF/AFPPD.....	11
<i>Message</i> H.E. Yoshihiko Noda, Prime Minister of Japan .....	13
<i>Address</i> H.E. Koichiro Gemba, Minister for Foreign Affairs, Japan .....	14
<i>Address</i> H.E. Yoko Komiyama, Former Minister of Health, Labour and Welfare, Japan.....	15
<i>Address</i> H.E. Akira Gunji, Minister of Agriculture, Forestry and Fisheries, Japan .....	17
<i>Address</i> Dr. Naomi Seboni, President/Chairperson of IPPF .....	18
<i>Address</i> Dr. Babatunde Osotimehin, Executive Director of UNFPA.....	21
<b>SESSION 1 ICPD Progress and the Post-2015 International Development Agenda .....</b>	<b>25</b>
<i>Japan's Contributions and its Future Perspectives:</i> Dr. Shiro Konuma .....	27
<i>ICPD PoA's Progress and Review in Asia: Focus on Family Planning and Unmet Needs</i>	
Ms. Nobuko Horibe .....	32
<i>Discussion</i> Chair: Hon. Toshiko Abe, Chair of the JPPF Gender Issues Committee, Japan ....	40
<b>SESSION 2 ICPD Perspectives: Recommendations for Post-ICPD and MDGs Strategies .....</b>	<b>45</b>
<i>ICPD Perspectives and Japanese Experiences</i> Mr. Katsuhide Kitatani .....	47
<i>ICPD Perspectives and Japanese Experiences</i> Dr. Ryokichi Hirono .....	52
Discussion Chair: Hon. Rodante D. Marcoleta MP, Philippines.....	57
<b>SESSION 3 ICPD PoA Country Review I: Focus on Family Planning and Unmet Needs.....</b>	<b>63</b>
Hon. Abigail Faye Ferrial, MP, Philippines .....	65
Hon. Dr. Sonethanou Thummavong, MP, Lao PDR.....	67
Hon. Damry Ouk, Secretary-General of CAPPD, Cambodia .....	69
<i>Discussion</i> Chair: Hon. Mansour Arami, MP, Iran .....	72
<b>SESSION 4 ICPD PoA Country Review II: Progress and Challenges .....</b>	<b>75</b>
Hon. Avinash Khanna, MP, India .....	77
Hon. Tissa Karalliyadda, MP, Sri Lanka.....	81
<i>Discussion</i> Chair: Hon. Nidup Zangpo, MP, Bhutan.....	84
<b>SESSION 5 Accelerating Progress toward Sustainable Development through PPP/CSR.....</b>	<b>89</b>
Mr. Ryuichi Isaka .....	91
Mr. Hiroshi Ishida.....	97
<i>Discussion</i> Chair: Hon. Aiko Shimajiri, Deputy Secretary-General of JPPF, Japan.....	102
<b>SESSION 6 Panel Discussion: Next Steps beyond 2014 .....</b>	<b>109</b>
Hon. Samakova Aitkul, MP, Kazakhstan .....	111
Hon. Klebanova Darya, MP, Kazakhstan .....	113
Hon. Nguyen Thi Kha, MP, Vietnam .....	114
Hon. Humayun Saifullah Khan, MP, Pakistan.....	116
<i>Discussion</i> Chair: Hon. Rozaina Adam, MP, Maldives.....	118

<b>SESSION 7 Discussion for the Adoption of the Asian Parliamentary Statement.....</b>	<b>121</b>
Chair: Hon. Brendan Horan, MP, New Zealand .....	123
<b>CLOSING CEREMONY .....</b>	<b>125</b>
<i>Address</i> Hon. Michihiko Kano, Senior Vice-Chair of JPFP, Japan .....	127
<i>Address</i> Hon. Jetn Sirathranont, MP, Thailand .....	128
<i>Address</i> Hon. Nguyen Thi Kha, MP, Vietnam .....	129
<i>Closing Address</i> Hon. Yasuo Fukuda, Chair of APDA/JPFP/AFPPD.....	130
<b>Statement .....</b>	<b>131</b>
The 28th Asian Parliamentarians' Meeting on Population and Development Statement ....	133
<b>Participants' List .....</b>	<b>137</b>

**Programme**  
**The 28<sup>th</sup> Asian Parliamentarians' Meeting on Population and Development**  
**Countdown to the ICPD PoA and MDGs**

2-3 October 2012

Tokyo, Japan



**Day 1: Tuesday, October 2, 2012**

09:30 – 10:30

**Opening Ceremony**

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

**Address of the Organizer**

H.E. Yasuo Fukuda, Chair of APDA/AFPPD/JPPF (Japan)

**Message**

H.E. Yoshihiko Noda, Prime Minister of Japan

**Address**

H.E. Koichiro Gemba, Minister for Foreign Affairs (Japan)

H.E. Yoko Komiyama, Minister of Health, Labour and Welfare (Japan)

H.E. Akira Gunji, Minister of Agriculture, Forestry and Fisheries (Japan)

Dr. Naomi Seboni, President/Chairperson of IPPF

Dr. Babatunde Osotimehin, UNFPA Executive Director  
*"How to Mainstream ICPD into the Post-2015 Agenda"*

10:30 – 11:00

Group Photo & Coffee Break

(Location: Large Conference Hall, B1F,  
The 1st Members' Office Building of the HoR)

11:00 – 12:00

**Session 1: ICPD Progress and the Post-2015 International Development Agenda**

**Japan's Contributions and its Future Perspectives**

Dr. Shiro Konuma, Director of Global Health Policy Division, International Cooperation Bureau,  
Ministry of Foreign Affairs [30 min]

**ICPD PoA's Progress and Review in Asia: Focus on Family Planning and Unmet Needs**

Ms. Nobuko Horibe, Director of the Asia and Pacific Regional Office, UNFPA [30 min]

12:00 – 12:45

**Discussion [45 min]**

Chair: Hon. Toshiko Abe, Chair of the JPPF Gender Issues Committee (Japan)

12:45 – 13:45

Lunch

(Location: Large Conference Hall, B1F,  
The 1st Members' Office Building of the HoR)

13:45 – 14:45

**Session 2: ICPD Perspectives: Recommendations for Post-ICPD and MDGs Strategies**

**ICPD Perspectives and Japanese Experiences**

Mr. Katsuhide Kitatani, Former Deputy Executive Director of UNFPA/Chair of NPO2050 [30 min]

***ICPD Perspectives and Japanese Experiences***

**Dr. Ryokichi Hirono**, Professor Emeritus at Seikei University [30 min]

14:45 – 15:30

**Discussion** [45 min]

Chair: **Hon. Rodante D. Marcoleta** (Philippines)

15:30– 15:50

Coffee Break

(Location: Large Conference Hall, B1F,  
The 1st Members' Office Building of the HoR)

15:50 – 16:20

**Session 3: ICPD PoA Country Review I: Focus on Family Planning and Unmet Needs**

**Hon. Abigail Faye Cruz Ferriol** (Philippines) [10 min]

**Hon. Dr. Sonethanou Thummavong** (Lao PDR) [10 min]

**Hon. Damry Ouk**, Secretary-General of CAPPD (Cambodia) [10 min]

16:20– 18:00

**Discussion** [40 min]

Chair: **Hon. Mansour Arami** (Iran)

**Day 2: Wednesday, October 3, 2012**

9:30 – 10:10

**Session 4: ICPD PoA Country Review II: Progress and Challenges**

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

**Hon. Avinash Khanna** (India) [20 min]

**Hon. Tissa Karalliyadda** (Sri Lanka) [20 min]

10:10~10:45

**Discussion** [35 min]

Chair: **Hon. Nidup Zangpo** (Bhutan)

10:45 – 11:00

Coffee Break

(Location: Multipurpose Room, 1F,  
The 1st Members' Office Building of the HoR)

11:00 – 12:00

**Session 5: Accelerating Progress toward Sustainable Development through PPP/CSR**

**Mr. Ryuichi Isaka**, President and COO of Seven-Eleven Japan Co., Ltd [30 min]

**Mr. Hiroshi Ishida**, Executive Director of Caux Round Table (CRT)-Japan [30 min]

12:00 – 12:45

**Discussion** [45 min]

Chair: **Hon. Aiko Shimajiri**, Deputy Secretary-General of JPFP (Japan)

12:45 – 13:45

Lunch

(Location: Multipurpose Room, 1F,  
The 1st Members' Office Building of the HoR)

13:45 – 14:20

**Session 6: Panel Discussion: Next Steps Beyond 2014**

**Hon. Samakova Aitkul** (Kazakhstan) [5 min]

**Hon. Klebanova Darya** (Kazakhstan) [5 min]

**Hon. Nguyen Thi Kha** (Vietnam) [10 min]

**Hon. Humayun Saifullah Khan** (Pakistan)

14:20 – 15:00

**Discussion** [40 min]

Chair: **Hon. Rozaina Adam** (Maldives)

15:00 – 16:15

### Session 7: Discussion for the Adoption of the Asian Parliamentary Statement

Chair: **Hon. Brendan Horan** (New Zealand) [75 min]

#### **Adoption of the Asian Parliamentarians' Statement**

16:15 – 16:30

APDA Meeting Evaluation Form

16:30 – 17:00

Coffee Break and formatting of the Asian Parliamentarians' Statement

(Location: Multipurpose Room, 1F, The 1st Members' Office Building of the HoR)

17:00 – 17:30

### Closing Ceremony

#### **Address**

**Hon. Jetn Sirathranont** (Thailand)

**Hon. Nguyen Thi Kha** (Vietnam)

**Hon. Michihiko Kano**, Senior Vice Chair of JPFP (Japan)

#### **Closing Address**

**Hon. Yasuo Fukuda**, Chair of APDA/AFPPD/JPFP (Japan)

17:45 – 18:00

Asian Delegates Depart from the Venue & Travel

19:00 -

### APDA's 30<sup>th</sup> Anniversary Reception

(Venue: Hotel New Otani, "Acero" Room,  
The Main Building, Banquet Floor)

Organized by:

The Asian Population and Development Association (APDA)

Hosted by:

The Japan Parliamentarians Federation for Population (JPFP)

Supported by:

United Nations Population Fund (UNFPA)

International Planned Parenthood Federation (IPPF)

Asian Forum of Parliamentarians on Population and Development (AFPPD)





## **OPENING CEREMONY**



## OPENING CEREMONY *Address of the Organizer*

**Hon. Yasuo Fukuda**

Chair,

Asian Population and Development Association (APDA)

Japan Parliamentarians Federation for Population (JPFP)

Asian Forum of Parliamentarians on Population and Development (AFPPD)

Former Prime Minister of Japan

---

Honourable Parliamentarians from Asian countries;

Dr. Babatunde Osotimehin, UNFPA Executive Director;

Dr. Naomi Seboni, Chair of IPPF,

Distinguished representatives of international organizations;

Ladies and Gentlemen;

I sincerely thank you for joining us today.

This is a special year, 30 years since the establishment of APDA and AFPPD. It was in 1981 the Asian Conference of Parliamentarians on Population and Development (ACPPD) took place in Beijing and passed a resolution and the next year, 1982, Asian Population Development Association (APDA) was established, which was followed by the official foundation of AFPPD.

At the time interrelationship between growing population and the global environment drew much attention worldwide and Members of Parliament with foresight seriously debated whether the earth could sustain the load of the increased population we have on the global environment, whether we would not be short of energy and what must be done to realize sustainable development.

As a result, consensus was formed among the like-minded Members of Parliament throughout Asia. In order to achieve global sustainable development, it was important to stabilize the population which they saw was a basic

requirement. In order to prepare groundwork for sustainable development, it was critical to achieve the understanding of the people and that elected representatives like us must work together for this from a different angle, from governments' and international organizations'.

Conditions for achieving sustainable development, namely population, food security and energy — all of those remain equally important today compared to the time APDA and AFPPD were established. In that one can say that the issues present gravest situation today than those in early days. That is principles of our parliamentary activities must return to the origins of the beginning, namely the resolution of the population issue for sustainable development and building societies that enable us to maintain human dignity. More than ever, there is a stronger need for us, representatives of our peoples, to work particularly in partnership across national borders to tackle issues at the global level.

What should we do as Members of Parliament? First and foremost is to have a clear vision in realizing sustainable development. Second, to confirm once again that without a resolution of population issues, there can be no sustainable development. Third, to find the ways to harmonize economic development with sustainable development, I believe that in the post-2015 agenda, after the deadline of the MDGs, sustainable development must be made

very clear and for that we need to resolve the population issues.

As elected representatives who are in the position of engaging in national politics, we should strongly recognize the common interests we have for the future, see through the essential issue and understanding them. Without this, we will not be able to realize a society with hope. It is most important that each of us has the ownership of the issues, and accumulate exchanges and serious discourse so that we can learn from each other.

As the organizer, I sincerely hope that this meeting commemorating 30<sup>th</sup> years will be useful to all of you and hopefully become a trigger point of passing on to the next generation for a hopeful future.

I am confident that you will spend the coming 2 days energetically deliberating on the important issue.

Thank you.

## OPENING CEREMONY

### *Message*

**H.E. Yoshihiko Noda**

Prime Minister of Japan

---

I would like to express my congratulations for the 30<sup>th</sup> anniversary of AFPPD and APDA from the bottom of my heart.

At the United Nations General Assembly the other day I referred to the wisdom which is necessary for humankind to achieve future sustainability. One of such wisdom is the ability to contemplate not just one's own benefit but wellbeing of future generations and take actions accordingly. I appeal at the UN that now is the time to use such wisdom and think about sustainable future. The parliamentarians here today have placed population issues in the centerpiece of sustainable development and have expended it to become an international activity. Your effort is exactly the fruit of such wisdom, and I really respect you for that.

Today, population issues have become even more diversified and complicated. Aging population is one of such problems. Japan's population has been decreasing since 2005, and it is rapidly aging. The Japanese government has been

focusing on health care and welfare measures for the elderly. However, because of the accelerated pace of declining birth rate and aging population and also economic slowdown, conventional measures are no longer effective. Therefore, the Japanese government is now trying to pursue a new development model. The comprehensive reform on social security and taxation system which I take my political career in is one of such undertakings.

Population issues are closely linked to the global issues such as food, energy, environment, and has a major impact on human security. Efforts to deal with population issues are indispensable for sustainable future. It is such wisdom that will pave the way for survival of humankind.

In closing, I do hope that this meeting will help promote active efforts for the solution of population issues.

Thank you very much.

## OPENING CEREMONY *Address*

**H.E. Koichiro Gemba**  
Minister for Foreign Affairs, Japan

---

Good morning ladies and gentlemen. I would like to express my sincere congratulations to APDA and AFPPD for their 30<sup>th</sup> anniversary. I would also like to express my respect to all of you. Former Prime Minister Yasuo Fukuda and Asian parliamentarians and stakeholders who are here today have been taking the lead in addressing population issues.

Mr. Michihiko Kano, who is sitting next to me, is one of the important persons of DPJ, the ruling party, and Former Prime Minister Fukuda is highly respected across political parties. Mr. Fukuda and Mr. Kano are leading JPPF as the Chair and Senior Vice-Chair respectively, which shows a dignified position it has among Japanese Parliamentarians.

Population issues cannot be solved by one country or one organization. All the stakeholders must make utmost efforts to resolve these issues. I call this as “full cast diplomacy” and such approach is necessary in this field. Mr. Fukuda mentioned that food, energy and environment were closely related to population issues. Japan has always been advocating the concept of human security that is to respect human dignity of each and every person, free them from fear

and want, and this concept is also very much relevant to population issues.

In addition, Mr. Fukuda earlier said that without solving population issues we cannot achieve sustainable development. That is quite right. Population issues must be overcome before we talk about sustainable development because it cannot be achieved without solving the population issues. In that sense, in achieving the MDGs, the population issues, that to be discussed today and tomorrow, need to be upheld.

The Asian region, including China, accounts for more than 60% of the global population. Also Japan is in the forefront of the aging issue, and in the future China, Korea and other Asian countries follow suit. It is not too much to say that Asian population issues will have deterministic impact on the global population issues.

I sincerely hope we will have productive discussions today and tomorrow so as to come to have an important step towards resolving the Asian and global population issues. Thank you very much.

## OPENING CEREMONY *Address*

### **H.E. Yoko Komiyama**

Former Minister of Health, Labour and Welfare, Japan

---

Good morning. I served as Minister for Labour, Health and Welfare until yesterday, and the Asian delegates here visited me in my office yesterday. I had the great pleasure of welcoming you as my last guests as the Minister.

I have been a Member of Parliament for 14 years, and I have always been involved in population issues. Even in my previous career as an NHK commentator, I was much interested in these issues and I participated in the Cairo Conference. As a Member of Parliament, I have been working with Mr. Fukuda and other Members across political parties.

Please let me start by congratulating APDA and AFPPD for their 30<sup>th</sup> anniversary, and I would like to pay respect to their committed engagement.

The Japanese social system is excellent even compared to those of industrialized countries. If you have an insurance card, you can go to any doctor. Of course, it is not all perfect and needs improvements, but it is a good system because Japan has the universal coverage of pensions.

On the other hand, we have a very low birth rate while we have more aged people. We, as a front runner of an aging society, need to remake this social security system. When this system started we had 9 working people who support one aging person. Now we have or 2.4 working people to support one aged person, and by 2050 only 1.2 working person supports one aged person. This means that we must have a very big reform of the social system.

About 50% of the social security budget goes to

pension, 30% for health, and nearly 10% for care services. Due to changes in the demographic structure, the system is not sustainable, so 3 parties, DPJ, Liberal Democratic Party and New Komeito Party, have agreed to pass a bill for an integrated reform of the social security and tax systems, including child allowance, as this is a very important issue that our country must address.

Although many young Japanese couples would like to have 2 children, the birth rate is 1.39. It depends on the countries, but many of them are experiencing a low birth rate and increased aging people.

We need to change the social security system in order to address issues of all generation. Also, the way people work has been changing, and now nearly 40% of workers, who are mostly young people, are part-time workers. How do we help them develop their abilities so that they can be the supporters for the social system is becoming a big issue. In international conference of ILO, one of the major global topics is how we could provide decent jobs to the young people.

In the reform of the social security system, we need to create a participatory society where everybody can make the most of their ability to work and contribute to the society. For this, we need to secure stable sources of revenue by the consumption tax increase. This way, we can stop putting off the financial burdens to future generations.

These are the measures that we are taking for the reform. Some of your countries still have

increasing younger people, while others are facing an aging society with a decreasing low birth rate. Hopefully, our experience in Japan would be helpful to solve the situations in your countries, and I hope over these 2 days we can share our knowledge and wisdom.

I stepped down as the Minister of Health, Welfare, and Labour yesterday, but as Senior Vice Chair of JPFP, I have been engaged in population

and gender issues, under the leadership of Mr. Fukuda and would like to make concerted efforts with you.

I am confident that this meeting will be very fruitful and wish APDA and AFPPD prosperity in their future activities.

Thank you very much.

## OPENING CEREMONY

### *Address*

**H.E. Akira Gunji**

Minister of Agriculture, Forestry and Fisheries, Japan

---

Good morning, ladies and gentlemen. I have heard of these organizations and activities, but I was not personally involved in these occasions. Today being invited to this meeting, I really feel that I missed a lot of opportunities until now. Mr. Kano is a predecessor as the Minister of Agriculture, Forestry and Fisheries, and I have been serving as the Minister since 4 months ago. As Ms. Komiyama, former Minister of Health, Labour and Welfare, mentioned that the population of Japan is predicted to be reduced by half, which is an unusual path as a developed nation.

When we look at global situation, according to some estimate, the population of the world expected to reach 9.3 billion by 2050 and most of that increase will happen in developing countries. Food production will need to be increased by 60% to support that population increase.

Currently, the production of food is sufficient to feed all the people in the world computationally, but our wisdom is not fully used for that purpose. As a result, about 1 billion people in the world are suffering from hunger. This hunger problem already exists, and we have to fully consider food security issues in this context.

At present, the sectors of agriculture, forestry and fishery are really a key to many developing countries. In order to reduce hunger and poverty, which may already exist at present or will take place in the future, and address the issue of global environment, it is vital to promote

agriculture, forestry and fishery. To that end, we need to fully utilize such resources as land and water in respective regions and increase agricultural production and improve its sustainability in a way that matches various agricultural conditions in different regions.

We, Ministry of Agriculture, Forestry and Fishery, have been working for securing ODA budget and dispatching experts, in close cooperation with Ministry of Foreign Affairs, JICA and other international organizations. We have been providing assistance in order to contribute to improving agricultural productivity and development of rural communities in developing countries.

The world population is expected to increase drastically in the future, and in order to tackle such global issues as environment, infectious diseases and energy, we need to solve the population issue and also establish stable food production systems.

APDA and AFPPD are really expected to tackle those issues not only in Asian countries, but also in the world. In commemorating the 30<sup>th</sup> anniversary and it is the 28<sup>th</sup> meeting. Taking today's opportunity I hope under the leadership of Mr. Fukuda, I would like to take part in JPFP and tackle the problem together. I hope this is going to be a constructive and fruitful meeting.

Thank you very much.

## OPENING CEREMONY *Address*

**Dr. Naomi Seboni**

President/Chairperson of IPPF

---

It is my great honour to address this very special meeting. Let me start by congratulating you on behalf of IPPF. The Asian Population and Development Association (APDA) has been addressing population and development issues and building a sustainable society for the last 30 years. We at IPPF are also celebrating; this year is our 60<sup>th</sup> anniversary, a milestone year for both of our organizations.

Sixty years ago, a group of women and men started to campaign vociferously and visibly for women's rights to control their own fertility.

It was an idea which challenged many social conventions. Campaigners faced great hostility to gain acceptance for things that we take for granted today. Some were imprisoned. Sixty years on, they would be gratified to know that we are a Federation of 152 Member Associations, working in 172 countries.

When we look at how organizations such as ours, and those who support us, have affected people's health and well-being over that time, we can be justifiably proud.

### **IPPF and Japan's collaboration**

Japan has been one of our strongest supporters — both in general funding, and in finding innovative approaches to our issues. Japan has shown the world how promoting sexual and reproductive health and rights can enhance human security. As the President of IPPF I would like to take this opportunity to thank the Japanese government and Japanese parliamentarians for their leadership in global population and reproductive health issues and

their long-standing support for IPPF.

### **Population, climate change and ageing**

Last year a baby was born whose birth marked the moment when our population reached 7 billion. The birthday may be emblematic, but the demographic marker it symbolises is startlingly real — there are now twice as many people alive on earth as there were as recently as the 1960s.

But behind the 7 billion figure, there lies a complicated demographic picture — one that masks huge disparities. The current rate of growth means that there are 78 million more people every year. Nearly all of that growth — 97 out of every 100 people — is occurring in less developed countries.

In developed nations, on the other hand, population growth rate has largely stagnated: in Japan and Europe for instance, fertility rates are about 1.5 per woman, bringing with it concerns about lower fertility and ageing.

This population milestone should also serve as a catalyst to tackle inequalities such as gender inequity and the global consumption gap — nearly half the world (48%) lives in poverty on less than the equivalent of US\$2 per day, including 80% of people in the Democratic Republic of Congo and 65% in Uganda.

The risks to the health of mothers and children in the less developed world are very great, and they put further pressures on government resources — as the evidence all too clearly demonstrates:

In the less developed world, birth rates are higher, the population is younger, a far greater proportion of young women give birth, maternal mortality risks and child mortality are shockingly high, contraceptive use is very low, there is a substantial unmet need for contraception, and the number of health staff per head of population is almost inconceivably small. Of course, the numbers of those living in poverty are huge.

I come from Botswana, and I witnessed at first hand how young people there, especially young women, face many challenges to their sexual and reproductive health, including high rates of maternal mortality, increased risk of violence and HIV -the second highest HIV prevalence of any nation.

The position of women in many developing countries is one of disadvantage and unequal rights. Their right to make choices about their own sexual and reproductive health, for themselves, can be severely curtailed – by culture, by custom, by economy or by the fundamental infringement of their basic human rights.

A young girl – perhaps as young as 12 – who falls pregnant will rarely return to school. She will lose the precious opportunity which an education affords to advance into a skilled trade or profession.

She will, in all likelihood, spend her time struggling to deliver to her family the basic food and water and shelter they demand. With limited access to contraceptives, the likelihood is she will have more children. Her own health may suffer if she has no access to proper medical intervention during childbirth. With more mouths to feed, the pressure on her, and on the land and resources that her family grazes or farms, will become ever more burdensome. The land itself becomes more

impoverished, and as the land becomes more impoverished, so does the community as a whole. More people, more competition for fewer resources: what follows inexorably is the potential for conflict. When the essentials of living are scarce, people fight to secure them.

From one girl's story to the story of impoverished communities and nations, conflict, and a global crisis of sustainability, the issue of women's rights to control their sexual and reproductive health is absolutely central to every aspect of human survival.

Climate change is one of the major threats to human well-being and sustainable development, especially for the poor and the most marginalized populations. I am deeply concerned that major climate change conferences have yet to make the vital link between women's health and reproductive rights and the sustainable development of communities.

### **The Family Planning Summit and the post 2014 agenda**

At this year's Family Planning Summit, however, we saw some real progress. IPPF made an unprecedented commitment to treble the number of women's and girls' lives saved each year by 2020.

By 2020, IPPF's family planning services alone will have saved the lives of 54,000 women and girls, averted 46.4 million unintended pregnancies and prevented 12.4 million unsafe abortions.

Additionally we promised to expand our existing network of 64,000 clinics and community-based outlets to ensure we meet the needs of the poor and vulnerable. We will also triple our services to young people by 2020, and make commodities more affordable.

The Summit provided us with focus and priority to fast track achievement by 2020, and to ensure sexual and reproductive health and rights have an undisputed place on the post-2015 development agenda. We believe that next year's TICAD V will give us an ideal opportunity to put our words into action. We look forward to working closely together on that, with our partners including the Japanese government.

### **Looking ahead**

The Millennium Development Goals (MDGs) will have run their course in 2015. But the central goal of the International Conference on Population and Development in 1994 was not incorporated until 2008. That goal was universal access to reproductive health. As a result, a key strategy to reduce poverty, to improve maternal and child health, and to promote gender equality was completely missed for nearly 10 years after the Millennium Summit, and efforts to promote family planning and reproductive health stalled.

One of IPPF's primary objectives right now, which will have a massive impact on the organization's work and the health of the world beyond 2015, is make up lost ground and to ensure that sexual and reproductive health is placed at the very heart of the development agenda by working together with other partners including

parliamentarians, governments and the private sector.

This a golden moment for reproductive health and rights — for the next couple of years, especially this year and early next year is the most crucial period for us to make our case at international high level consultations. I would urge you to go back to your own countries and communicate the outcome of this meeting to forthcoming international forum.

Today, there are 1.8 billion adolescents standing at the crossroads between childhood and adulthood -- making up the largest youth generation in history. The choices this generation makes will shape not only their lives, but will have a direct impact on the future of their communities, their nations, and the world around them. At this point in our history as an organization, and at this point in history, we need to make a vigorous stand for the universal adoption of sexual and reproductive health and rights policies.

The stakes are high and your actions now will make a difference for future generations. We at IPPF will be very happy to collaborate with you at national and grass-root levels to make it happen.

Thank you.

**OPENING CEREMONY**  
***Address***  
***How to Mainstream ICPD into the Post-2015 Agenda***

**Dr. Babatunde Osotimehin**  
Executive Director of UNFPA

---

Thank you very much. Let me pay tribute to Former Prime Minister Fukuda for great leadership. We would not be here but for his vision that has provided to this organization. I would also like to acknowledge to presence of Former Minister Komiyama. I would also like to take this opportunity to thank the people and the government of Japan for what they have continued to do in the area of population and development, especially as related to human security.

We at UNFPA appreciate the support we get both in terms of finances and political support. It is crucial for us to have the political support because, as you know more than I, our issues are very sensitive. Because we have great supporters like Japan, we have been able to make quite a lot of achievements in that area.

Excellencies, honourable parliamentarians, ladies and gentleman, it gives me great pleasure to address your august assembly today which is the 30<sup>th</sup> anniversary of your association. The 28<sup>th</sup> Asian Parliamentarians' Meeting on Population and Development could not be timelier. 2012 marks the ten year review of the Madrid International Plan of action on Ageing (MIPAA), which is of great relevance to this region. It is also the year within which preparations are underway for the ICPD and the MDG reviews, and for the beginning of discussions of the post 2015 Development Agenda as I will elaborate later. Next year will witness the High Level Dialogue on International Migration and Development to be conducted at the UN General Assembly. Your meeting therefore comes at a turning point to

engage in dialogue on policies and promote debate on the relevance of population issues in the broader development framework and in the Post MDG /Post 2015 development agenda.

Unlike the earlier two World Population conferences, the ICPD POA redefined demographics and population issues primarily from a sustainable development, human centric, and gender sensitive standpoint. It did away with demographic targets and coercive policies and brought people back to the center stage of development. Unlike the earlier two conferences, it redefined population policies from a human well-being and rights perspective, giving due attention to critical issues of gender equality, reproductive health and reproductive rights. Unlike the earlier conferences, the ICPD also called for all constituencies in society to play their public policy share and assume a stronger and more engaging role in bringing about the desired policy, programme and reality change.

This largely explains why many Parliamentarians, including many Asian Parliamentarians were in Cairo when the Programme of Action was adopted. In fact, many helped draft it. This also explains how Parliamentarians have been able to play a crucial role in bridging the gap between the people and the Government, to advocate for the rights and needs of the people, and to make laws to promote and protect these rights. This finally explains how Parliamentarians were able to mobilize the necessary resources and create the enabling environment to meet people's needs. Parliamentarians today, as they implement the ICPD POA, they can help defend

and advance gender equality, and women's empowerment; and eliminate all forms of discrimination, coercion and violence against women. They can also help, as I will highlight later, better position population and reproductive health issues in the post MDG and post 2015 development agenda, because there simply cannot be development without due attention to population and reproductive health and reproductive rights.

No wonder then that when the General Assembly approved the review of progress of the implementation of the ICPD POA, it took a conscious decision to retain and maintain the POA beyond 2014.

### **The Interface of the MDG and ICPD POA Reviews**

The conjunction of the ICPD beyond 2014 Review with the assessment of the performance and delivery of the MDG framework offers an unprecedented opportunity for us to look back at the journey we have travelled since Cairo in 1994 and since the Millennium Declaration was adopted in 2000, to ascertain the achievements and limitations of the MDG framework, to draw lessons from both processes, and to move towards a mutually supportive, human rights and equality based, sustainable development agenda.

Seen together, the ICPD Operation Review beyond 2014 and the MDG 2015 process are multifaceted and at different levels of depth, inter-dependence and synergy. It is in this context that the ICPD Operational Review (OR) will contribute to shaping up the post MDG and Post 2015 Development Agenda in terms of consultations, lessons learned, substantive and policy analysis, and advocacy through shared constituencies and interest groups, including government, civil society, youth groups, Parliamentarians and UN country team.

The timing of the Operational Review, its universal and multi-partner and multi-layer character and its consultative nature are all but added values to the Post MDG and Post 2015 global and national consultations and discussions and in designing the architecture of the beyond 2015 development agenda.

### **ICPD Issues as Part of the Post MDG/Post 2015 Development Agenda**

The MDG framework has galvanized the world's attention since the adoption of the Millennium Declaration. In fact, well-defined, measurable, manageable and focused goals and targets have been quite attractive globally. Goals and targets, including Goal 5b in connection with universal access to reproductive health, have influenced global and national development policies, resource allocations and development accountability and benchmarking.

However, while significant progress has been made on a number of fronts, significant challenges are still haunting the world community when it comes to achieving "the Future We Want for All". Indeed, the same reviews have highlighted the critical importance of overarching guiding principles such as human rights, equality and sustainability, which were missing from the MDG framework, and which represented the very premise of the ICPD POA as stated earlier.

Also missing from the MDG framework were complementary and necessary policy areas, such as:

- a) Inclusive economic growth (regarding employment, productivity and others), and
- b) A significantly greater and sustained investment in the social sector (education, health including reproductive health, water and sanitation and shelter).

I am confident that you, as Parliamentarians, you will agree with me that investment in the social sector and in bridging growing and expanding structural social and economic disparities within and across countries is both a process and an ultimate dividend and outcome of human and sustainable development.

Within these two complementary policy and programme areas, two intermediary overarching goals become critical and indispensable for the post 2015:

- a) Curbing the sources of inequality and bridging disparities, among and particularly within countries, and
- b) Supporting groups who happen to be structurally at a disadvantage, mostly women, age groups in need such as the youth and the elderly, female adolescents and marginalized and vulnerable groups (the bottom 20%).

It is in this particular context that the POA provisions and population and reproductive health issues become central to development and should be considered an integral part of and of paramount policy significance to the post-2015 development agenda. Such issues should be considered from a two-pronged policy perspective:

- a) Managing evolving population dynamics, including changing population structures, population movement and distribution; and addressing the development needs of special age groups such as youth and the older people, as they have tremendous bearing on macro social and economic development and sustainability processes and outcomes, and
- b) Bridging disparities and ensuring access to reproductive health and protection of reproductive rights, within a gender equality perspective as they represent a critical challenge for achieving dignified human

development and wellbeing for all.

A post-2015 development agenda should therefore consider adopting measurable targets regarding achieving better education, sustainable job creation, and the removal of barriers to accessing reproductive health services for improving young people's opportunities and their wellbeing, and for maximizing their contributions to society.

The above goals can and should be facilitated by "enablers" including:

- a) achieving peace and security (at the global, regional and local level);
- b) securing macro-economic and financial stability (primarily at the global level; examples include access to markets and mutually beneficial trade terms, access to technology and so on);
- c) committing to participatory and transparent governance at the national and sub-national level; and
- d) committing to environmental sustainability (including strengthening cushioning and improving disaster management knowledge, technology, structures and practices).

Finally, it is critical that the issue of data availability, provision of scientific evidence for policy dialogue and policy development, and clearly defined, robust and policy relevant indicators is given due consideration in the post 2015 development framework. Monitoring progress and accounting for impact or remaining gaps is an indispensable management and governance tool as it enables countries ascertain the performance of their policies and the quality delivery of their strategies and intervention programmes.

Honourable Participants, Ladies and Gentlemen  
While we await the findings of the ICPD

Operation Review, and engaging fully in the post MDG and post 2015 review and forward looking process, I wish to take due note of and grandly appreciate the tremendous work Parliamentarians have done so far.

In that regard, we find good reasons to acknowledge many commendable accomplishments of Parliamentarians, and certainly Asian Parliamentarians in the past 17 years in promoting and upholding the cause of population and reproductive health issues and mainstreaming them in the broader development agenda.

Indeed, relevant to your mandate and area of public policy formulation, legislation and advocacy, a number of realizations could be mentioned. I could mention examples of

reordering population and development policy priorities in your respective countries and constituencies, passing laws at national and sub-national assembly levels to protect, uphold and promote reproductive rights, gender equality, and youth friendly information, counselling and reproductive health services, and advocating for a rights based, human faced, gender balanced and socially equitable sustainable development.

We look forward to our enhanced collaboration and partnership and to supporting your policy and advocacy effort in the context of the ongoing review processes and in mainstreaming population and reproductive health issues globally and more so in your respective countries and constituencies.

Thank you.

## **SESSION 1**

# **ICPD Progress and the Post-2015 International Development Agenda**



## SESSION 1

### *Japan's Contributions and its Future Perspectives*

#### **Dr. Shiro Konuma**

Director of Global Health Policy Division  
International Cooperation Bureau, Ministry of Foreign Affairs

---

#### **Curriculum Vitae:**

Dr. Shiro Konuma is currently Director of Global Health Policy Division at the Ministry of Foreign Affairs of Japan. He graduated from Faculty of Medicine, the University of Tokyo in 1992 and worked for the University of Tokyo Hospital until joining the Japanese diplomatic service in 1994. In 1996, he studied at INSEAD in France. Prior to his current assignment, he was Counsellor of the Permanent Mission of Japan in Geneva, responsible for development and macro-economic issues in the WTO and other trade related organizations.

---

As Director of Global Health Policy Division of Ministry of Foreign Affairs, please let me talk about what we do. We are focusing on health, and to be frank, the Millennium Development Goals (MDGs) are exactly what we do.

In other words, MDG4 to reduce the under 5 mortality rate to one-third of its 1990 level by 2015; MDG5 to reduce the maternal mortality ratio to one-quarter by 2015; MDG6 to combat HIV/AIDS, malaria and other diseases. Under this mission, I am in charge of the Global Fund to Fight AIDS, Tuberculosis and Malaria and GAVI Alliance focused on saving children's lives and protecting people's health by increasing access to immunisation in poor countries.

Last week I was at the United Nations General Assembly High-Level Meeting. Under the Secretary-General's initiatives, "Every Woman Every Child", the Secretary-General hosted the high-level meeting on polio, and I attended the meeting as an assistant to the Minister.

In terms of population issues, I am in charge of UNFPA and IPPF. The center focus is the MDGs, so we focus more on HIV/AIDS and family planning.

When the ICPD was held in 1994, it was when I joined the Ministry of Foreign Affairs, after graduating from the Faculty of Medicine and working for the University of Tokyo Hospital for 2 years.

At that time, Foreign Minister Kono participated in the ICPD as well as the NGO Forum that was held in conjunction with the ICPD. He presented Global Issues Initiatives that Japan launched, and Japan thought very highly of this conference.

From the population point of view, ICPD was an epoch-making conference, which covered the economic, social and philosophical perspectives, and also established very clear and concrete indicators.

I was quite surprised and impressed at the perspective that the population issues could provide so that we could take comprehensive measures for such big issues. I think this is why ICPD Programmes of Action have been followed –up as they should be.

Let me talk about the ICPD Follow-up and how the MDGs have been taken on from the ICPD. ICPD has been closely followed-up from the ICPD+5 to ICPD +15. Progress against indicators

has been included in the World Population Prospects.

The MDGs have 21 targets and 60 indicators, and those targets were taken from the ICPD PoA. In specific, the Programme of Action's Chapter 8B talks about existence and health of children – that is an important objective to reduce the gap in children's health between developing and developed countries; that became the MDG4.

Chapter 8C covers with women's health and safe motherhood, aiming at reducing maternal mortality by major proportions – which is MDG5. It is predicted that MDG4 and MDG5 are particularly difficult to achieve and that they will remain on the international agenda even after 2015.

Then, what was not carried over from the ICPD to the MDGs? First, it is reproductive health, as Executive Director Dr. Osotimehin mentioned earlier. The MDGs include reproductive health as Target 5B: Achieve universal access to reproductive health. It was not included in the MDGs in 2000, but was later included in 2007, thanks to UNFPA and IPPF's great efforts, to which I would like to pay my respect.

The second is the achievement on primary health care, which is coming into spotlight in the field of health. As you find in MDG6, while infectious diseases remain as a major issue, non-communicable diseases (NCDs) are becoming the focus of the issues.

NCDs are life-style related diseases including high blood pressure, chronic lung diseases and diabetes. Due to economical growth, accompanied by changes of People's diet, life-style related diseases are increasing even in developing countries.

Last year, the UN Secretary-General hosted a

high-level meeting on non-communicable disease prevention and control, and it was agreed to pay greater attention to deal with NCDs.

All told, how to improve maternal and child health, as in MDG4 and MDG5 which are lagging behind, and how to deal with the emerging issue of NCDs is a big challenge in the health sector.

The universal health coverage that allows all access to health services is one of the effective measures to solve this challenge. This centers around improving access to primary healthcare services including preventive health education at an affordable cost.

There are many diplomatic initiatives that are trying to make the universal health coverage a main theme of the post-2015 development agenda. For this purpose, some countries are trying to prepare a draft resolution to be approved at the UN General Assembly. Thailand and Indonesia are among those countries.

Third is the issue of nutrition. The MDGs target to reduce hunger by half, but it is different from the nutrition issue that we are working on. The ICPD aims to improve the health and nutritional status of infants, children, pregnant women, breast-feeding mothers.

In response to this, "Scaling Up Nutrition" is a new initiative that we have. It emphasizes on the right nutrition during the first 1,000 days after a woman's pregnancy to reduce the infant mortality rate and shape healthier futures. Japan is also involved in this initiative, and it is among the issues that are receiving much attention. The food security issue is also one of them.

In other words, the importance of those issues which were not articulately taken over to the MDGs from the ICPD has been recognized and

re-emphasized for action.

I just pointed out what were taken from the ICPD to be included in the MDGs and what were not. This demonstrates that ICPD is very comprehensive. In the health field, as I mentioned earlier, Chapter 8A includes both primary health care and health care, which cover clean water, sanitary facilities, nutrition and communicative diseases such as TB and malaria, cigarettes and alcoholic drinks that can cause NCDs, vaccination promoted by GAVI. Primary health care is to ensure universal access to basic health care at an affordable cost. The ICPD is very compact, comprehensive and to the point in terms of what is necessary for the health areas. That is the ICPD Programme of Action.

Since some important points were left out in the transition process from the ICPD PoA to the MDGs, some initiatives have been initiated to complement the MDGs.

Why were some important points left out? I would like to share my views and would appreciate your comments. I think that in the 1990s, we had a major turning point. Western donor countries were suffering from "aid fatigue", but after the ICPD they made a comeback. In this trend, the MDGs were launched, which I think resulted in more result-oriented and more focus on charity than the development process. As an example at the time of the millennium, there was a campaign called "Jubilee 2000" to encourage creditor governments to cancel the debts of developing countries. I would like to go further to explain about reproductive health and infant mortality rates against this backdrop.

MDG4 aims at the infant mortality reduction, but from the viewpoint of charity, all we need to do is just reduce it. However, if we see this from the viewpoint of the population issue, what do you see? Reducing the infant mortality rates is a

wonderful thing, but what will happen after children are born? There were no indicators for nutrition in the MDGs. Can they grow properly? Can they get education, job and get engaged in economic activities?

Another problem is unwanted pregnancy, which is related to infant mortality rates. Again, we should look at this issue from the viewpoint of the population issue. One of the solutions is family planning but it is difficult in terms of political, social and religious implications.

I just showed you how population issues can give us a different point of view in terms on the indicator for infant mortality. From the charity perspective, saving lives is good enough, which is quite different from the population issue perspective.

Population issues give you a philosophical way of thinking and make you well grasp the whole picture, even with philosophical dilemmas. How human beings should live – this kind of philosophical viewpoint will help us think about important development issues.

In the ICPD, reproductive health is recognized as people having "the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility". I think this is a great description, but it is very sensitive issue, so it was not included in the MDGs at the beginning.

Although I have talked about the negative points of the MDGs so far, I would like to talk about the positives. Thanks to MDG, international policy objectives that we should work on have been simplified and become clearer. This is why donor

countries overcame donor fatigue and re-started providing large amounts of aid. Especially in the area of health, various private foundations including the Gates Foundation came in, and plenty of funds have come into this area. In just ten years it has multiplied. This has led to competition among different international organizations to get that fund

The MDG-related activities have been strengthened. Nevertheless, it was not considered enough, so new public-private partnership initiatives including the Global Fund and GAVI were created. Aid-effectiveness has also become a key issue.

As for the maternal and child health, there is a fear that these targets may not be achieved; nevertheless, with great efforts by many people, the MDGs have contributed to saving lives.

Now, let me talk about Japan's contributions to the MDGs. Japan highly values the MDGs and has expended full cooperation to achieve the MDGs. In 2010, Japan committed US\$5 billion in 5 years for maternal and child health and public health areas, and we are implementing this commitment up to now. For the Global Fund, we committed US\$800 million and out of this, US\$450 million has already been provided.

Japan, of course, has always committed to the ICPD PoA, and also we appreciate the efforts made by APDA, AFPPD and JPPF. Even when reproductive health and family planning were not incorporated into the MDGs, Japan was a top donor to UNFPA and IPPF, and is still one of the top donors. Now, because of fiscal difficulties, our funding has remained at the same level at best, but we try our best not to decrease it.

Let's us look at the post-2015 development agenda. Japan has been contributing a lot to the ICPD PoA and the MDGs and is having meetings

with like-minded countries to exchange views on the post-2015 international development agenda.

Earlier, I touched the concept of human security, which is a philosophical viewpoint, and would like to further go onto explaining the significance of human security from the Japanese Government's point of view.

MDG does not have a cross-cutting principle that goes beyond each of 21 targets and 60 indicators. For example, each person's dignity and life is closely related to human security, but is not articulated in the MDGs. Therefore, we have to try to related targets of the MDGs to each other.

However, as I mentioned earlier, some important elements were left out. The downside is that the MDG-related programmes are undertaken with a silo approach, and it is prevalent in the area of health. For instance, ARV is important because it saves lives. It is easy for donors to see that if we provide ARV, people will be saved.

Then, what will happen is that funds will be concentrated on ARV provision. Now, from the donors' viewpoint, it is easier for the government to explain it to the taxpayers. All the funds will be concentrated in that area, and so are the talents. Internal brain drain is being pointed out in various articles and magazines like *Foreign Affairs* and *Lancet* and so forth. Cross-cutting philosophy, or human security approach, is key to the post-ICPD agenda.

As H.E. Minister of Foreign Affairs also mentioned in his address in the opening ceremony, in formulating the post-2015 agenda and addressing the MDGs, it is important to have the population viewpoint. Especially, we should work on family planning seriously.

There is a welcome activity in this regard. One

example is that on July 11 of this year, the UK held an international conference on family planning which aimed to launch a new wave of family planning policies to mobilize political commitment and resources. Many heads of the developing countries participated in this summit and made a major declaration for their political commitment. From Japan, the Director-General (Ambassador) for Global Issues attended the summit and delivered a message. On that occasion, the participants spoke of their expectations that Japan, which has contributed to family planning issues for 40 years, would make further efforts on this issue. We consider this as an important homework and would like to work on family planning, as well as TICAD and population issues.

Finally, the population issue is very comprehensive and philosophical issues. I would like to point out the importance and difficulty in dealing with this issue.

Following the family planning summit in the UK, remarks by Secretary of State for International Development were criticized by the tabloid journalism. It was something like: "If the population is controlled by family planning, then unwanted pregnancy can be suppressed, which will lower the cost for the education of young people and will be very cost-effective". However, some NGOs were really critical of the remarks. This shows that family planning is always beset with this kind of sensitivity.

As in Minister's address in the opening ceremony, in dealing with the population issue — very important, philosophical and comprehensive issue — it is extremely important for parliamentarians to take action, express themselves and send the right message to the people. I would like to take this opportunity to listen to your views and comments, on which I would like to cooperate.

Thank you very much for your attention.

# SESSION 1

## *ICPD PoA's Progress and Review in Asia: Focus on Family Planning and Unmet Needs*

### **Ms. Nobuko Horibe**

Director of the Asia and Pacific Regional Office, UNFPA

---

#### **Curriculum Vitae:**

Ms. Nobuko Horibe was appointed Director of UNFPA's Asia and the Pacific Regional Office in September 2008. Her UN career began with the UNDP in Barbados. Since joining the UNFPA in 1987, she has worked in a number of countries in Asia, as well as at the headquarters of UNFPA, UNOPS and UNODC in New York and Vienna. Prior to joining the regional office, she was the Deputy Director of the Division for Oversight Services (DOS) at the UNFPA Headquarters.

---

Honourable parliamentarians, ladies and gentlemen, it is my honour to have this chance to present the progress and challenges of implementing the ICPD Programme of Action focusing on Asia and the Pacific and I would like also to focus more on family planning as Dr. Konuma mentioned recently that there was a renewed attention on family planning and its cost effectiveness in various areas beyond health. I will first talk about general progress in ICPD areas and then move on to more health areas and some suggestions for the future.

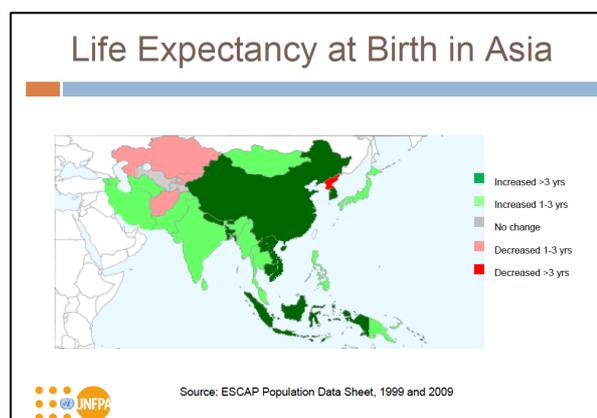
#### **Population Dynamics in Asia and the Pacific**

The Asia and the Pacific region accounts for about 60% of the world's population. It is diverse and has wide disparities and stark contrasts. The region is home to the largest populations such as China (1.3 billion), India (1.2 billion) and Indonesia (238 million) as well as countries with very small populations such as Tokelau (1,170), Niue (1,549) and the Maldives (300,000). The region is faced with the largest number of young people (close to 1 billion between 10-24 years of age) as well as the rapidly growing old people. Urbanization, internal and international migrations are occurring at an unprecedented pace across the countries as well.

Furthermore, the region is also most disaster-prone with its attendant risks to human populations. The region, nonetheless, made much progress in terms of economic, educational and health status, although many challenges remain.

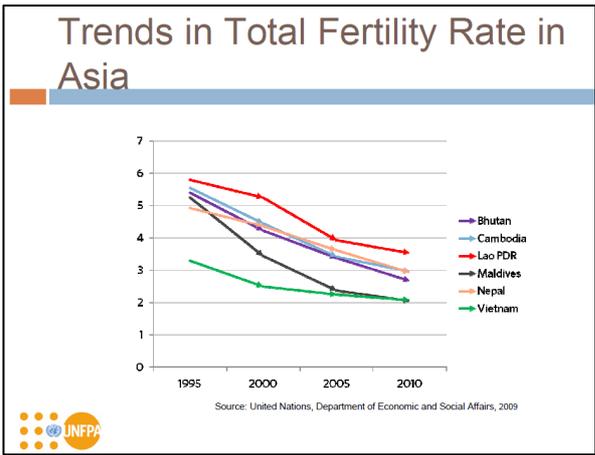
I would like to share some of the progress since 1994. Seen against the wider picture of the world, the Asia and the Pacific region was both among the more advanced and the least advanced regions in terms of population indicators. This trend continued and there are considerable differences in terms of achievements, measured 18 years later.

Life expectancy has gone up overall, with a few exceptions, and the lowest rate now registered is



that of Afghanistan with life expectancy of both men and women at 44, whereas the highest rate among developing countries in Asia and the Pacific has increased to over 70 years for both men and women.

Total fertility rates (TFRs) have fallen in almost all countries in the region, and even in a country like Lao PDR, the TFR has fallen sharply from 6.7 in the early 1990s to current level of 4.5. Some of the countries have fertility rates that are considered as very low and some governments are trying to implement a set of new policies that would address the challenges of rapid ageing and even the possibility of a decreased population size.



On the other hand, and due to the population momentum, Asia is projected to add a billion people over the next 40 years, with a large increase in the older populations.

The contraceptive prevalence rates have also improved significantly, but rates of improvement varies very much from country to country, and I will come back to that with more details.

The slide shows difference in life expectancy improvement. It shows the countries where life expectancy increases 1-3 years and also countries which have shorter life expectancy. In Afghanistan and Central Asia, the life expectancy

has reduced because of war and malnutrition and other reasons.

If you see indicators for women’s empowerment, Southeast Asia does not show much difference but South Asia has little improvement in terms of the number of employees in non-agricultural economic activities. But this does not capture the payment and so on; just the number of people who are participating.

The next slide explains the TFR trend. In many countries, the number of children per women has decreased at different pace but trend is the same. Next slide shows variation among countries for TFRs. As you can see Timor Leste is very high and followed by Afghanistan, Laos, and Pakistan, and also on the right side some of the island countries, they do have very high fertility rates.

When it comes to older people, aging is on the rise in Asia at a pace unprecedented and on a scale unmatched by that of any other region in the world. In China, for instance, the proportion of those aged 65 and above is projected to rise from 8% in 2010 to 26% in 2050. It will rise from 9% to 25% in Thailand and from 8% to 22% in Sri Lanka. In the Republic of Korea, where the population ageing process is already more advanced, projections forecast increase from 11% in 2010 to 33% in 2050, and in Japan, which already has the oldest population of all countries in the world, from 23% to 36%.

This map shows the projected picture in 2050, in contrast to 2005. Population ageing, which is an inevitable part of the demographic transition, has taken on added importance over the past decade. An increasing number of countries are more concerned about the prospects of a society with a weakened fiscal base and ever-increasing demands on social services by an ageing population. Even in countries that consider

themselves to be “young”, such as India, with 6-7% of the population over 60 years old, addressing the issue of population ageing is no farther than 15-20 years away.

Another important demographic trend in Asia is urbanization. Urban population in Asia is expected to almost double from 1.8 billion in 2010 to 3.3 billion in 2050, including the soon-to-be 4 biggest cities in the world (Tokyo, Delhi, Shanghai and Mumbai), from 2020 on. Much of the future urban growth here, as in other developing regions, will be made up of poor people. An important issue for consideration is how countries in the region will go about preparing for this inevitable urban future, which presents challenges but also development opportunities.

International migration is also a major feature of population dynamics in Asia and the Pacific, and it is mostly driven by economic motivations and the prospect of better living standards. As migration is becoming more and more prevalent, and having a large impact on all aspects of life, it should be incorporated as part of national policy frameworks, based on good data and evidence and ensuring that the rights of migrants are upheld, protected and respected.

**Where Are We on MDG5: Maternal Health and Family Planning?**

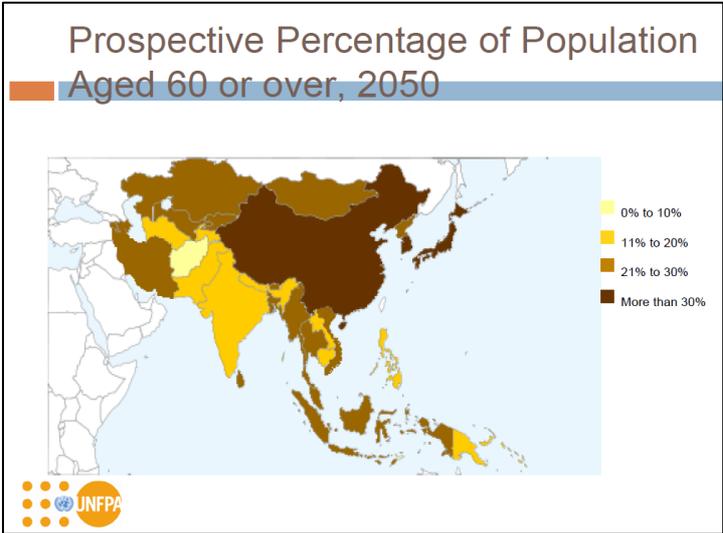
In spite of the progress, however, in-country disparities in access to health in general and in reproductive health services are worsening. The greatest health inequality today is in maternal mortality. Too many women die due to child-birth and pregnancy-related complications because they do not have access to needed information and services. The poor and young suffer most.

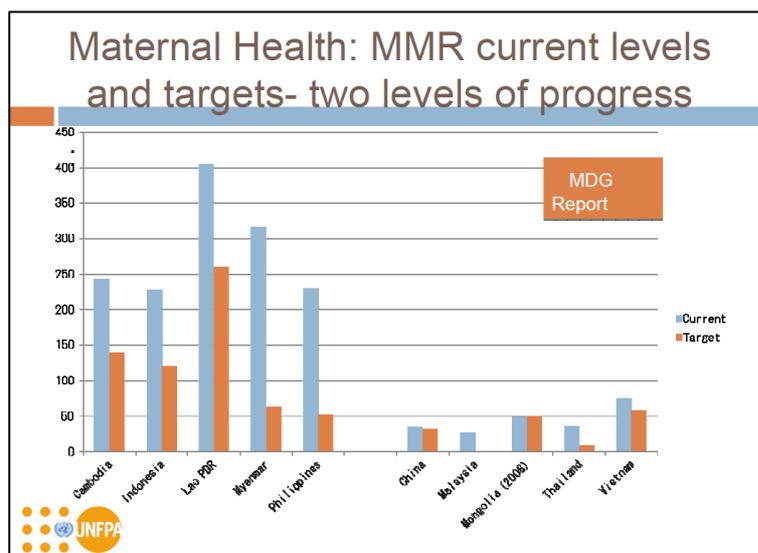
As Dr. Konuma mentioned, Target 5A existed from the beginning and Target 5B was added later to capture universal access to reproductive health, but it is an unreliable data. The second one is the proportion of births by skilled health personnel. It shows that if health care providers are there at the time of delivery, the mortality would reduce.

The universal access to reproductive health has 4 indicators, and one is the contraceptive prevalence rate. This is the proportion of normally married women who are in the reproductive age and using contraception. The unmet need for family planning captures the proportion of people who want to use contraception but do not have access or are not using it currently. In many countries, they capture mostly married women. I will mention later that

limitation of the data; there are many unmarried people who need contraception but do not have and that data as it is very difficult to collect.

Now this graph shows maternal health current level and targets for selected countries. The blue one is the current and the red one is the target, and you see in many countries there is a huge gap that we try to reduce this gap by 2015. Mongolia is very close, but other countries have still long way to go.





way, good for mother’s health and there are many other benefits, but investment in family planning has been dwindling. I will come back to it later.

Despite their proven impact on mother’s health and social and economic development, family planning has lack behind on the national development agenda. This has hindered efforts to reduce maternal deaths and morbidities, and prevent unintended

There are 3 proven strategies to reduce maternal mortality. Skilled care at birth and access to emergency obstetric care are critical for survival of mothers and their newborns. Access to skilled care at birth is low in South Asia, and access to life-saving emergency obstetric care is grossly inadequate. It is estimated that about 50% of all deliveries will have some complications and when it happens, we need to have services available and doctors stand by, but that is not the case. Majority of the high maternal mortality countries in the region show less than 50% of the deliveries by skilled providers. Afghanistan, Lao PDR, Nepal and Timor Leste report the lowest proportion of deliveries by skilled birth attendants (14-19%). Shortage of skilled human resources in the health sector is a major issue and unless this is aggressively addressed, many more mothers will die.

Harmful socio-cultural practices and patriarchal structures create barriers for women’s access to services and resources. Financial barrier further exacerbates the situation preventing many poor women to access life-saving interventions.

Another effective way to reduce maternal mortality is family planning by reducing unwanted pregnancies and abortion, and by spacing child birth. This is the most cost effective

pregnancies.

I would like to draw you attention to two indicators: CPR and unmet need for family planning. The former will measure the usage among married women of reproductive age and the latter measures the percentage of (married or unmarried) women who want to practice contraception but are unable to or currently not using it. These indicators measure two different things and not reversely co-related.

The unmet need for family planning has fallen from 18 %in 1990-95 in South and Southeast Asia but is still around 11%(2000-2005), indicating that millions of women and girls still lack access to family planning services. A majority of these are women and girls among the poor and in the age group 15-19. The region has one of the highest proportions of adolescents, and unless their needs in family planning are met, the population growth will not stabilize as projected.

Related to this is the continuing challenge of high rate of child marriage and early pregnancy, with the adolescent fertility rate not changing in the last 3 decades. This practice is very common in some of the countries in South Asia, notably Bangladesh, Nepal. Family planning, once the mainstay of population programmes, has seen a

slipping of attention. Less money is invested in family planning. It has often been alleged that the HIV took the money away from family planning, however both would benefit by providing integrated services and the vertical program of HIV was also criticized that it was not the most effective way of addressing the pandemic.

It should also be noted that where services are available, the quality is a major issue. Discontinuation rate is high and the unmet need could actually been much higher among those current users if we include them in the definition. Also, access to family planning information, counselling and services is difficult for unmarried adolescents and single women of all age groups, which is increasing in some countries, especially in Southeast Asia.

And when we talk about unmarried, we tend to think about young people before marriage, but in some countries the divorce rates are high and they are women of all ages where they are not married.

Before moving on to the way forward, I would like to summarize the challenges as follows:

- Unintended pregnancies are high (and they contribute to abortions and maternal deaths), and here the role of family planning as effective way of reducing this unintended pregnancy should be recognized
- Unmet family planning needs continue to be an issue especially for adolescents, rural, poor and socially excluded
- Adolescent pregnancy is a major issue – implications of which are not well recognized. But in some countries the conservatism makes it difficult to introduce sexuality education and providing actual counseling and services to young people. They often do not want to go to public health services. We need to work with the private sector and NGO sector to address the needs of single adolescent populations.
- Inequity in access and us; When we compare the data by different wealth quintiles or location urban/rural, there is a huge disparity, and the services are not equally available to people, and we have to make sure that every woman's right is fulfilled and every one has access to information and services.
- Availability and distribution Human resources in remote areas are problematic, particularly skilled birth attendants and specialists. That even in a country where the total number is enough, the number of nurses or midwives, where the distribution is a problem. Many people after graduation do not want to go to rural areas to provide services. In some countries, they train local young girls to become nurses so that they will stay.
- Poor quality of services – supplies, equipment, following standards of care, service providers' attitudes. First, we tend to focus on coverage, but unless the quality is good, people do not want to go there to get services. We have to improve the quality of the services. This goes for family planning too. The discontinuation rate is high, because the quality of service is not good, or sometimes its providers attitude.
- Inequitable spending: Poor pay, high Out Of Pocket Expenditures. The budget for health is very low. But within health how much goes to reproductive health, it is very difficult to follow, but it is not adequate.
- Disparities between the poor and the rich in accessing skilled birth attendants and life-saving emergency obstetric care

In terms of family planning, first, we have a slide which shows who has the high unmet needs – it is both married and unmarried young people. Also women in some countries after having 2

children, 1 or 2 or 3 children, and then they want to practice family planning, but their need is not met. Rural women and ethnic minorities, poor women have unmet needs. The data show that education differences are not so significant, but these factors vary from country to country, so it is very difficult to generalize.

Why is contraceptive usage stagnating? As I mentioned, poor quality of services is one, it is there but not attractive for women to go, and there are misconceptions, rumors, side effects, and women do not want to use it.

Lack of choice: only one method is promoted. Sometimes provider wants to promote only one available method. We have to make sure that contraceptive mix is available. They can choose what would fit most best.

The poor decision making power of woman, even though she wants to do it, the husband does not allow or mother-in-law does not allow. Young people's access to services is very limited. High discontinuation rates: by addressing this alone will decrease or increase the unmet need. Then weak national systems, logistic systems, you know, where housing forecasting, distributing, those things are, and management information system is weak.

Some of the suggestions on family planning include:

- Consider never-married people. This is more for the future and not applying to all countries, but certain countries; we never forget the unmarried.
- Consider the challenge of unmet need for better contraception among those practicing methods. If they are not satisfied now, there are potential unmet need populations.
- Find an appropriate policy on induced abortion. Abortion contributes to high

maternal death, so reducing abortion through family planning is a very effective way.

- Need to improve the quality of services and meeting unmet need among marginalized groups and in crisis situations.
- And need for effective strategies to counter-opposition from religious conservatism, and need for clarity on the roles of different government agencies and cooperation between agencies. Many countries have different offices for family planning from health. At the grassroots, they have two different systems sometimes competing or some people are not covered. We need to have clear roles and responsibilities and integrate services to people.

### **The Way Forward**

In conclusion, I would like to suggest several areas/issues to focus in advancing the implementation of ICPD PoA in the future.

First, we should be outward-looking and should not be inward-looking. This is a reflection of our work too — we have been talking to people who are supporters of the ICPD Programme of Action. But there are many discussions going on in addition to ICPD review, MDG discussions, and sustainable development from Rio Conference. We have to reach out and talk to people what it means, what population means, maternal health means for wider development agenda. Linking to the MDGs is a good example. At least 6 out of 8 MDGs have a direct relationship with the ICPD PoA. We need to “depack” ICPD PoA in a way that can be understood by others and to find its way to other forums and movements.

Especially, we need to find a way to communicate ICPD issues with financial decision-makers in the language they can understand. The resources are limited and in the current situation, the pie is

even shrinking. It is the national and sub-national level budget decision-makers who can decide where to put these limited resources. It is therefore important to demonstrate to them the mutual benefits of investing in mother's health, youth knowledge and behaviour, girls' education, male involvement, and data collection and analysis for both economic and social development and human resources development. These investments have a multiplier effect and good investments.

Second, the nature of the partnership should be expanded where south-south, north-south-south and triangular partnerships are increasingly used to benefit from the diverse experiences and successes available in the region. There are a lot of opportunities for the UN system to work in collaboration with the regional inter-governmental organizations such as ASEAN, SAARC, Pacific Secretariat and individual countries, as well as with NGOs, civil society and the private sector as they play complementary roles. The UN's role will become less of the direct provider of resources, but more of the broker and facilitator of these partnerships, where we seek to identify and mobilize, from within the region and beyond, the most suitable experience and expertise required to advance the ICPD agenda in any of the countries we serve.

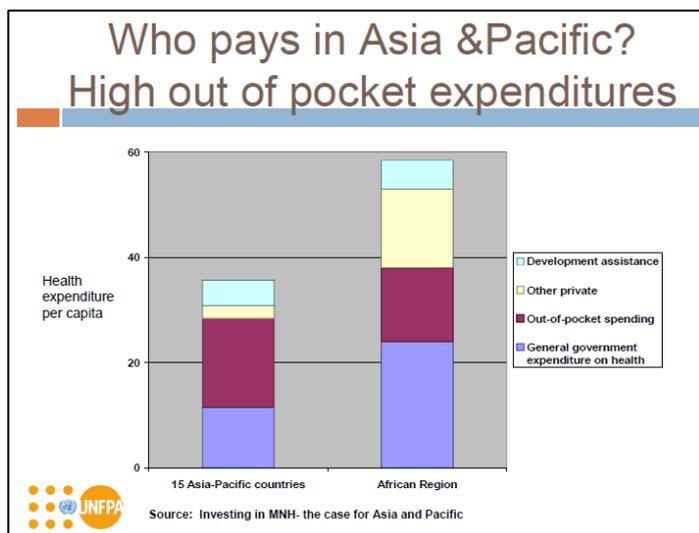
Third, in order to go beyond the declarations and into action, the governments need to cost their priorities and incorporate them into their national and sectoral planning processes. In the planning process, we may still need both the systems approach as well as the focused approach to protect the rights of the most vulnerable and marginalized and to reduce inequity. Some gap-based costing tools are available. With new data coming up from the 2010 round of census and other surveys, it is an opportune time to review national and sub-national plans in light of new data and reflect

population dynamics and interlinkages to poverty reduction in the plans.

Fourth, we should focus on strategies that worked and proven, to scale up for wider impact. UNFPA has helped develop many models. Whatever investment we make should be informed by evidence. Unfortunately many initiatives and pilots remained just that – isolated pilot projects serving their own purposes. With the right political will, social capital and financial resources, the very good models we have do stand a chance to become mainstreamed elements of national development frameworks.

Fifth, the UN and other development partners should further consolidate its resources and efforts to concentrate on a few selected areas of priorities in countries. Increased investment in family planning and reproductive health services remains an urgent priority, alongside the need to invest in young people across many sectors, if countries are to respond effectively to the challenges and opportunities we face as the world moves beyond 7 billion people. The health spending in the region, particularly for reproductive health, is inadequate, inefficient, inequitable and incomplete. The Asia and the Pacific region spends less per capita, compared to Africa, and out-of-pocket expenditures are higher. This puts the poor in a vulnerable position. Social protection schemes should be widely available.

I have a graph which shows the comparison of Asia and Africa here. The spending in health and the blue light purple is the government spending and the darker purple is out-of-pocket expenditure, down is private sector and the top is development assistance. You can see that spending in Africa is higher than Asia, and Asia's characteristic is out-of-pocket expenditure that is high. Poor people have more burdens. If something happens, they do not have money to pay.



infections, including HIV and physical and mental trauma. At the beginning, many countries deny, and then when services become available, they always try to find some falls in methodologies and so like when HIV started first denial and then we get so surprised that the number is so high. Women and girls from marginalized communities are suffering from more abuse, discrimination and neglect. It is often reported that intimate partner violence is a leading cause of increasing HIV and

As I mentioned earlier, we should pay more attention to equity issues as disparities within the countries are widening. We should promote policies that are specifically addressing needs of the most excluded and vulnerable.

Lastly, we should address gender based violence that is increasing in the region. Now, we talk about health areas, but we have to talk about social determinants of health and any other factors affecting health of mother and children. The health sector does not address this issue adequately and often health providers are not well prepared to respond to the need. Linkage to social, cultural factors make it reporting very difficult and often women and girl suffer from unwanted pregnancies, sexually-transmitted

prevalence women across much of the region to protect reproductive rights and combat gender based violence, but often they are not enforced.

Promoting gender equality and ending violence against women and girl entail concerted effort to actively engage civil society as well as the state and as partners and agents for change. We gather here as parliamentarians the importance of the political will and decision making for national development plans and processes cannot be overemphasized with each others' role and towards 2015 and beyond this Programme of Action is still a valued framework and we should all try to do our best to health for women and girls.

Thank you very much.

## SESSION 1 *Discussion*

**Chair: Hon. Toshiko Abe**

Chair of the JFPF Gender Issues Committee, Japan

---

### **Curriculum Vitae:**

Hon. Toshiko Abe obtained her MA from University of Alabama at Birmingham, and her PhD. from University of Illinois at Chicago.

She was elected to the House of Representatives for the first time in September 2005 and re-elected in 2009.

---

#### **[Chair]**

Thank you for the great presentations. I feel intimacy about this issue because we are the conservative political party and I have very hard time introducing sex education to the Diet members. It is important to introduce sex education in order to prevent sexually transmitted diseases since it is related to reproduction.

Now the floor is open. Kazakhstan, please.

#### **[Hon. Samakova Aitkul, Kazakhstan]**

Thank you very much for providing an opportunity for participating in the discussions today. Let me greet all the parliamentarians on behalf of the Parliament of Kazakhstan and express my sincere gratitude to the Japanese government and organizers of the event for providing wonderful opportunities and conditions to be here in Japan and to participate in such a great event.

I would like to emphasize that the ICPD conducted in 1994 in Cairo became the milestone in the history of population and development. Obviously, it was the first time when the issues related to the rights of women were addressed and people started talking about them. I was one of the participants of that conference and I remember that 179 representatives from different countries adopted the Programme of

Action for 20 years, was very prospective. The Programme of Action draws on the achievements in population and development issues as well as maternity health and family planning. There are 8 overlapping goals that can be identified in the MDGs. Goals and strategies, related to population and development, are the milestone of cultural, economic and social development. This all is aimed at improving the life quality and life conditions of all people. Therefore we believe that the topicality of these issues and this PoA remains, we can observe their topicality after 2015; and we believe that it should be one of the main parts of the Agenda of 2015.

Today the maternity mortality rate remains high, especially in the countries of Central Asia and Eastern Europe. Women continue to use abortion as a means to control high birth rate. Sexual and reproductive health and HIV/AIDS prevention programmes are not adequately and sufficiently incorporated. For example, in Kazakhstan, we still have problems of infant and maternity mortality. The infant mortality rate is decreasing, although it is not drastic. There are a lot of problems related to HIV and TB. We also face the problem related to environment sustainability and security.

Kazakhstan will continue to work on achieving the MDGs. The Programme of Action adopted at the ICPD emphasizes the key role played by

parliamentarians in making national policies in their countries. Kazakhstan expresses its commitment to further improve these policies. Participate in such events and to share what we are doing in Kazakhstan and what other people do in their countries. Thank you for your attention.

**[Chair]**

Pakistan, please.

**[Hon. Humayun Saifullah Khan, Pakistan]**

Thank you very much for the presentation that we heard today. Food prices in the world have become integrated. If we have drought in the U.S., this increases the price of the corn reducing the production by 14% with the prices going by 90%. This will add 44 million poor people in Africa and South Asia. Due to the world climate changes, you have more droughts, you have more rain. We do not have enough food. What are we doing about the climate change? We have to pull down on oil, gas and coal to reduce CO<sub>2</sub> and give it more to renewable energy. In 2010 the subsidy to oil, gas and coal was \$409 billion, to renewable, but it was only \$60 billion. It will be reverse. If you want to live in this world, we all have to sacrifice, and without sacrifice it cannot be done. Thank you.

**[Chair]**

Thank you very much. Next, India.

**[Hon. Avinash Khanna, India]**

Thank you very much for very good presentations. I just want to seek clarifications on one of the slides from Ms. Horibe. When we went through MMR, you have given 10 countries progress and targets. But what about Malaysia? What is their target?

**[Ms. Nobuko Horibe, Director of the Asia and Pacific Regional Office UNFPA]**

The MDG5 target is to reduce maternity mortality

by three-quarters. Thailand, Malaysia, and some other countries' targets are already achieved.

**[Hon. Bhausheeb Wakchaure, India]**

Another question, to Dr. Konuma, you talked about gaps among developing countries. Please further little elaborate on this what should be the role of parliamentarians in our constituency in our state?

**[Dr. Shiro Konuma, Director of Global Health Policy Division]**

I referred to the gaps in relation to the MDGs, and the disparities or gaps within the country were also mentioned by Ms. Horibe. This was also the problem of the MDGs, because the MDGs have only macro targets. They might have lack information about human security, each individual's dignity and life. This might be the problem of the MDGs which have left gaps internally in the country. For that we have to tackle this issue by strengthening the approach to human security.

**[Chair]**

Cambodia, please.

**[Hon. Damry Ouk, Cambodia]**

I would like to make some comment. First of all, I would like to express my gratitude to the presentation from both the presenters. Our government has been trying to accelerate the achievement of the MDGs, mostly the maternal health, child health, as well as reproductive health. According to the new report by the Ministry of Health, our first commitment to the UN was to reduce MMR from 472 per 100,000 live births in 2005 to 250 in 2015. Now according to the report by UNFPA and other UN agencies, we came to 206 per 100,000 live births in 2010. We have already achieved the targets before the deadline. Even with the MDG target for poverty reduction, we are making progress every year. We are expecting to reach our goals, even the

MDG2 and MDG3. Thank you.

**[Chair]**

Kyrgyzstan, please.

**[Hon. Damira Niazalieva, Kyrgyzstan]**

Dear colleagues, I would like to greet you on behalf of the Kyrgyz Parliament, which is one of the youngest parliamentary states in the former Soviet Union countries. Based on the laws and policies that are being adopted by the government we have made progress in improving gender equality. For example, in our parliament, out of 120 parliamentarians, 23 are female parliamentarians. I am the Chair of the Committee on Social Policy and Population Issues in the Kyrgyz parliament.

I would like to talk a little about the problems we are facing in Kyrgyzstan. As it has been mentioned, one of the biggest problems that we are coming across is family planning. It is closely related to economic and financial issues in our country, especially in the provinces and rural areas where we have high rates of maternal mortality and lack of drinkable water. I would like to take the advantage of seeing a lot of donors here and to draw your attention to two things. First, I would like you to pay attention to addressing family planning and providing quality drinkable water in this region, especially in our country. It would be good to have this kind of events in those countries which, indeed, have problems with achieving the MDGs.

**[Chair]**

Thank you very much. Indonesia, please.

**[Hon. Atte Sugandi Aboel, Indonesia]**

Thank you very much for your presentations. Japan is a donor for the MDGs activities but the amount is not increasing compared to last year. I think priority should go to the achievement of the MDGs. In order to advance the ICPD and

MDGs, it is important to strengthen longer-term partnership with developing countries. Thank you very much.

**[Chair]**

Pakistan, please.

**[Ms. Zeb Saifullah Khan, Pakistan]**

I have one question and one comment. When you were talking about maternal health and family planning, you said that sometimes women are not empowered, but I think sometimes women want children and, like myself, I have 6 children. Nobody forced me. Everybody wanted me to stop, but I like children so I have 6 children. My old age is ensured that my children will look after me. My question is that you talked about childhood and old age and the provision and the burden of the government for these two categories of the population. There is one other category, which I would like to know what Japan is doing about disabilities. Those categories of people need financial support from childhood to old ages. I am a mother of a handicapped child, and I can look after him, but for poor people it is very difficult in our country. I would like to know what Japan does from the government side for this. Thank you very much.

**[Chair]**

Bhutan, please.

**[Hon. Nidup Zangpo, Bhutan]**

My question goes to Dr. Konuma. You have stressed upon the various loopholes on our attempt for each of the nations to achieve the MDGs, but it is interesting to hear that you suggested the philosophical approach. Can you please elaborate on this philosophical approach? Thank you.

**[Chair]**

Last question from Vietnam.

**[Hon. Thi Kha Nguen, Vietnam]**

We have legislation related to gender equality in Vietnam, and my interest is the area of minority groups. There are 54 ethnic minorities in Vietnam, and some of them have very limited access to health care and reproductive health services. Vietnam's TFR is 1.9 on average but this figure varies from region to region within the country. If you go to villages of ethnic minority groups, the average number of child per woman is 4, and girls get married at the age of 14 or 15. Sometimes children within the same family get married. In terms of health and life expectancy, the numbers are quite poor. I would like to hear about what we can do to make improvements, if the parliamentarians from other countries have the same experience in terms of the ethnic minorities' health issues.

**[Chair]**

Dr. Konuma, please.

**[Dr. Shiro Konuma, Director of Global Health Policy Division]**

Thank you. First, the question by the parliamentarian from Indonesia. We have our priority on the MDG 4, 5, 6, which is well written in our Global Health Policy 2011-2015. But it lacks the approach to strengthening health systems for universal coverage. We might add this aspect to our approach 2015, and especially we have to cooperate on this issue. Last April Japan, Cambodia, Laos, Myanmar and Vietnam held a meeting and a joint statement between the 5 governments was agreed to focus on maternal health and new-births coverage. Maybe next year within Japan-ASEAN Leaders' Meeting in April, we have to discuss how to cooperate to tackle mutually on this issue of health.

And quickly to question asked by the parliamentarian from Bhutan regarding the philosophical means. The ICPD Programme of Action has a point of view in terms of how we

individuals realize dignity of life, it is lacking in the MDGs. The ICPD can complement the MDGs as the ICPD is a more comprehensive and well-elaborated approach, including nutrition, unintended pregnancy, reproductive health and other issues.

**[Chair]**

Thank you. Ms. Horibe, any comments?

**[Ms. Nobuko Horibe, Director of the Asia and Pacific Regional Office UNFPA]**

Thank you for the floor. I would like to mention a few things responding to the questions. Since Dr. Konuma talked about philosophical approach, I just want to also complement by saying that as Dr. Babatunde said at the beginning, before we are more talking about numbers of population and more macro level. The concepts of rights, women's rights, reproductive health and equity issues were not captured in the MDGs. It is an individual choice to decide when and how many children to have. It is not something that the government or somebody decides. As the Pakistani representative said, you can have one or zero or 6 children if you want or the circumstances allow. It is the individual choice.

At the same time, we have responsibility to think what is available for children and we think about good future for them to make sure that they can have a good life. It broke down from the policy of the government to the human rights. Now there are more competing issues and money gets smaller, but the needs are getting larger. It is really your role as well, within these available choices and financial resources how best to respond to the issues. The solutions may be different from country to country because one country is more disaster-prone than others. Climate change would affect every one of us, but in different ways. What is the best package to respond using national resources and public and private partnership; that is the choice we make.

We do have choice although it is very difficult one. Instead of talking vertically, we should cost it and prioritize it. It is a hard choice we have to make.

When I mentioned about south-south, it is an additional partnership. It has been traditionally north-south.

That kind of partnership makes to work and cooperate together. If something works in one country, we want to bring it to another country. To encourage south-south, not saying that this should replace the other; we should have variety. As I said, money is shrinking, so some innovative partnerships with the private sector, or young people, or IT companies should be considered to work best for certain areas. I would like to advocate the variety and innovative partnership.

Lastly, the issue raised by Vietnam is a very critical one. Although we tend to think of south Asia, when we talk about early marriage and short lives, they do have minorities in many south Asian countries. In some countries, they are called not minorities but ethnic groups. In Lao PDR and Myanmar, they consist of ethnic groups and have different practices.

First, we need to have research to find out what drives them to marry their children early. There

could be economic reasons, with no work, and parents make sure that children have secure life by being married off. Finding out reasons by research and then addressing that without any value judgment. There are some reasons and they make choices. Based on the facts, we have to decide inclusively, not just by the central government. Involve community people in finding solutions to have ownership.

Regarding the budget in family planning, for instance, many governments do not put any budgets and they rely on donors' money. But if you are serious in prioritizing it, you should put money and the community should put money and the provincial level as well. I would say, you are not alone. Many countries do have similar situations. Latin America, too. And find the best way to address the reasons why they are doing it. Early marriage and early pregnancy is a health issue as well as the right issue. If you get pregnant when your body is not ready, this will cause morbidity as a serious problem, and this girl's life would be just destroyed. Nobody objects health issues, even the religious leaders. Thank you.

**[Chair]**

Thank you very much.

## **SESSION 2**

# **ICPD Perspectives: Recommendations for Post-ICPD and MDGs Strategies**



## SESSION 2

### *ICPD Perspectives and Japanese Experiences*

**Mr. Katsuhide Kitatani**

Chair of NPO2050, Japan

---

#### **Curriculum Vitae:**

Chair of NPO2050, a Japanese NGO that deals with global issues, such as the Environment, Population, Women and Poverty.

He served in UNDP and UNFPA for 30 years, culminating in the UN Resident Coordinator, Myanmar (1986-1990), and Assistant Secretary-General and Deputy Executive Director of UNFPA (1990-1993). Concurrently, he serves as a Board member for APDA and JOICFP, Chair of Global Environment and Peace Foundation, and Women In Need, International, the USA.

---

Before the International Conference on Population and Development (ICPD) was held in 1994, the population explosion was a buzzword and we were focusing on how countries in the world can cooperate with each other in order to resolve problems arising from population explosion such as environmental destruction, food shortage and poverty. At the same time, in order to reduce poverty, International Monetary Fund (IMF) and the World Bank had initiated structural adjustment programmes. Also, Professor Amartya Sen and UNDP recommended so-called human development drew much of our attention.

Reproductive health and reproductive rights which is an epoch-making concept was introduced in the ICPD. In the past, the conventional approach was to deal with the increase of the world population as a macro problem. But rather they have switched to a new approach; those problems should be addressed as human dignity and human rights. Then the ICPD Programme of Action was declared.

Up until 1994, the world population increase was regarded as a quantitative problem, but then people have shifted their focus to high fertility, health and sanitary problem, poverty, environmental destruction, water and food

shortage, education. These are closely related to population issues and should be resolved through empowerment of people especially women's empowerment. Woman empowerment was the key word.

In the 1990s, various international conferences were held when we were forced to resolve such problems like poverty, newly emerging and re-emerging infectious diseases, global warming, and environmental problem, which arise from economic globalization. Before the 21<sup>st</sup> century arrived, the international community adopted the 8 MDGs. They agreed to reduce poverty, hunger, disease, environmental destruction, and inequality by 2015.

With the adoption of the MDGs, the international community decided to tackle those issues with specific goals, and it became easier for each government to take counter measures based on situations of the respective country.

As of 2012, certain progress has been reported for each objective. However, I have to say that it is extremely difficult for us to meet the 2015 deadline when we look at each respective situation. There are many reasons for that. First of all, due to the recession and the financial crisis covering the whole world, developed countries

have changed their policies toward ODA and external assistance. Developed countries, in particular Japan, have become inward-looking and the government has placed more importance on stimulating domestic economy rather than providing aid to developing nations. At the same time, there is a conflict of interest of various countries, and pursuing each country's gain has become more urgent and important than global perspectives or visions. In particular, there is lack of efforts in reducing maternity mortality rates and gender problems in developing countries.

In other words, the objectives were broken into smaller parts by the MDGs and because of this segmentation of the problems and goals, population issues, which are critical for the survival of the mankind, have become dispersed. Also, macroscopic viewpoint has been deluded and population issues have been placed on the back burner due to financial crisis arising from Europe.

On the other hand, the global environmental problem is getting worse and worse. Energy, food production, water issues are far from being solved. With regard to issues on human rights and dignity, women's status in developing countries remains low and maternal mortality rate has no progress at all. Many women have no access to family planning. It is only a dream for us to assure universal access to reproductive health services. In the Least Developing Countries (LDCs), the population growth rate remains high.

On the other hand, the world population is quietly and surely moving towards declining birth rate and aging. In accordance with that trend, urbanization is going on in the world, and population movement, newly emerging and re-emerging infectious diseases, and problems of youth are occurring in every parts of the world.

The world leaders have declared the ICPD PoA in 1994, but they have forgotten that commitment, vision and resolution to solve population issues. They are just focusing on resolving their internal domestic problems.

Unless all the political leaders get together and take action to resolve problems facing the world, it is quite certain that the world will head for destruction.

At present, 7 billion live in the world and out of that 7 billion, 925 million people are suffering from hunger. About 1.1 billion people have no access to quality water, 2.4 billion people cannot use improved sewage facilities. When we turn our eyes to energy problems, because of the exhaustion of fossil fuel, countries are increasingly using grain for producing biomass, which lead to conflict between energy sector and food sector in search of grain. In addition to that, the world's abnormal weather and water shortage have resulted in poor harvest, which causes price hikes posing a threat to the world.

Half of the world population is women, but in the LDCs only 24% of women can receive secondary education, only 24% of women aged between 15-49 have access to contraceptives. In 2008, when we look at the maternal mortality rate, against 100,000 births, maternal mortality was 597 in LDCs, while 18 deaths per 100,000 births in developed countries. Prejudices and inequality against women still remain and it shows that there is lack of understanding and cooperation from the men all over the world.

Forty-three percent of the world population is youth under the age of 25. About 1.8 billion youth in the world between 10-24 years old were born poor in developing nations. Those young poor people are forced to live with only 150 yen per day. Of them 100 million young people are not allowed to go to school, the reason being

they are poor.

According to the recent report by the UN Secretary-General, by the end of 2010, 75.1 million young people were not employed and even if they were employed 152 million were involved in dangerous jobs with low wages. From 2000 to 2009, 31% of women aged between 20-24 in LDCs give birth before they reached the age of 18. Every day 3,000 young people aged 15-24 are newly infected with HIV. Many adolescent girls and young women are exposed to sexual violence and sexual abuse. In Africa, 100 million to 140 million women receive FGM. This is not my opinion, but a quote from the UN Secretary-General's statement. There is also a plenty of human trafficking of young girls and child marriages.

Those young people are energetic, but they are illiterate, they have no job, they are wandering around in the streets, and they get together to seek for something exciting. You can easily imagine what is going to happen. Inevitably, there will be some instability in the society that will lead to tribal fight and conflicts, and there are many groups who will try to exploit those young people. The tragedy hits women who are exposed to danger in an unprotected manner. Those young people's lives are exposed to death very easily. The political situation in many developing countries is unstable and it is quite natural the war and conflict does not end.

The youth account for one-quarter of the world population. If they can go to school in accordance with the age, if they learn to observe the social orders, if they can find a descent job, and if they learn to value lives of others, certainly the world will make a solid step toward peace. The international community at every opportunity adopts resolutions to give education to the youth, jobs to the youth, and reproductive health to the youth. But in reality for the youth in the

developing country, life is not easy. They always hear slogans, but they are faced with very tough reality. Politicians' failure to act and indifference hurts their trust and their lives to be treated very lightly.

Those young people need: (1) the correct information about reproductive health and provision of necessary services; (2) nutritious food and information and necessary to nurture lives and live a healthy life; (3) education and vocational training to soundly develop the youth who can contribute to the society; and (4) develop the mentality to help each other, to care about each other, irrespective of the gender. These things are not easily achieved under the current international assistance framework. But there may be the ways to make the system very effective. One way is to mobilize the youth in the developed countries to provide peer education. That is to introduce mutual education and support among the youth, as well as human development projects.

For example, there is a programme of "Japan Overseas Cooperation Volunteers and Peace Corpse can spearhead such efforts. Various private organizations can launch projects to meet demands of the youth in developing countries and provide support. The World Bank, UN organizations, governments of developed countries can partner with private organizations to provide necessary fund and technologies. They can also leverage on the respective strengths and contribute to resolving the issues and challenges of the developing countries and political unrest to bring the world a little closer to the peace.

We should mobilize young people in different countries and have them study the proper way of living and provide necessary information. This will be effective in preventing against HIV and other infectious diseases. Further, education can develop the youth into very useful human

resources for the society. At the end of the day, it all hinges on whether countries and people decide to extend a helping hand or not. Can we help young people in unfortunate situations to lead a fulfilling life and bring about a bright future to the world, or should we let them live in the stagnated situation as it is. Decision on that point holds very important key towards the global future.

What I would like to emphasize to the participants today is that women's views must be reflected on the policies of social and economic development. Otherwise, the human being's future prospect will be dark. Women should at least have secondary education so that they can take part in the mainstream of development processes and have a healthy life. For that, we need the cooperation and understanding from the men.

According to the UNFPA, every year there are 80 million unintended pregnancies and 22 million induced abortions and 358,000 maternal deaths, including 47,000 deaths caused by unsafe abortions. Such tragic situations can be avoided once the family planning and reproductive health programmes permeate among women in the world.

However, that is not easy because the political will to protect women in poverty in remote areas is lacking among the male policymakers. Secondly, those living in developed countries lack the interest and spirit of compassion towards the fate of impoverished women in developing countries. There are cases in developing countries that women are controlled by men at home, and they are malnourished and underdeveloped and have experiences of being denied as human beings. They are illiterate and they cannot articulate their own wills. They are engaged in drawing water, cooking, washing and taking care of livestock and they are considered as tool for

reproduction. They have no dignity or fundamental human rights. There is no room for free will. Some of them are forced to dance in front of audience at the age of 5-6, or they are forcedly engaged in prostitutions or sold to Red Light Districts in payment of debts.

In some locations, when the world breaks out, troops on one side invade the counterparts and as tactic, strategy they would rape all the women and the local women in the area. There are some cases when FGM takes place. Honour killing within the home and abortion upon finding the baby in the womb as girl exist. There are numerous cases of such unreasonable and unequal treatments and violence targeting women. Women have to have many lives but still not enough under such circumstances.

You see these cases daily in South Asia and Africa. Those are unimaginable for those who are living in developed countries with established social development, education and health care systems. But these are still threatening women's health and lives in the world.

People in developed nations, especially in Japan, at least have to provide help to allow these women in the developing countries to fulfil their lives. We need to leverage upon sharing experiences that we gained during the period of post-World War II. We have to help women in the developing countries to avoid losing their lives upon delivery of a new life.

Japan should take initiative in the international society to disseminate family planning and reproductive health, and they should increase international assistance. Small amount of money relative to the size of economy of Japan will save the lives of women in the world.

In order to bring about peace, new lives born into the world need to be nurtured and not to be

harm by anthropogenic reasons or political omissions. More specifically, women in the world should live a healthier life, should not suffer from inequity and unreasonable treatment, and they should be allowed to raise and deliver healthy lives. They should be able to teach their children at home and in their community about the mutual love and spirit of compassion.

To this end, we need to eradicate the bias and inequality towards women and provide the support to women around the world without delay. Women's voice should be respected and reflected in international political and economic arenas. Japan should take a leadership. In order to save the lives of disadvantaged women in developing countries, we should increase ODA. In order to secure the lives and the future of our children, eliminate violence in the world, and achieve the society where women will not suffer unfair treatment, we should take step forward.

Those of you here, parliamentarians from Asian countries, have a deep interest in the population issues and work toward addressing global issues.

You are praying for the peace in the respective countries and the peace in the world. I beg you to not only pray for the fulfilment of the MDGs, but also exercise pressure on the Japanese government so that the Japanese government will utilize the experience and learning for social development in human development. Please urge the Japanese government to work on achieving universal access to reproductive health and family planning for women in the world through various projects. Such efforts will eradicate poverty, prevent global warming, and bring about peace in the world.

All we need is to increase ODA from developed countries including Japan. The Japanese government must take leadership and provide vision towards resolving the population issues. Please help Japan to regain the position as a champion in the population field. I hope you will become champions in your respective countries and express your personal commitment to the population issue.

Thank you very much.

## SESSION 2

### *ICPD Perspectives and Japanese Experiences*

**Dr. Ryokichi Hirono**

Professor Emeritus at Seikei University, Japan

---

#### **Curriculum Vitae:**

President of Committee to Aid Democracy for Peace Building, Representative of the Council for the promotion of ADP/ADG, Vice-President of International Management Association of Japan, Inc. Served as an Interpreter to the Department of State, the US Federal Government (1956-1960), Economist in Japan Management Association (JMA) (1960-1961), Lecturer and Associate Professor at Faculty of Economics, Seikei University (1961-1970), Visiting Professor at Saitama University Graduate School of Policy Science (1970-1998) and Professor at Faculty of Economics and Graduate School, Teikyo University (1999-2003).

Currently serving as Senior Research Fellow at the Japan's Forum on International Relations, Inc., Visiting Professor at the National Graduate Institute for Policy Studies (GRIPS) and Professor at Emeritus, Seikei University.

---

I just came back from Nepal this morning. I spent a week in Nepal, Kathmandu, discussing with Prime Minister, Ministry of Finance and other Ministers of Nepal, business people, Labour Unions and academia and so forth. This was my about 10<sup>th</sup> trip there during last 3 years or so. It was a wonderful trip and I am going back there again in a few months to have further discussions with the President of Nepal and Members of the Cabinet.

I am around the world for the last half century when I started my work in the U.S. teaching at the University of California, Berkeley, back in the 1950s. From then now I have been teaching around the world in Europe and South Asia in the area of economics, at Bombay University, Southeast Asia University of Philippines, a university in Indonesia, University of Singapore, a university in Malaysia and so forth. I was teaching around the world, mainly in developing countries. When I was in developed countries, I used to teach development economics.

I worked with UNDP, the World Bank, ADB, and other international organizations. My own experience around the world plus experience in

international organizations has really opened up insights into the development problems around the world. But I have been interested in Asia for the last half century as I spent so much time going around in Asian countries.

Back in the 1990s, the United Nation held a series of global conferences starting with the children's rights, human rights, population social summit, women summit, earth summit and so forth. The international community has already awakened to major issues faced the world back in the 1990s. From 2001 we have been able to move to pursue the MDGs, which were adopted back in 2000 in the United Nations. I think we all know what our goals are and what we should do in certain countries. Some countries have done better than others, of course, due to all kinds of reasons.

Please look at Slide No. 6 which says a bigger socio-economic picture around the world, and you see a very interesting picture. When you see national economies of countries both in terms of GDP and also other social indicators, the gap between the developing countries and developed countries is getting smaller. Among the developing countries there are also closer gaps

among themselves. However, the reality is that there is a growing gap. This is partly due to so-called economic globalization. This economic globalization does bring about all kinds of disparities and expose the governments and people in developing countries to globalization pressures.

I am very happy to report to you a dramatic progress that has been made in terms of poverty reduction in developing countries. Of course, this is again overall picture. When you come closer to each individual country, or even among different regions, it is different. High proportion of poverty still exists in developing countries, unfortunately. In some countries, we have been able to reduce poverty, but in others not. What is really important is disparity of income. I have been to a number of countries around the world, and I have seen that with globalization. There is a tremendous increase in disparity of income and wealth among individuals. This is true not only about developing countries, but also developed countries.

For instance, if we look at the World Bank report, the US is the worst in terms of having disparity of income. Next worst disparity is China, although China is supposed to be a communist country. The 3<sup>rd</sup> is India, and 4<sup>th</sup> is Brazil. Some of the emerging countries are also growing rapidly, and disparity of income has also grown worse.

There is tremendous youth unemployment as Mr. Kitatani mentioned earlier. These are educated people. When young educated people do not have a job, what happens: social instability. Social instability may lead to political instability, and there is no governance. It is vital to reduce this increasing unemployment among young people. I was in Spain just a few weeks ago. One out of 2 young people are unemployed, which means 50%. It is amazing. I was in the U.S. last month, and it was 25%, which means that one out of 4

young people are unemployed. Down the line, it is high even in the U.K., Italy and Germany. Germany has 12.5% unemployed among the youth.

The youth around the world both in developed and developing countries are suffering tremendous loss of jobs. This is also explained partly by the so-called economic globalization, where the private sector has to compete with other corporations and they try to reduce employment. The easiest way is to cut off the jobs for young people. University students after graduating always look for good jobs. In the U.S., one out of 3 graduates does not have a job at the time of graduation. This is a huge problem among the youth. Again, this is a tremendous pressure on the governments of these countries both developed and developing. I also saw this problem among the youth in Nepal. I just saw student demonstration in Kathmandu just a few days ago. This is very much the reflection of young people dissatisfied with what is happening around the world at the moment.

Another social threat is urbanization. Now a lot of people flow to the urban areas because of unfortunate lack of income, employment opportunities, and low productivity in rural areas. Sometimes they do not have jobs in the urban areas, they create some slums, getting to streets, causing a lot of problems or social crimes. This is again a sort of problem which we have not only in developing countries, but also in developed countries.

There are many other issues which the MDGs talk about: under-nutrition, education, countries on track or under track in terms of maternal and child mortality ratios, water and any other issues. You can find details in reports of the World Bank, UNDP, UNICEF, UNFPA and so forth, so I am not going to talk about those. Now, let me come to Japan's contributions.

As Mr. Kitatani said, Japan had a war, and I was a young boy in 1945 right after the war. As a young boy, I was so happy for this country to be occupied by the U.S. Why? Because the Americans brought democracy. Our country was authoritarian and military dictatorship. But Americans brought here a lot of things, including women's rights, children's rights, and workers' rights. The U.S. was a pioneer in the human rights at that time in the 1940s, after the war. We are very happy to see tremendous improvements in the social status of women, children, and minorities in this country. We were able lay down many of the rules of the game we joined today thanks to America's efforts after the war.

Japan became independent politically in April, 1952. After that we established the new Constitution and other rules. We were able to gain a lot of efforts to achieve equality of human rights, the quality of jobs, and so forth. First, you tackled the employment area based upon certain legislation by the parliament. Once you laws and regulations, they have to be implemented effectively and efficiently. This comes on the shoulder of the administration to meet Japanese people's needs.

First, we were able to improve ourselves so much in the employment area. Then, after that we moved out to the society and community as a whole, because in any society it takes time for people to get used to new values, new models of life. As far as you can provide tremendous benefits to employments, but at the same time you really need to improve daily life in the community.

After that, what happened? By 1968, 1969 or 1970, we were suffering tremendous air pollution in this country. When I came back to Japan in 1960, my wife, who is American and I were really complaining about the air pollution in Tokyo. We

adopted a number of laws and regulations back in the 1960s. From 1970 onward, we were able to move on much better in terms of improving our own environment, air pollution, water pollution, and soil pollution.

We moved from the so-called basic human rights on the jobs and the basic human rights in the communities on to environmental protection. These are sort of sequences we have. Certainly, I see many developing countries going through the same sequences as we have gone through in this country. As a result, in 1970 Japan becomes an integral part of the world economy through the so-called trade liberalization and investment liberalization. We have shown responsibility for the international community.

Thus, from the 1970s onward, we began to be very much interested in Official Development Assistance (ODA). At the same time, our wage improved and land cost grew high, and therefore our corporations had to invest overseas. They could not compete with other corporations by just producing in this country and they had to go outside Japan, mainly to developing countries where labour and land was cheaper. Many Japanese corporations went out of Japan and started producing goods. This really helped not only Japan in terms of competing with the rest of the world, but also many developing countries in terms of having more jobs.

We have created roughly about 5 million jobs outside Japan due to Japanese corporation investments in developing countries. It is a huge gain for these people in developing countries who are looking for jobs. Some jobs may be good, and others may not be so attractive. But still, it was good to see Japanese corporations going outside and creating more jobs and more income in those countries, which means increases in consumption and tax revenues to the government. In a way, corporate investment

overseas, to me, is a wonderful thing to happen not only for Japan, but also for those countries both in developed and developing countries.

In addition to this private sector contribution to international cooperation, the Japanese government provided a large amount of ODA. From 1960s onward we began to provide ODA and by 1989 Japan became the largest donor in the world exceeding the U.S. I remember that time because I was working in the international organization and suddenly Japan became the biggest donor. At that peak point, our ODA was 25% of the total ODA in the world.

Then from 1990 we had a terrible situation. In spite of this economic downturn, we increased our ODA until 1997 and from then it began to decrease unfortunately due to many reasons, including budget deficit.

Within this country, the ICPD really started in terms of human rights protection on the job, moved on to the community and other areas, and then finally we have now come to discuss ODA.

China, India, Brazil, some of these large economies in developing countries, which we call emerging economies, the ratio of total investment against ODA is a very small component. The largest component comes from their own national revenue, and they provide taxes. Many of these countries or large economies, ODA dependency is very small. But when we come to smaller economies, particularly landlocked countries, island developing countries, dependence on ODA is still very high. In some countries, 50% or 80% of their expenditure comes from ODA.

It depends upon the size of the country, or status of their economy, but I think that it is far better for the country to depend upon their own

resources, rather than external resources, to be self-reliant, to be able to raise their money within the country and provide for development of the people in the country. You do not have to depend upon foreign aid. However, I know that there are always limitations. Therefore, you have to have resources coming from outside. I also talked to Prime Minister of Nepal earlier and told him that it is better for Nepal, for instance, to be able to raise more money and externally through the private sector, that is to say, foreign private direct investment.

Of course, ODA is important for education, health and other sectors. Maybe the private sector will be able to come to be so influential, in terms of the division of labour. There is ODA coming for public infrastructure, social infrastructure, whereas the private sector coming into agriculture, industry, and tourism. I think this is how we are looking now in terms of international cooperation for population and development as well as ICPD.

I feel very strongly that all regional resources, internal resources come first, and then come external secondary resources. The external resources should be the private sector and government.

Last one week I was leading a Japanese team of ODA evaluation to Nepal and we looked at the efficiency and effectiveness of ODA in Nepal. I also see that ODA is not always efficiently used. There is always a need for other stakeholders to look at how ODA is being implemented. At the same time I do strongly feel that the private sector involvement is very important for the benefit of the people in the country concerned.

As we have gone through from 1945 to 2012, Japanese experiences of Japan which I mentioned earlier about human rights protection on employment moved to other areas. I am sure

that you are already doing this sort in your respective countries, but there are maybe some areas where Japan can provide better lessons. As we see nowadays south-south cooperation, many developing countries have also very good examples to share and learn from each other.

My last comment is that I do agree with Mr. Kitatani that we should increase ODA, but I know how difficult it is at the moment due to all kinds of problems. We should work on increasing ODA, but at the same time we should make better use of ODA, more effectively and efficiently, in terms of allocation to sectors and countries. The

public-private partnership (PPP) is also very important. As Members of Parliament, we know that you are concerned with well-being of the people in your country and you know that it cannot be done only by the government. It has to come from the people themselves and also from the private sector. Let us try to combine everything we have, not only resources but also technologies, knowledge, experiences, lessons learnt. All these things can come together and build one world in which we all feel happy by having this beautiful earth.

Thank you so much.

## SESSION 2 *Discussion*

**Chair: Hon. Rodante D. Marcoleta**  
MP, Philippines

---

### **Curriculum Vitae:**

Hon. Rodante Marcoleta is third member of the Philippines Parliament. He is currently member of the congressional commission on appointments. Attending meetings of APDA and AFPPD since 2004.

---

#### **[Chair]**

Thank you very much, Dr. Hirono for the extemporaneous report. I believe we can take consolation from the fact that problems related to population being experienced here in developing world, like Nepal, and also being experienced in much developed country, like the U.S. We have been involved in socio-economic pictures of the countries and in relation to that we believe that ODA funding is still crucial to developing countries - not only landlocked countries, but also countries like the Philippines. I think we have only about 30 minutes for the discussion. India, please.

#### **[Hon. Avinash Khanna, India]**

Thank you very much. We have heard the experiences of learned persons. One question to Mr. Kitatani and another question to Dr. Hirono.

While giving the speech, you have used 2 words "reduced poverty" and "human development". What is the relationship between these 2 words and explain how we can get the benefit from it. During your speech, you have used the words "environment" and "human rights". About environment, there is shortage of drinking water, forests are decreasing, and rainfall has been changed. In some places, there is flood, while in other places, there is drought or water is polluting. We are not getting proper drinking water in so many parts of the country of India.

Second, again and again human rights have been used. I had also a chance to work as a member of my state human rights commission. What I felt was that we are stressing more on rights than on duties. This is the reason why we have celebrated human rights day, but there is no celebration of duties. Can you, being an expert, suggest to the whole world, including ourselves, that we should celebrate our human duty day annually in order to know about duties? Especially, what our duties are toward society.

Since yesterday we are listening and we are experiencing in the world of aging population of Japan. At the same time, we have also problem the working class for their children. Can you suggest, or think of a family system in Japan where the old can take care of children and the children of the olds. This problem can be solved, if we have a joint family system in Japan.

Third, to Dr. Hirono. A Very good speech you have given about your experience in different countries. You have used the word disparity while quoting China, India and the U.S. I want to have explanation of what was your intention to use the word disparity? Thank you.

#### **[Chair]**

Mr. Kitatani, please.

#### **[Mr. Katsuhide Kitatani, Chair of NPO2050]**

The first question was human development and

reduced poverty. In my opinion, they go hand in hand. Unless you are able to eat and live a decent life with a proper education, you have no happiness, or you have no development as such. I was particularly talking about those girls who have been neglected in the past. If you have to have priorities, we should keep first attention to those rural neglected women so that they can have, at least, education.

Second question is about human rights and duties. You're right. For instance, if you invest in women, mothers will teach their children how to be grateful, how to love each other, how to help each other. I think first and foremost, we have to invest in women who have been neglected in the past.

I must say that aging population and urbanization go hand by hand. For instance, in Japan, we have a huge problem in terms of children, when the parents would like to work. But because of urbanization families are so small, parents and children, no seniors living together. Many seniors are now in nursing homes.

According to the seminar by UNFPA yesterday, more and more women are impoverished in Japan as they grow older. It is a huge problem. But what can save these children as well as all these old people? It is a political determination on the part Japanese politicians. So long as they are bickering at each other, from party to party, nothing can be solved. There should be priorities; there should be decisions; and there are should be actions, which, I think, is missing in Japan now. We at the civil society organization level, we have to speak louder, we have to demand more and we have to ask for concrete actions. That is how I feel. It maybe a long way, but we must do it.

**[Chair]**

Dr. Hirono, I think his question on the disparity.

**[Dr. Ryokichi Hirono, Professor Emeritus at Seikei University]**

The income disparity is really a source of irritation, particularly among young people, because they do see they are poor when they see rich people around. They say why I am so poor and these guys have everything else. The income disparity is usually expressed in terms of GNI coefficient. If you look at GNI coefficient, the worst country, as I said, is the U.S., and next is China, followed by India and Brazil. This data is produced by the World Bank. This is the reason why I refer to.

The second reason why I refer to is that all these economies are big, the U.S. is the biggest economy, China is the second biggest, India may be the 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> now. Brazil is also becoming a very big economy today, with a big population too. When you have all these big economies having disparity of income in the society, I feel a bit worried about this. For a small country, when you have disparity of income, it is worry to the government and people in that country. But when the large countries have such disparity, it affects the rest of the world. This is something I am very much worried about. What I am trying now to do is, in India, China, Brazil and other economies, I try to discuss with governments of these countries how we might be able to have economic growth, and at the same time lowering the income disparity. That is only way you sustain your own economy and society. To me, economic sustainability, social sustainability and, of course, environmental sustainability, these all are very important.

**[Chair]**

Dr. Hirono, did you say that the U.S. is worse in GNI coefficient? I thought otherwise that the U.S. is a good example in equal distribution of wealth. What you said, it is worse.

**[Dr. Ryokichi Hirono, Professor Emeritus at Seikei University]**

The most unequal country is the U.S.

**[Chair]**

The Philippine GNI coefficient is 0.448, I think we can take one more question. Yes, Pakistan.

**[Hon. Humayun Saifullah Khan, Pakistan]**

I have two questions, one question from professor Hirono. I have got your words in front of me installation of social equity-based policy measures to narrow the widening income and wealth gaps. I think, especially countries like Pakistan, where the poverty is much more, we should rationalize our taxations. Indirect taxation should be less than direct taxation. We should be emphasizing on direct taxation. That is what people should pay instead of the indirect taxation.

The other was from Mr. Kitatani. I was reading in a magazine that by 2030 the global water requirement would be as much as 40% higher than the current accessible supply. We will need 40% world water. On top of this, the climate change will reduce our agricultural product by 30%. What are we doing about it? Thank you very much.

**[Dr. Ryokichi Hirono, Professor Emeritus at Seikei University]**

I do not know about the second point you mentioned. Do you know who said it?

**[Hon. Humayun Saifullah Khan, Pakistan]**

It was Bloomberg Business Week, July 30 to August 5, 2012. It is very recent. It mentioned that the Intergovernmental Panel on Climate Change (IPCC) reports that over the long term climate change will reduce agricultural by as much as 30%. What we are doing about this?

**[Dr. Ryokichi Hirono, Professor Emeritus at Seikei University]**

Nobody really knows what is going to happen in terms of the climate change, because the climate change is such a complex process. I happened to be on the board of the Initiative for Global Environmental Strategies (IGES), and we have been working very heavily on the climate change issues and interacting with the IPCC to see that there is a tremendous impact of the climate change on everything, not only agriculture, but also on ocean current, energy, our own health and so forth. But still there are so many things which we do not know and we are not certain about. Still there is a warning by many scientists that if we leave it as it is now, we might also face very serious problems. I think that is a warning which we should look at very seriously.

On the first question, to me, before you have equity-based measures for anything; I do not care whether it is an economic aspect, or it is a social science, when it is equity-based, people feel much more that they are participating in the society. Whatever they are, working at agriculture or factories, or working as shops-keepers, if you equally feel that the benefit of their own work, benefits of economic growth, benefits of industrial growth, benefits of agricultural growth, they feel much more comfortable.

Let me just give you one example. This country is one of the most equal societies in the world among industrial countries. To give you one example, the annual income of the president of the biggest company in this country is only 5 times as much as a university professor in this country. If you go to the U.S., a professor at Harvard University earns US\$120,000 a year, but if you go to GM, US \$18 million for year. US\$18 million against US\$120,000 — it is a huge income disparity. I know my own friends, colleagues, professors are very unhappy about

this situation in the U.S.

**[Chair]**

One short question from the Chair. In the Philippines today, one of the strongest arguments used by our opponents in the Philippines parliament while we are struggling to enact a law on reproductive health bill is population aging, more particularly in your country, in China, as well as in Korea. We would like to validate our basic knowledge on reproductive health, on mortality, infant mortality and maternal health and so on, but the strong argument of our opposition is that the population aging in your country is quite a concern not only in the Philippines, but also in other developing countries nearby. How can you help us? We are still far away from population aging because today we have a young population. As a matter of fact, out of 100 working Philippines, I think the young dependency ratio is about 62 for young dependence, and about 6 for adult dependence. This is relatively a young population. How can we argue against because in Japan you are taking it as both a celebration and challenge, but the Philippines, we would not know the effect of aging population because, I think, we are not there yet. In imprinting socio-economic picture, I think you should be able to help us take some precautions. What are the indicators that we can use, so that we are cautious that we are nearing population aging?

**[Mr. Katsuhide Kitatani, Chair of NPO2050]**

If you think the world is peaceful without any problems, then you can say whatever you want; you can operate with sort of "Nothing matters". But I do not think that is the case. I think we are in era of history that we have to be determined and we have to forget this business-as-usual attitude. We have to change our thinking and cope with climate change and water shortage. We have to cope with food shortage and so forth. Aging, how old do you think I am? How old do

you think Dr. Hirono is? We are both 81 years old. We are senior citizens. But we still go strong because we care for ourselves. We do not just depend on the government or the medical system. If you know how to look after yourself and if you are prepared to do something for your children, I think the world will be a safer place. We have to be better prepared. Thank you.

**[Dr. Ryokichi Hirono, Professor Emeritus at Seikei University]**

I live in the western side of Tokyo. My city is called Musashino City. I do hope you have time to visit my city because it is one of the most progressive cities in Japan. I call it most progressive because we are the most aged community of all cities in Japan of the same size. One out of 4 is already more than 65 years old. Musashino is such an aged community, but when you look at the newspapers surveys every year for the last 20 years, people say they would like to live in Musashino city. Why? Although we are the most aged community of the similar size in Japan, we have wonderful system of community development. We call it TAPES: T as Transparency, A as accountability, and P1 as policy, P2 as Planning, P3 as participation, and P4 as partnership. We have 4 E's. E1 s empowerment: you always have weak people, and we empower them. E2 as efficiency: you have to be efficient in the budget of the municipality. E3 as effectiveness: you have to set you visions and your goals to be effective in performing it. Final E4 as equity: we believe in equity and very little difference in worker' salaries. We have reduced Mayor's salary tremendously and we increase the salary of the younger people. This is sort of incentive we have. People say that money incentives are very important. I think that dedication to the people is more important. If you have dedication to people, money is not important. In a country like Japan, where we have a certain income level already, money becomes less and less important. What is really

important is sharing of benefit, sharing burdens, sharing of responsibilities.

**[Chair]**

I think we can now thank our great speakers. They are not just speakers, but they are experienced speakers. Thank you very much for this great discussion.



## **SESSION 3**

### **ICPD PoA Country Review I:**

#### **Focus on Family Planning and Unmet Needs**



## SESSION 3

### *ICPD PoA Country Review I: Focus on Family Planning and Unmet Needs*

**Hon. Abigail Faye Ferrial**

MP, Philippines

---

#### Curriculum Vitae:

Vice-Chair of the Committee on Welfare of Children. The youngest member of the 15<sup>th</sup> Congress of the Philippines after she assumed office in 2010 when she was 25.

In 2004, she graduated with a degree in political science from De La Salle University in Manila and in 2008 she completed her Bachelor of Arts from University of St. Thomas in Manila.

She is currently taking her Masters Degree in Public Management in Ateneo de Manila University, School of Government.

---

First, let me state that there is an increasing awareness in Philippine families today about family planning, despite the lack of the comprehensive policies promoting it under strong influence of the Catholic Church hierarchy against the bill. A recent survey shows that the poorest women, those whose household fall into the lowest wealth quintile, have about 2 more children than they want, while those in the richest quintile have only 0.3 more children than they want, an obvious case of health and social disparity between the rich and the poor in our country. Only 41% of the poorest women use contraceptives compared with 50% of the wealthiest.

These statistics reflect the family planning survey of the national statistics office in the year 2006 and 2011. The practice of family planning in the Philippines is influenced by the women's age and education. Contraceptive use is higher among married women aged 20-40 years old than among women 15-19 and 45-49 years of age. Very young married women that are those aged 15-19 are the least likely to practice family planning and married women with some elementary education are less likely to practice family planning than women with higher level of education. Those with no education at all are the least likely to practice family planning. Two out of

10 women with no grade completed and 4 out of 10 with some elementary education practice family planning. By comparison, at least, 5 out of 10 women with higher level of education practice family planning.

Looking at the two periods from 2006 and 2011, there has been a slight decrease in contraceptive use. What has been consistent is the lower rate of use of the poorest. Cutbacks in publicly funded contraceptive services and supplies since 2004 have reduced women's and couples' access to family planning supplies. Women have relied increasingly on pharmacies for contraceptive services. This switch to private sector suppliers is likely to involve higher cost and lead to reduce access, particularly for low-income women and couples.

The complexity of the Philippine health system is somehow to be blamed for these statistics. With the national government and at least 1700 local government units separately in charge with taking care health policies of their own local government units. They are free to decide how much if they are willing to provide for family planning services or supplies. Their constituents are at the mercy of the local chief executive.

For example, in the year 2000, so-called pro-life

Mayor was elected into office. The city of Manila has a population of 1.7 million. Since he got elected, he has banned the public, and even the private use of family planning services and supplies all over the city.

There is really a need at comprehensive law that will cover these issues. In 2011 family planning survey results revealed unmet need for family planning among married women in the Philippines remains high at 19.3% from 15.7% in 2006, for birth spacing at 8.4% in 2006 to 10.5% in 2011 and from 7.3% to 8.8% for limiting birth.

Total unmet need for family planning is substantially greater among women considered poor which is 25.8% compared to non-poor women which is 16.6%. In particular, 13.1% of poor women as compared to 9.4% of non-poor women have unmet need for spacing and 12.6% of poor women as compared 7.2% of non-poor women have unmet need for limiting birth.

The Philippine experience shows that unmet need for family planning decreases with increasing education; it is highest for currently married women with no education at all which is 29.2% and lowest for those with college or higher education at 17.6%.

For our policy recommendation, the passage of the reproductive health bill would be considered as the most effective means of addressing the family planning, the unmet needs for family planning in the Philippine context. From time and time again, the representatives of the Philippine attending this kind of forum are always saying

that we are pushing for this bill, that it has been about a decade, that it is about the time to pass reproductive health bill into law. But as of now, the bill is still pending in both chambers of Congress, both in Lower House and the Senate. It has much opposition with the strongest from the Catholic Church hierarchy, though this bill ensures freedom of choice for couples, parents, adolescents and also women through promotion of safe, legal, affordable and effective reproductive healthcare and family planning services and supplies.

This bill has been lagging for so long that we really need a strong political backing from our President. It is good that our current President Benigno Aquino III has been vocal about his support of this bill. However, due to the strong lobbying of the Church, he does not want to have a hand in the passage of this bill. Up to now, we are really waiting for one strong push both in House of Representatives and in the Senate, so we could finally adopt this bill into the law.

The bill also provides for integration of family planning services and supplies into all anti-poverty programmes of the government. Currently, we are hoping, against hope, that the bill will be adopted into law. With strong political will of our colleague here Hon. Marcoleta is a defender of this bill. Together with our co-authors we are from defending the bill into the floor and to educating our constituents to the benefits of this bill we are really doing all our best to finally have this bill into law.

Thank you very much for your attention.

## SESSION 3

### *ICPD PoA Country Review I: Focus on Family Planning and Unmet Needs*

**Hon. Dr. Sonethanou Thummavong**

MP, Lao PDR

---

#### **Curriculum Vitae:**

Master in Alma-Ata University, Kazakhstan; PhD in Ho Chi Minh Political and Management National Academy Vietnam.

From 1994-1998 Head of Personnel Division of the Office, Supreme People's Prosecutor; from 2006-2008 Chief of Cabinet of Lao Youth Union; from 2008-2011 Director General of Propaganda and Youth Activities, Department of Lao Youth Union; from 2011-up to now Member of Lao National Assembly, Deputy Secretary-General of Lao Youth Union.

---

First of all, thank you very much for inviting me to participate in this important meeting and give me chance to present about population and development in Lao PDR, particularly family planning and unmet need.

I would like to start with the introduction about Lao PDR. Lao PDR is located in the Southeast Asia with the population of 6.3 million people. Lao PDR's economy is undergoing rapid transition and dynamic changes which bring both benefit and risk that affect women and men differently. Lao PDR has made notable progress toward achieving ICPD and MDG. But important gap still remains expressly with the MDG5 to improve maternal health. Significant disparities remain between urban and rural areas as well as ethnic groups.

As of 2012, 310 out of 100,000 women die annually because of pregnancy and childbirth. Laos is one of the 7 countries in the world with the highest maternal mortality rate outside of Sub-Saharan Africa. One in 4 women aged 15-49 gives birth before the age of 20. Nearly half of women who want to use contraceptives do not have access to them. Sixty percent of the population is under 24 years old and there is limited availability of reproductive health information and services for young people. The STI rate among vulnerable groups in the country

is high.

Main causes of high maternal mortality are: (1) mothers are too young; (2) mothers are too old; (3) they have too many pregnancies; (4) they keep births frequently without term between pregnancies for recuperation; (5) only 35% of married women practice family planning; and (6) over 80% of childbirths are not assisted by skilled attendants. In order to tackle these matters, the Lao government has stressed the importance of family planning as we believe that it helps individuals and couples to avoid unintended pregnancies and determine the timing of the birth and number of children.

In Lao, contraception use among married women is 35%. Total unmet need for family planning among married women is 27.3%, 11% unmet needs for spacing and 16.3% unmet need for limiting.

The countries total fertility rate (TFR) is 4.07. According to the Lao reproductive health survey in 2005, the most popular methods are oral contraceptive pills which accounts for 16 % and injectable contraceptives which accounts for 10.6%.

In the past decades, the Lao government has taken significant steps to improve the sexual and

reproductive health status of women, men and adolescents in Laos. Two key strategies highlighted include social marketing of family planning products and expanding services to remote areas through implementation of community participation. Lao government, with the assistance from the UNFPA, provides access to 3 health care services that are globally known to prevent almost 75% of maternal deaths. They are: family planning and universal access to contraceptive services; skilled care at all births; quality emergency obstetric care.

Next, increasing capacity of community service providers. UNFPA has developed community-based distribution of contraceptives as an effective approach to making contraceptives available in rural areas. The programme trains people in the village to distribute contraceptives so that they are available to people who would not otherwise have access. Family planning in areas with community-based distribution has increased to 45.5% in 2011, up from 12% in 2007.

The contraceptive prevalence rate has increased sharply in many remote areas and 60% in March 2012 from a baseline of 13.2% in 2006 in the Ah Gnor area, Taoi District, Saravan Province.

Expanding this programme to provide family planning and other essential health services are being planned through the integrated maternal, neonatal and child health package.

UNFPA also supported strengthening long-term family planning method such as IUD and sterilization to improve method in order to respond to different need of client.

Let me highlight the progress and results. Remote ethnic populations tend to become more receptive to family planning when services are client-friendly and free of charge, when community agents are involved in implementing, monitoring and reporting; being in a system of accountability tends to develop since agents are enabling other community members to make positive changes in their own lives.

I would like to summarize that Laos needs exchange of information, lessons learned and experiences from different countries which include lessons of creating and implementing laws regarding gender issue and help to find better solutions in order to deal with these matters. Last, but not least, Lao PDR is willing to gain lesson and experience as well as support from other countries and international organizations in order to achieve the MDG5 in 2015.

I wish the meeting very productive outcome and would like to take this auspicious opportunity to wish the distinguished participants happiness, good health and all every success.

Thank you very much for your attention.

## SESSION 3

### *ICPD PoA Country Review I: Focus on Family Planning and Unmet Needs*

#### **Hon. Damry Ouk**

Secretary-General of CAPPD, Cambodia

---

#### **Curriculum Vitae:**

Hon. Dr. Damry Ouk holds a Master's degree in Public Administration and a qualification as a Candidate of a PhD in Law. He served as Vice-President of the Cambodian Red Cross for 16 years. Secretary-General of the Cambodian Association of Parliamentarians on Population and Development (CAPPD), as well as a member of the Legislation and Justice Commission.

---

First, I would like to extend my sincere thanks to APDA for inviting me to attend this very important meeting today with warm hospitality. Also I appreciate their good management of this meeting. I was inspired by the two speakers, Dr. Hirono and Mr. Kitatani, who gave us very good presentations.

I will present the overview of Cambodia. Like most countries here, it is in Southeast Asia. Our capital is Phnom Penh, with 23 provinces, 168 districts and 26 cities, and all of them have councils. We have 1633 communities and 13,910 villages.

The total population stands at 14.52 million and the growth rate is 1.34%. People are mostly concentrated in rural areas – about 80% in rural areas and 20% in urban areas. Literacy rate is over 96% for the adults aged between 15-24.

As to the age structure, people aged between 15-49 account for 53.4% of the total population, and the youth aged between 10-24 accounts for 35%. We have different numbers on the Total Fertility Rate, and according to the 2006-2010 National Strategic Development Plan (NSDP) update, it is 2.9.

Our achievement on population and development: Until 1979, 100% of our population was in poverty, but in 2010, the population living

below poverty line decreased to 25.8%. The new-born mortality rate was 66 per 1,000 live births in 2005, but it declined to 45 per 1,000 live births in 2010. The morality rate under 5 years old also decreased from 83 per 1,000 live births in 2005 to 54 per 1,000 live births in 2010.

Delivery under trained health midwives, doctors and physicians has increased to 71% in 2010 from just only 44% in 2005. Antenatal care under health officers has increased to 89% from 69% in 2005. The maternal mortality rate in 2005 was 472 per 100,000 live births, but it went down to 206 per 100,000 live births.

HIV prevalence rate is now 0.7%, and we have about 239 places that can offer HIV voluntary confidential counselling and testing (VCCT) in the whole country.

Regarding gender empowerment, we have 9 female Senators among 61. This represents 15%. At the National Assembly, Lower House, we have 26 women among of 123 (21%). The government is trying to increase more, maybe up to 30% in the next term.

There is much progress in violence against women. In order to promote gender equality, our leaders have expressed their commitment, and our parliament is providing full support and close cooperation.

In order to improve the health sector indicators, the government establishes policies to respond to the needs of people. We adopted the National Birth Spacing Policy in 1994, the Policy on Safe Motherhood in 1997, and the National Population Policy in 2003. Also, the National Strategy for Reproductive and Sexual Health for 2006-2010 came out from the Ministry of Health. We had early review and made new strategies called Health Strategic Plan for 2008-2015. We also have the government policy called the Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase II.

We enacted laws that support population and health issues, including Abortion Law and Law on the Prevention and Combat against the Spread of HIV/AIDS.

The government is adding budget to have more health centers at the district and commune levels and expand health services there. We are also developing accreditation guidelines to ensure quality care at health institutions. It is important for us to create human resource base for health care and expand medical and nursing institutions in the country from the future perspective of population increase and growth.

We actually have the plan to expand more and more institutions (hospitals, clinics, or health centers) to respond to the needs of health sector.

In difficult and remote areas, Public-Private Partnership mechanism is incorporated to develop community-based outreach programmes to reduce unmet need for family planning and spacing methods. We promote use of condoms among young people by bridging population and market.

We initiated behavioural change communication (BCC) for creating more awareness on health, water and sanitation, promoting maternal and

child survival, and reducing harmful traditional practices such as traditional home-made remedy.

Also, the government expanded its health budget for 2012 to 12.5% of national budget, which increased from that for 2011 by 14.38%. We, Cambodian Association of Parliamentarians on Population and Development (CAPPD), advocate for proposed or draft laws that are related to population and development issues. We, as parliamentarians, try to endorse these laws and lobby to the government to allocate more budgets on the health, education and gender. We also conduct person-to-person advocacy activities, with parliamentarians and communes councillors, and people working on the reproductive health.

Current status of family planning and unmet need: we are implementing 9 methods: (1) Knowledge of contraceptive methods; (2) Current use of contraceptive methods; (3) Use of social marketing brand; (4) Knowledge of fertile period; (5) Timing of sterilization; (6) Source of family planning methods; (7) Informed choice; (8) Future use of the contraception; and (9) Exposure to family planning messages.

These family planning initiatives started in 1991 in response to both the government and NGOs with IEC and advocacy campaigns. First, in Cambodia, almost all of the women (98%) know well about contraception and 99% among married women.

Second, with the current use of contraceptive methods, 51% of married women are currently using family planning method. Out of 51%, 35% are using modern method and 16% are using a traditional method.

Third, the use of social marketing brand: the current use of daily pill and condom. Fourth, knowledge of fertile period: 70% of women did

not know fertile period; only 16% correctly know the fertile time. It is higher among women who are users of the rhythm method; 67% of women who use rhythm method know the fertile period and only 13% of women who use rhythm method did not know.

Working on these 9 areas is making progress on the current status of family planning and unmet need.

Finally, what is needed to do next: our government is trying to ensure that public health must be a priority for the national policies. Second, we are trying to make sure that health services are easily available for all women and children. That means universal access. Third, it is important to place skilled and motivated health

workers at the right place at the right time. We have to improve the quality of doctors, midwives, nurses and health workers to be more and more qualified for services. Also they have to stay at the right place that is easy for people to access and is able to offer 24-hour services so that people can come to see in time, any time.

The government commits to provide health education to all people. We will ensure accountability for results with robust monitoring and evaluation. Also, the government tries to ensure adequate financing, effective delivery, streamlined and harmonized aid operations, and use transparently donors' aids from all over the world.

Thank you very much for your kind attention.

## SESSION 3 Discussion

**Chair: Hon. Mansour Arami**  
MP, Iran

---

### Curriculum Vitae:

Master of Health Education from Iran University of Medical Science; PhD. Researcher for Policy Studies in Science and Technology from the University of Malaysia.

Worked 5 years as Mayor of Bandar Abbas City, Hormozgan Province; Member of Structural Committee of the Parliament of Iran; Member of Iranian Parliamentarians' Committee on Population and Development (IPCPD).

---

**[Chair]**

Thank you for your presentations. If anybody has any questions or comments. India, please.

**[Hon. Avinash Khanna, India]**

Shortly, to all Members of Parliaments, they have done a good work in their countries.

A common question to all the Members, how do you encourage the institutional delivery - the delivery in nursing homes or civil hospitals? How do you encourage women to go to the hospital for their delivery?

Second question is only to the Lao PDR. It is very strange that 80% of the children are born with the help of unskilled attendants. I consider it very dangerous. What are the things that are you working on to reduce this issue?

Cambodia is doing very good. It is especially good that 96% of the population is educated considering that it is a rural-based country. You have not told about sex-determination in your country.

**[Hon. Abigail Faye Ferrial, Philippines]**

Currently, we do not have any comprehensive policy with regard to the protection of the mother by providing skilled attendance. There is a bill, and I would like to address that issue to

have more skilled attendance for child delivery.

Right now, the methods depend upon the local government units covering certain hospitals. Every hospital has its own policy regarding that. Many of our women, who are giving birth, do not have this kind of services.

Most of poor women, especially in the rural areas are suffering the consequences of giving birth at home, being not assisted by skilled attendance which leads at most cases to the death of mothers and children. Through this bill, we would like to have a comprehensive, national policy that empowers attendance to provide appropriate health services to our mothers and children.

With regard to obstetric care and emergency obstetric care and comprehensive emergency obstetric care standards, there is each bill addresses this issue. Right now, we do not have appropriate standards to suffice the growing needs of maternal health care in the country. Thank you.

**[Hon. Damry Ouk, Cambodia]**

As to institutional deliveries in Cambodia, we have a good health structure, from public hospitals, health centers in communes, district hospitals in districts, and centers in operational

district (OD). This is the main structure as a good model for other places. We still have home deliveries, but the government encourages people to use modern and sterilized equipment and methods, and we try to reduce traditional deliveries.

Also, the government made a decision to construct more hospitals to respond to the need of people. Our goal is to have a health center in every community. Thank you.

**[Hon. Avinash Khanna, India]**

My question is whether you allow the determination of the sex during the pregnancy, because you have abortion law.

**[Hon. Damry Ouk, Cambodia]**

The objective of this law is to protect the health for women, so we do not allow people to have abortion freely. They have to have certificate from a doctor. Also, if someone enforces people to have abortion, or if people do it in illegal way, they will be punished.

**[Hon. Avinash Khanna, India]**

What efforts are you making for the institutional deliveries in the hospitals or nursing homes? What are your government's efforts?

**[Hon. Dr. Sonethanou Thummavong, Lao PDR]**

In order to tackle this problem, at the upcoming general National Assembly meeting, we will adopt the budget with focus on improving health issue, which accounts for 9% of our GDP. This is the main thing we are going to do.

**[Chair]**

Because we have very limited time, first Thailand, and then Pakistan and Vietnam.

**[Hon. Jetn Sirathranont, Thailand]**

Thailand has been successful about family planning in nearly 30 years. We were able to

reduce the total fertility rate less than 2.0, and this year it is only 1.5, close to that of Japan, which is 1.3.

That is from the strong support from the government for family planning. When people come to see doctors, and the doctors provide services, they receive money from the government. That is successful.

But now it has come to a turning point where we must reconsider about family planning. The objectives of family planning have many aspects. In the previous days, the main objective of family planning was to stabilize the number of population. The problem now is that the number of students in the kindergarten and elementary schools decreases a lot. This is causing problems because some schools have few children. The number of student in elementary schools 5 years ago was more than 1 million, but this year it is about 700,000 - 800,000 only.

The second problem is a small number of working population. The working population must work hard to support the elderly or the children that cannot make income. Because the number of TFR has changed too much, it makes the government reconsider the objective of controlling the number of population.

I have dissatisfaction that there are no answers from the Public Health Ministry, because we have two strategies now. I would like to exchange experiences with many countries that have the same problem, especially from Japan.

If Hon. Chair or other delegates exchange view, I think that could help because I think this will occur in many countries. Thank you.

**[Chair]**

Thank you. Pakistan, please.

**[Hon. Humayun Saifullah Khan, Pakistan]**

I want to ask Cambodia. You showed that you reached 96% literacy rate. Your population growth showed 1.3%. My question is how much money you have been putting into education versus GDP. What was the percentage of your GDP into education, because you reached such a high rate of education.

**[Hon. Damry Ouk, Cambodia]**

This is our achievement of the MDGs from the Ministry of Planning. This is because we have implemented many programmes with UN agencies, such as UNDP and UNFPA.

Regarding the universal education, the government allocates more and more budget to education from year to year. We plan to have 100% by 2015. The rate of enrolment last year showed 100%. The proportion amounts to 30% of the total budget, among 27 government ministries.

**[Chair]**

Thank you. Final question from Vietnam.

**[Hon. Nguyen Thi Kha, Vietnam]**

First, out of 100 babies delivered, how many of them are boys? Is there any legal restriction as to the percentage of boys and girls among new-born babies? In Vietnam, the balance between boys and girls is a big problem. In order to resolve the imbalance between male-babies and female-babies, we are still seeking a solution. Under the law, ultrasound testing can reveal the sex of the baby. Upon finding out the sex of the baby, the law prohibits the abortion, but people have the abortion secretly. It is very difficult to resolve this issue.

The gender equality law is in place in Vietnam, but if current situation continues, at some point in the future, men in Vietnam will not have brides to marry, because of imbalance between males and females.

**[Chair]**

Thank you very much for your attention and participation.

## **SESSION 4**

### **ICPD PoA Country Review II: Progress and Challenges**



## SESSION 4 *ICPD PoA Country Review II: Progress and Challenges*

**Hon. Avinash Khanna**  
MP, India

---

### Curriculum Vitae:

A member of the Legislative Assembly (MLA) from 2002 to 2004. Elected as Member of Parliament from Hoshiarpur Constituency in 2004; Member of the Upper House from 2010 onwards.

Member of Committee on Defense; Member to Consultative Committee for the Ministry of Civil Aviation; Member of Committee on Government Assurances. Vice-Chair of Indian Association of Parliamentarians on Population and Development (IAPPD).

---

I have divided this presentation into 3 parts: programmes and planning, challenges and achievement. I will try to explain the efforts made by India.

India launched the world's first national family planning programme, but still we are very much behind. We have not achieved the targets. But there is a very good programme we have launched. It is called National Rural Health Mission (NRHM), and we launched this programme in 2005. I will discuss it later on that.

We have divided the national planning policy into 3 parts. First is addressing immediate unmet needs. Second is a mid-term policy to bring the TFR to replacement level of 2.1 by 2010. Third is a long-term policy to achieve population stabilization by 2045.

India's population grew more than 4 times in the last 100 years. If we see the trend of increase of the population, you will notice that in the last 20 years, we have made some improvements in reducing the population.

Regarding the current use of family planning methods: 34% people are in use of female sterilization; 7% for any traditional methods; 6% for condoms; 4% for Pills; 2% for IUD; 1% for

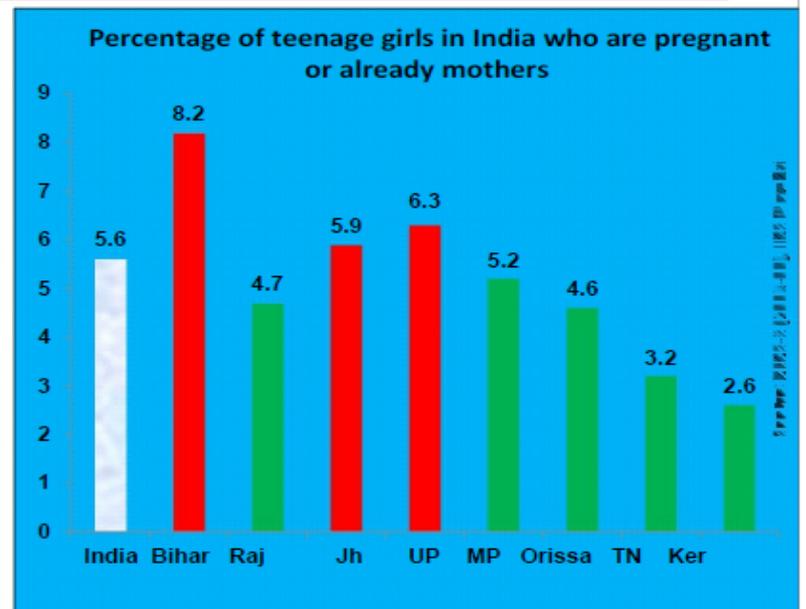
male sterilization; while 46% are non-users.

Then, there is a census of 2011 highlights we have population of 1210.19 million and, perhaps, we are the second after China. The slide will show that there is positive trend in our population control. More specifically, 181.46 million was added during 2001-2011 that is 17.64% increase over 2011 population. It was the first decade when we added lesser population compared to previous decade. The average growth of our population was 197 million, but it has decreased. We can say we are towards achieving the target.

The census of 2011 makes a milestone in the demographic history of the country as it was the first time when there is a significant fall in the growth rate of the population after decade of stagnation.

What are the challenges are we facing? To address the unmet needs, we are using different methods. There are limiting methods (tubectomy, vasectomy); there are spacing methods (IUD, condoms, oral contraceptive pills) and emergency contraceptives pills. With the advertisement, education and awareness programmes, we try to achieve these targets at the district level, state level and rural level. Our

**Age at First Child birth  
(births to women during age 15-19 out of  
total births)**



doctors, social workers and NGOs try to persuade males and females to adopt these methods. We are also developing other methods, and they are being used widely.

But we are facing another problem, which is very acute problem: the marriage of the girls below 18 years. Although we have a law to prevent the child marriage, still socially we are still facing difficulties to implement this law. But the awareness is more. We have been telling people what the causes are and what will be the effect if a woman gets pregnant before 18 years old, which is making us near to the targets.

This slide shows women aged between 15-19 gets pregnant. That is because of the early marriage. India is a very vast country having different kinds of religions and demographics, and it is divided into hills, plain areas and other areas. The early marriage and early pregnancy is very challenging for us.

If we educate girls, we can meet the challenge of

early marriage. Many schemes for the education of the girls have been undertaken by different states under the central government. For example, if a couple has only a girl child, the government is ready to pay for the education of that girl child. Other schemes in the government of Punjab which I come from, we are providing free education to girls up to the school level. In certain states, they have given this benefit up to the college level. We are providing dresses, and even bicycles to go the school because sometimes there is no

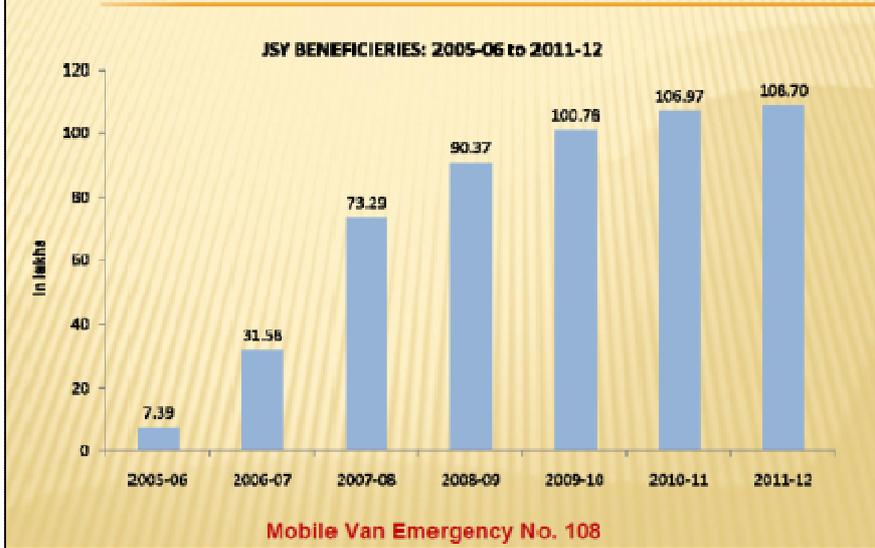
connectivity and no vehicle, so girls do not go to schools.

Furthermore, we have also a policy to encourage couples to have a girl child. What we do is, after the birth of the child, we give some monetary benefit to the girl. We deposit an amount in the name of the girl after attaining the maturity, that is, 18 years of age. When she is ready to marry, that amount will be given to the girl. There are other schemes to promote the education among girls.

What are the opportunities? This is wanted and unwanted fertility rates. We have divided it into two parts: rural and urban. If we see the green parts, if we address this problem, we are up to the mark. If unwanted fertility is averted, TFR will reach replacement level.

Yesterday, I asked a question about institutional delivery. From 2005 to 2012, you see a high rise in the institutional deliveries. What we did is we educated our people to go to the hospital and have delivery in the skilled hands. Some people

**RIISING INSTITUTIONAL DELIVERY VIS-À-VIS LOW POST PARTUM FAMILY PLANNING SERVICES**



what will be the mortality rate if the mother gets pregnant within 14 months, 15-20 months, or longer. If there is a space in getting second child, the life of the mother can be saved.

There is an alarming situation that calls for caution. Women who conceive within 6 months of delivery, they are 7.5 times more likely to

were afraid and they did not prefer to go to the hospital. In this case, we selected some nursing homes, and we asked them that the commune will pay all the expenses of the delivery when anyone comes to the hospital.

terminate the pregnancy. We are making aware of the public to encourage women to have a child after your child is going to school or has reached some age.

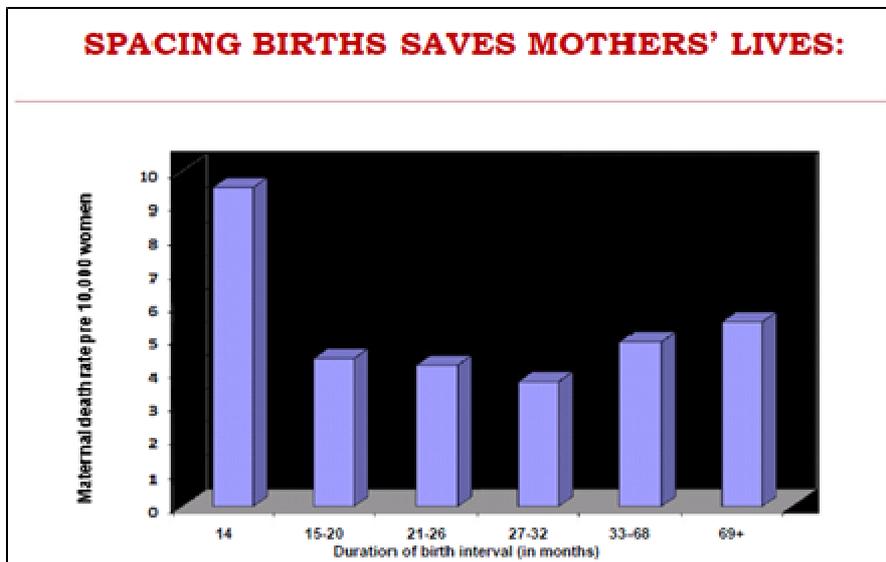
There was another problem of transportation, so we also paid the transportation charges to the couple who is going for the institutional delivery. Some of the states are giving monetary help, 1,000 Rupees for the proper medicine and for proper diet to the mother. This is why this has reached at the stage we have achieved.

What is the progress? Just I want to remind you this is a gap between ELA (Expected Level of Achievement for Sterilization) and sterilization programmes. Madhya Pradesh is the only state that achieved the target.

At two levels, policy level and service levels, we are trying to achieve the targets. At the policy level, the government of India aims for voluntary adoption of family planning methods based on

You have seen the word JSY (Janani Suraksha Yojana). It means Janani – the mother who is delivering a child, Suraksha – protection, Yojana – policy. We have given this word JSY and we are spending a lot of money on this.

The next slide will show that spacing birth saves mother life. This shows



the needs of the communities. They will promote childbearing and childbirth by choice and not by chance.

At the service level, the government of India puts equal emphasis on both limiting and spacing methods, by assuring quality of services and expanding contraceptive choices.

Regarding interventions of family planning, we have a renewed thrust by repositioning family planning programmes. If population stabilization and maternal child health is joined, then overall development is possible. We are giving stress on the population stabilization and the maternal child health.

We have key thrust areas of family planning under the 5-Year Plan. When I started this presentation, I mentioned NRHM, National Rural Health Mission. When this project started in 2005-2006, only 67.3116 billion (6731.16 crore) rupees were allocated, but now it has increased 30 times.

Now we are planning to launch the Urban Health Mission. Under this mission, we have ambulance service 108. Dial 108, and immediately you will get to ambulance post close to your house. We have this service at all the district and sub-district levels. People are getting benefit of it as these ambulances carried them to the hospitals. Institutional delivery has increased due to the

introduction of this ambulance service 108. It is a dream project of our government. As you know, India is village-based. We are providing proper health systems in the villages through this scheme.

By giving benefits to women, institutional delivery is increasing. This will encourage us to carry on with these schemes. In 2005-2006, only 0.738 million women were benefited, but in 2009-2010, 10.078 million women benefited through this scheme.

As elected representatives, what can we do? We can go for awareness programme; we can implement policies of the government up to rural level. With the collective efforts of the government, NGOs, religious people, we can achieve the target.

One thing I want to say. To save girls, our Sikh priests have issued an order that people should not get abortion of a girl child. Therefore, in such regions, we are getting more girl children.

Yesterday somebody was saying that India will be ahead of China in few years in population. With collective efforts, we will try to stabilize the population. We will do something for the health of women and child.

Thank you very much.

## SESSION 4 *ICPD PoA Country Review II: Progress and Challenges*

**Hon. Tissa Karalliyadda**  
MP, Sri Lanka

---

### Curriculum Vitae:

Since 1994 when he became a Member of Parliament, he has fulfilled the positions of Deputy Minister of Health and Indigenous and Minister of Land and Minister of Indigenous Medicine. Currently, he serves as Minister of Child Development and Women's Affairs of Sri Lanka.

---

It is said that annually the world population increases by approximately 77.7 million, and 90% of the children born annually belong to the developing countries. It is also said that very high percentage of these births are either unplanned or due to ignorance. As such it is believed that stabilization of the global population can be achieved by preventing the unwanted pregnancies.

Addressing population issues constitutes an integral part to achieve sustainable society that can ensure people's well-being and welfare. Therefore, stabilizing the global population is the most essential and effective measures to sustainable development.

As far as Sri Lanka is concerned, we have been able to reduce our population growth to the least possible levels. This is confirmed by the latest National Census completed in 2012. According to the latest National Census completed on 21<sup>st</sup> of March in 2012, and which covered the entire country after a lapse of 30 years, the total population of Sri Lanka stands at 20.27 million.

Since the previous census conducted in 2001, which covered only 18 administrative districts out of 25, Sri Lanka's population has increased by 1.48 million or 7.9%.

The average annual population growth rate between 1981 and 2001 stood at 1.0%, while the

population growth between 2001 and 2012 was reported as 0.7%. It can therefore be reasonably concluded that although the population of Sri Lanka is still growing, but is at a much lesser rate.

Females constitute 52% of Sri Lanka's population, while males constitute 48%. Of the total Economically Active Population of 8.2 million in 2011, males constitute 5.4 million or 66%, and females constitute 2.8 million or 34%.

Education is a key factor of sustainable development and is a component of well-being, and means to enable individual to gain access to knowledge. It also paves the way for reduction of fertility, morbidity and mortality rates.

It is said that around the world, 114 million children do not get a basic education, and globally there are 774 million illiterate adults. Fortunately for Sri Lanka, we have been able to successfully overcome many of these difficulties.

Sri Lanka is one of the countries providing free education from primary to tertiary level, and primary school enrolment is over 99%. The free education system in Sri Lanka was established in 1945, and granting of free education facilities to the entire population from Primary school to University level has resulted in achieving a very high literacy level. Sri Lanka's literacy rate stands at 92.5% and the youth literacy rate stands at 98%, and Sri Lanka, therefore, has one of the

most literate populations among the developing countries.

Mid-day meal programme and supply of free school books and uniforms to school children were launched by the government to further enhance the welfare package implemented to improve the quality of education in the country.

Equally important factor for sustainable development is health. In Sri Lanka, extensive healthcare services and infrastructure have been provided free by the state for over 50 years. There is free and easy access to reproductive health services including family planning. This has been crucial factor contributing to very positive health indicators as manifested in the maternal mortality rate, infant and child mortality rates, and increasing life expectancy.

In Sri Lanka:

The birth rate stands at 17.04 per 1,000

The death rate stands at 5.96 per 1,000

Maternal death rate stands at 35 per 100,000

Infant mortality rate stands at 9.47 per 1,000.

General life expectancy at birth stands 75.94, while life expectancy of females is 79.59, and of males it is 72.43.

The government aims to foster healthier nation that contributes to its economic, social, mental and spiritual well-being. This can best be achieved by working in partnership to ensure access to comprehensive, high quality, equitable, cost effective and sustainable health services. It is now widely appreciated that better health has an important role in reducing poverty and promoting economic growth.

Despite the achievements made by the health system in Sri Lanka over the past decades the integrity of Health System has been subjected to many challenges due to demographical, epidemiological, technological and social

transitions. These challenges require significant changes in the ways in which health services are funded, resourced, managed and provided.

In examining the trends in employment at National level, it is seen that males had higher labour force participation than females. However, an encouraging sign is that female labour force participation has substantially increased from 20% to 36% during the period between 1963-2002, while that of males ranged between 65% and 69%.

Sri Lanka has changed dramatically since the end of the armed conflict in 2009. The Sri Lankan economy grew approximately 8% in 2011. Resettlement of internally displaced persons (IDPs) is now completed. Sri Lanka is now considered as a middle-income country at peace.

Nearly 800 delegates from 54 Commonwealth Countries, who attended the Commonwealth Parliamentary conference that was concluded in Colombo last month, were given the opportunity to visit the war affected areas in the North and East of the country. They were very impressed by the progress made in resettlement and infrastructure development work so far completed, which included roads, water supply, electricity supply, basic health and education facilities.

The key asset of Sri Lanka is its people. Sri Lanka has a young population and also low female participation rate in the labour market. Creating jobs for them will contribute to growth, equity and peace in the country.

An important challenge facing Sri Lanka is creating increasing number of high quality jobs, where there is a concern that job creation has been mostly in the informal sector, characterized by low skills and low earnings. Therefore, expansion of the knowledge economy and the

research for innovative ideas by all Sri Lankans will be important to successfully accelerate growth and improve the living standards of all citizens.

The Government's Development Vision, Mahinda *Chintana*, seeks to transform Sri Lanka into an emerging "Wonder of Asia" and is dedicated to seeing per capita income rise well above \$4,000 over the next 6 years. It also focuses on developing infrastructure, education and health services.

To reach that goal, raising investments, improving

productivity of those investments through innovation policies, skills development and macroeconomic stability will be important. Above all, implementing policies that promote the inclusion of all segments of the society in the growth process will be crucial. In its Master Plan, the government is planning to mobilize all available resources towards achieving this goal.

I have very briefly outlined some achievements and challenges facing the most important sector education, health and employment.

Thank you very much.

## SESSION 4 Discussion

**Chair: Hon. Nidup Zangpo**  
MP, Bhutan

---

### Curriculum Vitae:

Hon. Nidup Zangpo is a member of the Parliament (National Assembly of Bhutan) and serves as Vice-Chair of Environment, Land and Urban Settlement Committee. Since 2008 onwards, he is a member of the Cultural Committee of the Parliament.

---

**[Chair]**

Thank you very much for making your presentation very concise and on time. Since we have come to the end from the speakers' side, I would like to allow another 35 minutes for discussion. Philippines, please.

**[Hon. Rodante D. Marcoleta, Philippines]**

I would like to ask distinguished speaker from Sri Lanka. Your population is quite small compared to your neighbour India, the other speaker. As a matter of fact, I calculate that your population is only about 2% of India population. Did you have some experience to learn from your neighbouring country India in making your population quite small relatively speaking with other developing countries, and have those experiences positively helped your country in charting your demographic target for the future? Thank you.

**[Chair]**

Next, Pakistan.

**[Hon. Humayun Saifullah Khan, Pakistan]**

Actually it is not a question. There was a very good presentation from Hon. Khanna and I hope we will be able to share your expertise as we share the same problems. I would appreciate if you could have a copy of the presentation.

The other comment is to our colleague from Sri Lanka. Especially for the last 30 years, you have

been in insurgency, and what you have achieved I must appreciate. You must be doing everything correct. Thank you very much.

**[Chair]**

AFPPD, please.

**[Mr. Ramon San Pascual, Executive Director of AFPPD]**

I just want to support the effort of the parliament in India to minimize and eradicate the incident of child marriage, or teen-age marriage in the country and taking a actually a regional campaign already.

I thank as well our resource person from Sri Lanka who 2 weeks ago hosted generously an all-male parliamentary committee meeting in Colombo and whole issues tackled during those 2 days were all mostly about child marriage in southern Asia and just to reinforce these efforts, AFPPD is about to release a set of policy briefs all about the child marriage on 11 October, which happens to be the 1<sup>st</sup> International Day of the Girl Child. This was launched, in fact, in Nepal, but globally it will also be launched in New York because this is United Nations' effort to reduce the impact of these harmful practices taking place globally but in our context mostly in south Asia.

In fact, I am looking into the draft of the report. This is a child marriage in southern Asia context:

evidence and policy option for action to be launched on 11 October. This will constitute several countries: Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Pakistan, Nepal and finally Sri Lanka.

This is a policy campaign. Therefore, this is addressed to the parliamentarians. In fact, the policy briefs that are coming out are speaking to the parliamentarians because this is a cultural issue, it is a religious issue, but also it is public health issue, it is also human rights issue. That assumes the context of policy that needs to be addressed, headed on by the respective parliaments.

And AFPPD, in whatever way it can help, will assist our champions, parliamentarians that are most of them here. This policy brief is intended for that. I am happy to hear that India and our Minister from Sri Lanka are taking active role on this policy campaign.

**[Chair]**

Honourable member from New Zealand.

**[Hon. Brendan Horan, New Zealand]**

I would like to ask both representatives. What is the average wage in the respective countries? What plans do they have in their respective countries for elevating the wage to pay for the money that they put into the health?

**[Chair]**

Ok, honourable member from the Maldives, please.

**[Hon. Rozaina Adam, Maldives]**

I would like to direct my question to the Sri Lankan Minister. You have mentioned that you provide free medical care for people above 50 years. I would like to know how your policies providing medical care for the rest of citizens. In the Maldives we have free insurance policy for

the whole nation, but I do not think it is working very well right now. I just wanted to know what experience you have in that area. Thank you.

**[Chair]**

Ok, honourable member from Thailand, please.

**[Hon. Jetn Sirathranont, Thailand]**

I am very interested in Hon. Khanna's presentation. I think that the population policy in India is significant for the whole Sub-Saharan Region. As you said, now the total fertility rate is a little more than replacement level. I think it is significant for the world, too.

I want to know if you have passed any sexual reproductive health bills. Thank you.

**[Chair]**

Your Excellencies, your responses on the requires, please.

**[Hon. Tissa Karalliyadde, Sri Lanka]**

We get advice from WHO always for the health issues and without neighbouring countries. Thank you, honourable member from the Philippine for raising the discussion.

And, New Zealand, you asked regarding the jobs? Actually, first we are putting from our budget very big percentage for health and education. Especially for the education sector, we have already 40,000 graduates, and we have given jobs more recently. We want to create more jobs because there are a lot of educated people in our country. There is earning more than 100,000 LKR monthly for the educated people for various political positions. They all get free education from primary to the university and free health service.

Maldives, medical care is free and we have some insurance scheme also in our country. It is functioning very well everywhere. Even rural

areas will get dispensaries to get medicine and medical services free. Actually, I was born in a village so at that time, no doctors in the village. Only my grandmother who operate and I am now 60 years old. We had nice culture like that in Asian countries.

**[Chair]**

India, please.

**[Hon. Avinash Khanna, India]**

The questions always guide us to take further correct steps. About child marriage, we have passed a law. But still the marriages have not been disappeared. But some penal provision has been made. Whenever any complaints come, the media are also publishing the news of child marriage, so the local administration takes the action. Since, as I have already explained to you, that India is combination of different religions, different democratic, and different cultures. Collectively, we are to enforce the law socially, religiously and politically, but we are finding difficulties to enforce the prevention of child marriage still.

With the education among the girls, we will have different schemes to give free education, to give them benefits. The child marriage cases are reducing day by day.

As far as New Zealand parliamentarian is concerned, for aged people and for young people we have policies. Yesterday we were looking at this problem as Japan's challenge. The center and the state have different schemes. We give pensions to the old people. We have still a culture of joint family. Elderly people are living with their children, even grandchildren. The example is our honourable parliamentarian from Pakistan. He is living with grandchildren also. Even our culture, we are looking after our old people ourselves.

Since the problem of population is so high, unemployment is there. Still so many multinational companies have come, so many private public partnership initiatives, we are doing a lot of work in the country development at a very fast pace. Employment is there, but still so many unemployed people are there. We are making our policies.

To Thailand parliamentarian's query about making our policies, we analyze it every year. First, the policy goes to the district. When outcomes of that scheme turn out, then other districts are selected. The state adopts policies and the center gives funds. We are also sharing the funds by the center and the state. Sometimes the state is to contribute 20% of the scheme, and the center gives 80%.

Our duty as a parliamentarian is to create awareness among the public to carry those policies to the rural level during public discussions and meetings. We have a right to criticize the wrong policy of the government open. We can criticize, in public, in media and in parliament. When the government failed to implement some policies, we can ask them in parliament. If we are not satisfied, we can demand discussion. Our parliament system is good to implement the policies.

Suppose, the center has made a policy, but some of the states are not getting benefit of it, those states, or those parliamentarians, can raise the question in the parliament. A very good atmosphere is there politically, although difference of opinion may be, there. But as far as nation is concerned, as far good policies are concerned, all the states, they are getting benefit of it.

As I have mentioned, the National Rural Health Mission (NRHM) is a very good scheme. Madhya Pradesh government is lagging in the child

marriage, but the institutional delivery has increased from 71% to 81%. They we are getting from the scheme.

As a parliamentarian, we are asking the public to get maximum benefit from the schemes. If they are not getting benefit, we are there in the parliament to ask the government to give this benefit to them.

**[Chair]**

Honourable Representative from Cambodia, please.

**[Hon. Damry Ouk, Cambodia]**

I extend my sincere thanks to both presenters. The title of the Session is "ICPD PoA Country Reviews: Progress and Challenges", and I tried to listen carefully to our colleague from India, but I did not learn enough about your country's action plan in response to ICPD PoA.

Second, India will pass a number of population bills in the next few years, but do you focus on any challenges? And are you prepared to respond to those challenges? Thank you.

**[Chair]**

Our friend from Nepal, please.

**[Mr. Manohar Prasad Bhattarai, Nepal]**

I have a very small question directed for Hon. Avinash Khanna from India. He mentioned in his deliberations that there is a serious problem of early marriages. I wonder what the cause is. Why do people want to send off their daughters so early? Can you make it legally binding and not to be married before 20?

**[Hon. Brendan Horan, New Zealand]**

This question both to Hon. Avinash and Hon. Tissa. How do you approach the purchase and supply of medical drugs in your countries?

**[Hon. Avinash Khanna, India]**

As far as Cambodia's question is concerned, Sir, as I have clearly mentioned, population is a challenge to us. But if you see the trend of population, it has declined to some extent thanks to family planning programmes launched by India.

In implementing family planning programmes, we have focused on the state, district and, particularly, tribal levels. We are educating the public through government policies, NGOs, social organizations and religious people because we cannot compel Indians to have different faiths. We cannot compel the people. With the spreading of education, the people have adopted some methods to control the population.

For Nepal's question, I have also mentioned that there is a provision for legal marriage of 18 years for a girl and 21 years for a boy. Under the Hindu Marriage Act, this is specified. At the same time, we have Prevention of Child Marriage Act. The media is doing a good work because if any political person attends child marriage convention, it is the news for the country. Now the people are hesitating to attend the marriages and people are also with spreading of education, they also aware that early marriage should not be performed.

The causes are that if a father has 5 to 7 daughters, he will not be able to marry all of them in time. Maybe for the security, maybe to perform a social responsibility, maybe he got good bridegroom and good family, so he is marrying the child early. But still now, if we see earlier time, this has really changed.

As far as drug addiction is concerned, we know there are 3 businesses as to my knowledge. First is armed business, second is oil business, and third is drug business. India is also facing a lot of problem of drug abuses, particularly in the

bordering areas. So many drugs, such as cocaine and other dangerous drugs, have come to India and our young generation is addicted to that. We have brought into a special law. Still, we are trying to find out the solution of this problem.

**[Hon. Brendan Horan, New Zealand]**

Sorry, Hon. Avinash, I meant the dispersing of legal drugs, medicines.

**[Hon. Avinash Khanna, India]**

When you used the word drug, we took it as addiction, because we are facing this problem.

Medicines are costly in India. Still, we have so many manufacturing companies in India, We have sufficient drug. We are importing certain drugs, and we are also exporting drugs. Good business is there with that.

In every hospital we provide drugs. As in Japan, you cannot purchase drugs without prescription of the doctor. It is the same in India.

**[Hon. Tissa Karalliyadde, Sri Lanka]**

In Sri Lanka, in the government hospitals, we are

providing free drugs. In the private sector, you have to pay. We import most of the medicine from India and other countries.

**[Hon. Avinash Khanna, India]**

I just answer to New Zealand. Free medicine is provided by the government in India. There is a primary health center, hospital for rural people and urban people. Everything is free in India.

**[Chair]**

I will not take any questions except for supplementary remark from his Excellency from Sri Lanka.

**[Hon. Tissa Karalliyadde, Sri Lanka]**

In our country we are giving the same position to the women also. They are, in our country, in judiciary sector, and the world's first female prime minister was in Sri Lanka. Men and females have the same position.

**[Chair]**

Thank you so much.

## **SESSION 5**

# **Accelerating Progress toward Sustainable Development through PPP/CSR**



## SESSION 5

### *Accelerating Progress toward Sustainable Development through PPP/CSR*

#### **Mr. Ryuichi Isaka**

President and COO of Seven-Eleven Japan Co., Ltd

---

#### **Curriculum Vitae:**

Mr. Ryuichi Isaka graduated from Law Faculty of Aoyama Gakuin University in 1980. He joined Seven-Eleven Japan Company in 1980. In 1990 he became a Manager of Seven Eleven Hawaii. In 2002 a Director and Executive Officer of food Division of the Merchandising Department. Since 2009 onwards, he is a President of Seven-Eleven Japan.

---

Thank you for inviting me to this conference today. I would like to talk about Seven-Eleven's measures in order to cope with aging society.

First, let me outline the business model of Seven-Eleven Japan (SEJ). According to the Sales Ranking of Japanese retailers in Japan last year, thanks to our customers, we have achieved the sales of 3.2 trillion yen. The overrating profit is 183 billion yen. This is number one in Japanese retailers industry. Next year marks the 40<sup>th</sup> anniversary of our foundation and there are 2 reasons why we have been able to achieve this high-profit standard in such a short time.

First, we have adopted the franchise system. In Japan, just like any other Asian countries, there are many mom-and-pop stores. Those mom-and-pop stores are supporting the consumption life of the Japanese people. However, the productivity of those stores is very low. When a major large-scale supermarket opens in the neighbourhood, mom-and-pop stores in the vicinity will be adversely affected.

It does not mean that there is no need for mom-and-pop stores in that community. There are differences in productivity between mom-and-pop stores and large-scale retail stores. In fact, in the aging society, many seniors cannot walk a long distance to go shopping, so small-sized stores that exist in your

neighbourhood, make a big difference.

In case of Seven-Eleven Japan, the headquarters are in charge of logistics, product development and IT-system. However, the franchised stores are in charge of every-day matters that can only be done by those local stores, such as the decisions on the assortments of products or hiring and training of the employees. We have a division of labour between the headquarters of Seven-Eleven Japan and mom-and-pop stores management, and this is the win-win situation based on the Seven-Eleven franchise business models.

Our business model is based on "Gross Profit Splitting Method". Before going into this, please let me touch on other business models. Let me start with the so-called "Fixed Charge Method". Under this method, the headquarters will focus on store expansion to increase profit. In that case, the franchised stores will not be able to make a profit.

Next model is "Sales Splitting Method". In this method, the headquarters will focus on store sales to increase their profit, but not the profit of the store. It is not good for the franchisee since the headquarters will require them to sell on a large scale with small profits.

Then, we have decided to introduce the "Gross

Profit Splitting Method". Under this method, the headquarters need to increase franchisees' sales and profits, both of them, so it is a win-win situation.

Nowadays, in Asian countries, Foreign Retailers stores going into the market is being regulated and restricted. However, under the franchise contract system, it will activate and promote the growth of local mom-and-pop stores by increasing their productivity.

Another factor, which has contributed to Seven-Eleven Japan's growth, is that we have our unique supply chain system. The franchisees place orders through our IT-system, and through the headquarters that order is forward to the exclusive commissaries. Then, the product is distributed to the franchised store through our logistic center. When an order is placed at 11 o'clock in the morning, then the product will be delivered at 11 o'clock at night.

Even with the largest store count, there are regions where Seven-Eleven has not opened any stores yet. This is because we supply our differentiated products. Unless we can establish the exclusive commissary and exclusive distribution center in that area, we are not going to open any Seven-Eleven stores. In order to have a win-win situation, we have to secure certain number of franchisees, since it is not going to be profitable enough for the exclusive manufactures and exclusive distributions centers. The black region in the South, which is called Shikoku, we are going to open stores starting next fiscal year.

Perishable foods have short life, so we need to have dedicated plants in order to produce perishable food. This has contributed to differentiation between Seven-Eleven and our competitors. If you compare Seven-Eleven with its competitors in terms of exclusive plants and exclusive distribution centers, 156 plants out of

169 plants, or 92.3%, are Seven-Eleven dedicated plants. In the case of our competitors, the percentages of those exclusive commissaries are 29%, 3.9% and 0.9%. This makes a big difference in sales per store and capacity to provide services for senior citizens. Please let me explain in details later.

This franchise system, together with our unique supply chain system, is really the foundation of our growth. Thanks to those two factors, the average customer count per store per day is 1059 and the total customer count per day (nationwide) is approximately 14.8 million, and annual customer count in total is about 5.2 billion.

Our policy and strategies are developed at the headquarters. Our policy is to keep abreast of that social environment that is constantly changing and tailor to the needs of customers by developing our own products and services hand in hand with the franchisees.

What kind of environment change is going on in Japan? First is aging population. The number of households with seniors over the age of 65 accounts for 21% of Japan's total household, or nearly 10 million, in 2010. Those seniors have difficulty walking a long distance to go shopping. There are very vulnerable in terms of transportation.

This line graph shows the number of persons per household, which is decreasing. Many are single-person households or a couple without children. While the total population of Japan has been decreasing, the number of households has been increasing. Households with only 2 people or less account for 52%. The average number of people per household in 2010 is the lowest at 2.46.

The number of working women is increasing in

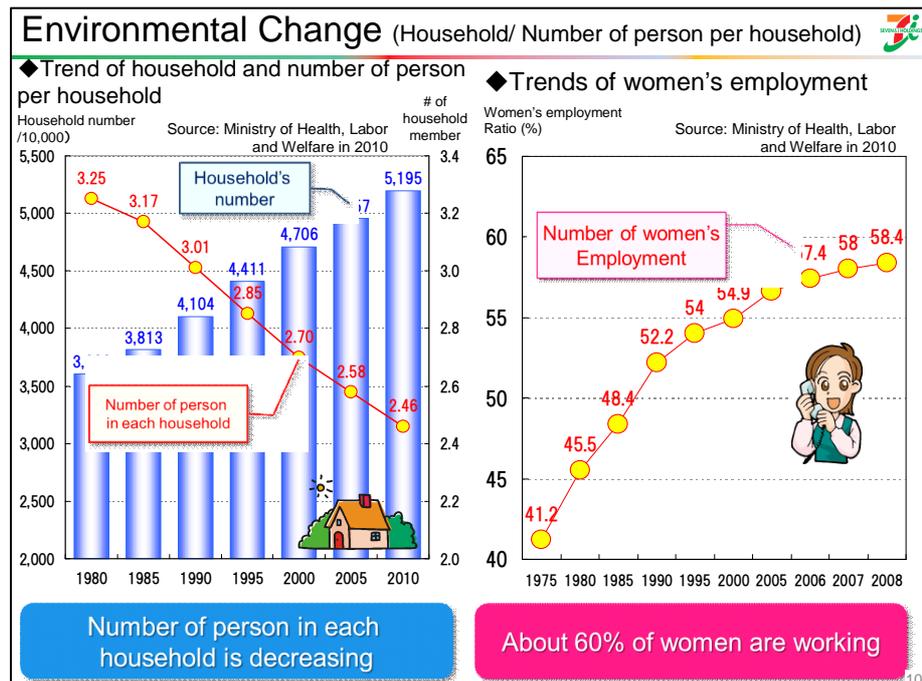
Japan. More than 60% of Japanese women have a job. Because of those 2 phenomena, the food culture has changed and people are outsourcing their food. In the past in Japan, many of Japanese wives were full-time homemakers and they cooked lunch and dinner at home. But now that ratio has decreased and they buy delicatessen outside.

of private brand products called Seven Premium, which is competitive in terms of price against large-scale stores' bargaining prices. Third strategy is a programme called Seven Meal Service. Customers can place order for fresh food delivery through the call center, via Internet, or at the Seven-Eleven store, and the product is delivered to the customers' house.

When you look at the changes in the numbers of retail stores in Japan from 1972 to 2007, the number of retail stores counts peaked in 1982. There were 1.72 million stores in Japan, but in 2007 it has gone down to 1.13 million. In just 25 years, one-third of those stores were closed. This phenomenon continues even at present, and 20,000 stores disappear every day. On the other hand, the floor space in itself is increasing. This means that all those small stores are disappearing, while large-scale stores are increasing.

With aging population and working women increasing, this is really a paradox phenomenon. Usually, those large stores are not nearby, so it is not easy for the elderly people and working women to go there. This gives rise to "shopping refugees", or vulnerable people in terms of shopping.

Against these changes in the environment, SEJ has introduced 4 major strategies. First is a rich assortment of products. We have increased the number of delicatessens and fresh vegetables to meet people's needs. Second is the introduction



The fourth strategy is delivery support by the headquarters for the franchisees, which are committed to catering to the needs of those "shopping refugees" in the community.

Please let me elaborate on the third strategy, the Seven Meal Service. It is a membership system of meal delivery for seniors and working women who face difficulties in shopping or cooking meals. A company for this service was established in 2000. To the members we mail catalogues regularly and they can place orders on the web, through call center or at the franchised store. Upon receipt of the order, we deliver the products to the franchisee through our supply chain system, and the franchisee will deliver it to the customer. The lead time is extremely short. You place your order today and it will be delivered to the house the next day. This system

is working because we have our exclusive supply chain.

Starting in May of this year we have renewed our scheme. In the past, a customer had to place an order for more than 1,000 yen to make it delivered to the house, and they are charged 200 yen delivery charge. Under the new scheme, as long as a customer places an order more than 500 yen, then we will deliver it free of charge.

In the past, delivery was arranged by the franchisee, or it could be outsourced to an express delivery service company – Yamato Logistics. However, under the new scheme, the franchisees need to deliver products, and the headquarters pay incentives to those franchisees for delivery. This way, the new service can offer customer-friendly and personal service.

Let me explain the features of Seven Meal Service products. We have daily meals that change from day to day. We have easy cooking, pre-prepared products, with pre-cut ingredients and spice. Some of the hot selling items, perishable food, special food for people with diseases and seniors are also on the catalogue. We are proud of the quality and taste of the products, and they are also well-balanced in consideration of health.

For instance, in the case of a 500-yen daily meal, we make sure that we use 15 different ingredients and offer 365 different menus a year. Ministry of Health, Labour and Welfare (MHLW) recommends us to take in at least 30 different ingredients a day, and with this one meal, you can take in as many as 15 ingredients. The calorie is only about 560kcal, extremely healthy. The salt contained is less than 2.8g per meal, which is far below the MHLW standard of 9g per day. It also contains about 120g of vegetable per meal, against 350g per day recommended by MHLW. It is extremely nutritious and healthy for

customers.

This May we started this service. When you compare before and after May, the number of orders has grown 3.3 times. These growth shows how eagerly our customers were looking for such delivery service. The membership is extending steadily, and we believe that this service will invite even more customers.

When we look at the user breakdown by age, 45% of those who use this service is 60 years or older. Also, the older people tend to utilize this service more frequently – people in their 80's or older use this service more than 10 times per month.

This proves that we are providing a very satisfying service welcomed by the senior citizens. We hope to continue our quality service with attention to nutrition and health and support senior citizens from the food perspective.

Upon request from our customers for our delivery service, we introduced Seven Raku-Raku Otodokebin service. This is a meal delivery, which is done by our franchisees to have the products delivered to the households. This is one of the strategies for the headquarters to support franchisees to meet the customers' need for delivery service.

We have a dedicated vehicle to deliver the Seven Meals Service products or any product from Seven-Eleven franchisees. It can also deliver the products after the customer shop at the franchised store, instead of the customer carrying them back home.

This is an electric car, called COMS, developed by TOYOTA AUTO BODY Co., Ltd. This is a compact, single-seated car, only for the driver, with short turning radius. It can have a mileage of 50km with single charging of the battery. It is very

economical and environmental-friendly. It has a logo and advertisement, and it has a rear rack to carry any kind of products being warm or cold.

introduced, the product sales through the delivery service increased to about 15,000 yen per day.

TOYOTA Groups leases these cars to SEJ, through Seven Financial Services. Through this leasing programme, the franchisees need to bear a very small portion of a lease fee because the headquarters bear the rest. We are able to provide this service at low cost, with unity in design, by using the Seven Raku-Raku Otodokebin.

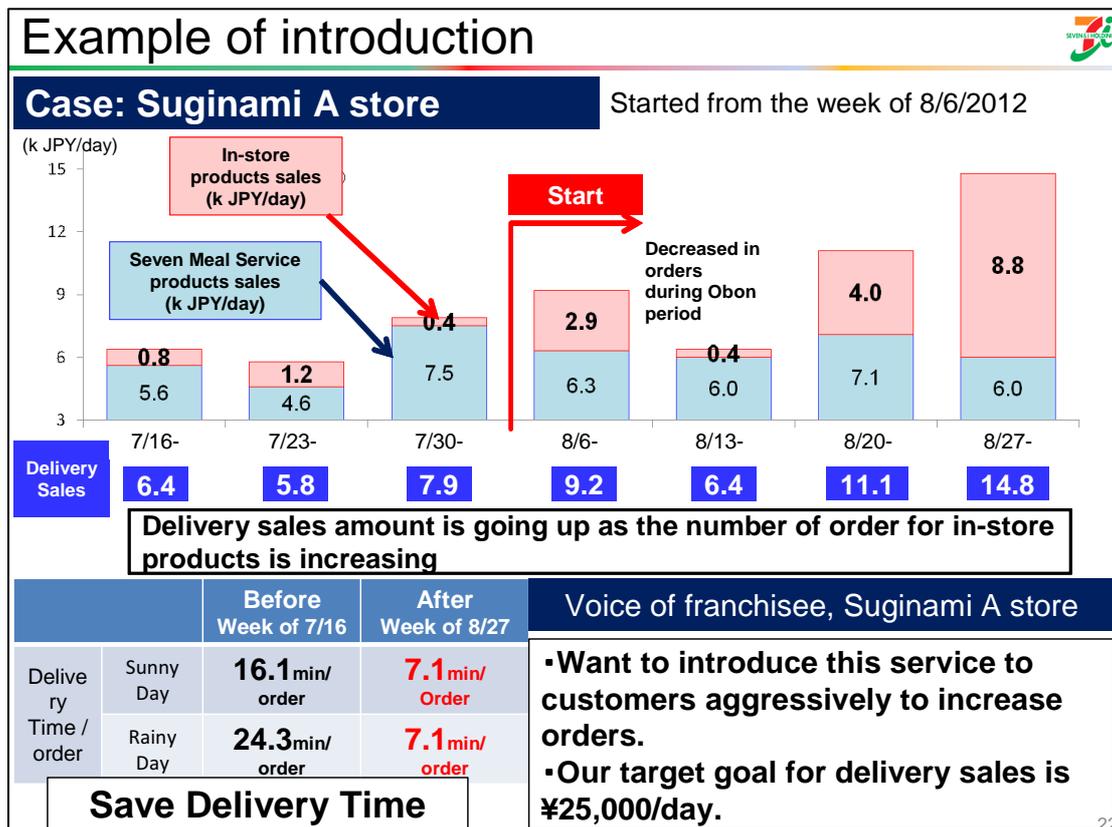
Before this service was introduced, on a sunshine day the delivery took about 16.1 minutes, and on a rainy day 24.3 minutes. After the introduction of this new dedicated vehicle, it is only 7.1 minute – rain or shine. This franchisee is working hard to increase their sales to 25,000 yen per day through the delivery service.

Please share you an example of how franchisees are making use of this service. In the chart, the vertical axes show the delivery amount. The horizontal axes show how much has been delivered by the week. The blue area shows the delivery amount by the day, and the red area shows the in-store product sales.

We actually introduced 100 cars in August and 100 in September, so 200 in total, as a kind of pilot projects. In October, we will conduct interview surveys and identify points that need improvement so that we can start a full-scale programme on a nationwide basis in 2003.

Before we started this service, it was about 6,000-8,000 delivery sales amount. After this Seven Raku-Raku Otodokebin service was

We also have even more extensive services called Seven Anshin Otodokebin, which is one step further than the programme I already introduced to you. With fewer children and aged population and decreasing small retail stores, there are more



and more senior citizens who have difficulties in going shopping. We provide mobile store services to these people.

The rear can keep temperatures at 20 degrees centigrade, 5 degrees centigrade, at a frozen temperature and at a hot temperature for hot drinks. This vehicle is rented out. The headquarters cover 80% of gasoline costs and other maintenance fees.

We started this service in Ibaraki Prefecture in May 2011, now it has expanded to other prefectures. Currently there are 24 such vehicles nationwide and additional 50 vehicles will be introduced by the end of this year.

This service is often operated in cooperation with local governments and other organizations. In Ibaraki Prefecture, we work with a Social Welfare Service Corporation, and in Kumamoto Prefecture, we work with the Japan Agricultural Cooperatives. In Miyagi Prefecture, which was severely hit by the earthquake in March last year, we make use of this service to support disaster victims living in temporary housing in the devastated areas.

This service not only provides products to the people who are challenged in terms of transportation, but it also contribute to offering an opportunity for people to meet in isolated areas.

Let me show you a video to see how this service helps people. This is some excerpt from the TV programme featuring the Seven Raku-Raku Otodokebin. It is about 4 minutes. Please be patient with us.

This is all about Seven Raku-Raku Otodokebin and the Seven Anshin Otodokebin services. We try to look at the characteristics of the region in order to be much closer to the customers, just like a tradesperson going door to door. We would like to develop our internet service as well. In the future we would like to help people who are challenged for not only food-shopping but also for daily matters.

As I have mentioned earlier, Japan is going through so many changes: aging and fewer children, decreasing population, increasing households with the elderly people, increasing working women, decreasing retail stores, and decreasing service infrastructure.

These changes of environment are causing new social challenges. We perceive these social issues as every customer's needs, and this is where business opportunity is. By solving these issues we think we can assume corporate social responsibility. We would like to maximize satisfaction of the customers, as well as our social contribution.

We have expanded into 16 countries and areas in the world, mainly in Asia. We have 47963 stores. We only have expanded into 16 countries only, but we have the largest number of stores compare to other companies. Seeing that Japan has become a nation with many challenges, Japan's example of best practices in tackling, these challenges can be shared with the rest of the world that will be facing these challenges in the future. We would like to develop our initiatives as know-how and proactively expand such practices in various parts of the world.

Thank you for your attention.

## SESSION 5

### *Accelerating Progress toward Sustainable Development through PPP/CSR*

#### **Mr. Hiroshi Ishida**

Executive Director of Caux Round Table (CRT)-Japan

---

#### **Curriculum Vitae:**

Preceding the CRT-Japan, he worked at the Industrial Bank of Japan (IBJ) for 10 years (1990-2000). After resigning from IBJ in 2000, Mr. Ishida volunteered for CRT-Japan bringing a wealth of experience. In 2001, Ishida was appointed as Coordinator of CRT-Japan. Since 2004, he has been working as Executive Director of CRT-Japan.

Associate Professor at the Institute of Business and Accounting, Kwansai Gakuin University.

---

Mr. Isaka has just made a presentation about the Seven-Eleven. Actually, I buy sandwiches and yogurt every day at the Seven-Eleven and I spend 378 yen per day. I just calculated how much I spend throughout the year. I spend 90,000 yen per annum on sandwiches and a cup of yogurt. I go to the Seven-Eleven stores because they are everywhere. It is also good that they change ingredients for the sandwiches when the season changes. For instance, in summer they put some summer vegetables. You can feel the season from their sandwiches, which I like about. Even so, it is surprising that I spend 90,000 yen over 12 months, from Monday to Friday.

I would like to start my presentation about Public Private Partnership (PPP) and Corporate Social Responsibility (CSR) and how they can promote sustainability in the future. The presentation on Seven-Eleven was about the efforts being made by one company. How can we connect those efforts with your efforts in respective countries? Companies can make a lot of efforts, but there is not much one company can do. The government must be involved to maximize the impact. After all, CSR is not just about companies. The government and companies need to work hand in hand to address social issues.

The Seven-Eleven takes up the issue of the aging society and started a new scheme to address this

issue in their business. They think about what they can do to help senior citizens fulfil their right to live in accordance with their business policy.

I assume that every participant hears about CSR. One thing we have to bear in mind is that the public is becoming quite tough on the corporations, so there are tighter regulations are in place. Then there are more and more guidelines that we are expected to follow. That is the background.

Companies need to understand how they can gain the trust of stakeholders in the society. Against this background, companies must establish their business model, but their aim should not only be making profits.

Before I joined the current organization, I used to be in the banking business. Therefore, I understand that the major premise is that the business has to generate profits. In the context of CSR, they need to take into consideration the benefit of the society as well. That is the universal scheme.

However, if you look at the society, how they evaluate the company is changing. Evaluation axes are changing. How the competition is happening and factors companies need to take into consideration are also changing. They need

to understand how they can evaluate themselves from the stakeholder's perspective. That has something to do with ISO 26000, launched by the International Organization for Standardization (ISO) to provide guidelines for social responsibility.

In 2011 Mr. Michael Porter wrote an article in Harvard Business Review, titled "Creating Shared Value". There are a lot of companies such as GE and Nestlé working on CSV. Japanese companies have also started working on this. As I was listening to Mr. Isaka's presentation I have realized that the Seven-Eleven has already achieved this CSV. It is quite impressive. Now it is important to communicate to the public about CSV in the language that people can understand.

Also the integrated report is also the recent trend. CSR is intangible asset. How you can combine intangible asset such as CSR with financial numbers on Balance Sheet (BS) and Profit and Loss statement (PL) – it is what the integrated report means. In other word, CSR is not just what certain departments of the company can work on. Most importantly, CSR has to be integrated into the decision-making process at the management level.

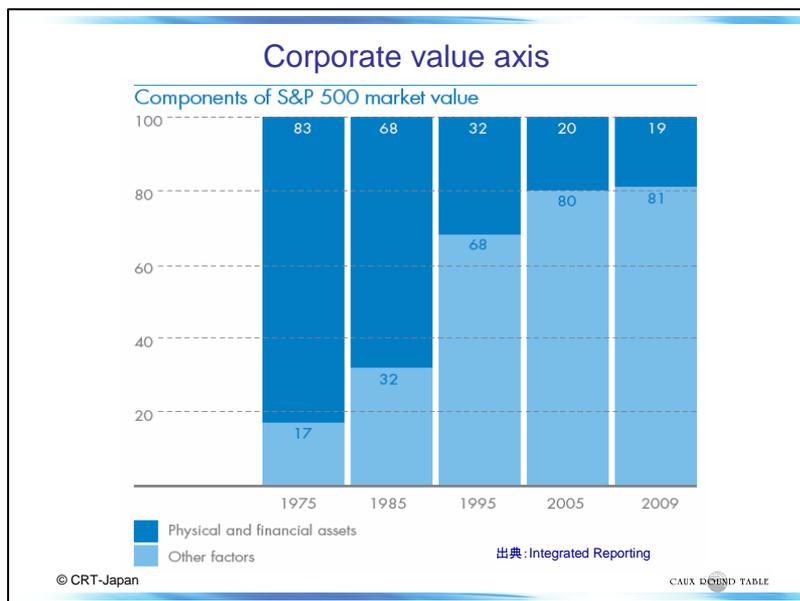
This graph shows the trend of the time of corporate value axes. In 1975, corporate value was mostly measured by physical and financial assets. Nonphysical assets accounted for only 17%. This also included the goodwill. Time changed. In 2009, intangible assets accounted for 81%. Under this circumstance, you can work really hard on BS and PL, but they alone will not push up the stock prices of the company.

When you think about PPP and CSR, the keyword is sustainability. My interpretation of the word sustainability is how much resources we can leave to our next generations because resources are finite.

In the past together with the World Bank, we ran the simulation of the consumption impact. If developing countries consume as much as developed countries are doing, how many earths do you think we will need? We found that we would need 4 to 5 more Earths, if 7 billion people on the Earth start consuming as much as those in developed countries people are doing. If we ask NASA I do not think they can find another 4 planets to accommodate such consumption demand.

In this light, companies have a lot of responsibility to fulfil. It is not about one shop looking after 10 to 20 customers. We are talking about hundreds of millions of people. Companies have influence on such a large number of people and have responsibility for them. Thus, stakeholders are putting very strict eye on the business activities.

I was living in England throughout my junior high school years. At the boarding



school I learned Greek and Latin. When you look at the word sustainability, it is derived from the word “sustain”, which in Latin means “maintain” “suffer”, and “uphold”. In order to maintain yourself, you need to suffer a little bit, or be patient a little bit to each other. This holds true not only for companies but also for citizens and governments. We have to get together to come up with some ideas.

The equivalent word in Japanese is “Kyosei”. It originated in Confucius in China. Kyosei is coexistence – living and working together for the common good. Kyosei is a very important concept for us living together on one Earth.

Earlier in the Seven-Eleven presentation, they focused on the aging society. As you know, the world is facing piles of problems and challenges. We have to see closely how companies and governments face up to these challenges and tackle them. If you are global enterprises, your activities and influence transcend borders.

In dealing with global challenges, it used to be that people made requests to the governments, or the World Bank and other UN agencies to resolve these challenges. However, nowadays more and more requests are directed toward companies.

I worked with the World Bank to examine this trend. When we look at top 100 GDP and sale amounts, we found that the sales amounts that some businesses were making were more than many countries’ GDP. In doing so, these companies assume a lot of responsibility to fulfil.

I would like to share with you the European Commission’s framework. In July this year I went to the European Commission and had discussion with many people concerned. In 2010, the European Commission launched “Europe2020”, the growth strategy towards 2020. Concurrently, CSR Europe issued “Enterprise 2020”, designed to promote initiatives for CSR. Companies have broken down these strategies and undertaken

## Global GDP・Sale amount Ranking 2010

	国/企業	GDP/Revenue (\$ billions)		国/企業	GDP/Revenue (\$ billions)		国/企業	GDP/Revenue (\$ billions)
1	United States	14,657	34	United Arab Emirates	301	67	Volkswagen	146
2	China	5,878	35	Venezuela RB	290	68	New Zealand	140
3	Japan	5,458	36	Colombia	285	69	ConocoPhillips	139
4	Germany	3,315	37	Royal Dutch Shell	285	70	Kazakhstan	138
5	France	2,582	38	Exxon Mobil	284	71	Ukraine	136
6	United Kingdom	2,247	39	BP	246	72	Kuwait	131
7	Brazil	2,090	40	Finland	239	73	BNP Paribas	130
8	Italy	2,055	41	Malaysia	237	74	Qatar	129
9	Canada	1,574	42	Portugal	229	75	Hungary	128
10	India	1,537	43	Hong Kong, China	225	76	Assicurazioni Generali	126
11	Russian Federation	1,465	44	Singapore	222	77	AT&T	123
12	Spain	1,409	45	Egypt, Arab Rep.	218	78	Carrefour	121
13	Australia	1,235	46	Nigeria	216	79	Ford Motor	118
14	Mexico	1,039	47	Israel	213	80	ENI	117
15	Korea, Rep.	1,007	48	Ireland	204	81	J.P.Morgan Chase&Co.	115
16	Netherlands	783	49	Toyota Motor	204	82	Hewlett-Packard	114
17	Turkey	741	50	Chile	203	83	E.ON	113
18	Indonesia	706	51	Janan Post Holdings	202	84	Berkshire Hathaway	112
19	Switzerland	523	52	Czech Republic	192	85	GDF Suez	111
20	Poland	468	53	Philippines	188	86	Daimler	109
21	Belgium	465	54	Sinopec	187	87	NTT	109
22	Sweden	455	55	State Grid	184	88	Samsung Electronics	108
23	Saudi Arabia	443	56	AXA	175	89	Citigroup	108
24	Taiwan	430	57	Pakistan	174	90	McKesson	108
25	Norway	414	58	China National Petroleum	165	91	Verizon Communications	107
26	Wal-Mart Stores	408	59	Chevron	163	92	Credit Agricole	106
27	Austria	376	60	ING Group	163	93	Banco Santander	106
28	Argentina	370	61	Rumania	161	94	Bangladesh	104
29	South Africa	357	62	Algeria	160	95	General Motors	104
30	Iran, Islamic Rep.	357	63	General Electric	156	96	HSBC Holdings	103
31	Thailand	318	64	Total	155	97	Siemens	103
32	Denmark	310	65	Peru	152	98	Vietnam	103
33	Greece	305	66	Bank of America Corp.	150	99	Morocco	103
						100	American International Gro	103

出典：(GDP)IMF World Economic Outlook 2011 / (Revenue)Fortune Global500 2010

specific tasks in order to make contribution to the overall framework. About 4,000 companies are included into the “CSR Initiatives Organization” and produce “Outputs”. Mr. Isaka talked about the specific strategy of providing safe and nutritious food through its delivery service. These are specific “outputs” of the company.

Each company is doing its best to maximize its profit. However, the point here is that companies’ efforts have limits, so you as parliamentarians need to decide on broader policies of the country or the region from a broader perspective. If you adopt comprehensive policies and prioritize them, companies that belong to the country or the region can work with you very closely. That kind of exchange, I think, will lead to sustainable development through CSR and PPP.

Enterprise2020 identified issues that companies should deal with. Demographic change, social divide, climate change, natural resource scarcity, technology acceleration, and global trade – these are 6 issues that Europe is confronting now. Then, each company figures out what they can do practically and produces “outputs”. It is important to work out a grand scheme and then break it down into specific activities.

The Seven-Eleven provides specific services to address the issue of aging population with fewer children and their business falls into the government policy. It is necessary for companies to link their business to the government policy, so that they can work in a comprehensive manner. This will clarify what companies can do and will boost the morale of the employees that they are contributing to the country’s overall strategy.

EU covers 27 countries and they came up with this “Europe2020”. Maybe we can learn from this.

Or you may have different approach by respecting your own culture. If that the case, I hope that you will share your information on the best approach to the synergy between the government and companies. Maybe other countries and companies can learn from that.

Earlier, I referred to CSV and the article written by Mr. Michael Porter. Actually, CSV was not defined by Mr. Porter. In 2006, Nestlé, headquartered in Switzerland, had the business model that replaced CSR by CSV. Based on this, GE and other companies followed this model.

In the case of Nestlé coffee, improving the productivity of farmers is very important in order to maintain the brand strength of Nestlé. Nestlé gives instructions and guidance for the farmers who are making coffee beans to maintain high quality. At the same time, they ensure that the farmers can enjoy profit by improving their productivity. By going that far, that kind of efforts will lead to the sustainability of Nestlé business in the long run.

There are 3 key ways that companies can CSV opportunities. Number One, preconceiving products and markets. Number Two, redefining the productivity in the value chain. In that process, they should identify anything that they need to change and make improvement. Number Three, enabling local cluster development. One example is Silicon Valley in the U.S. Silicon Valley is a place where people are dedicated to the development of computers and IT. Companies may be a starting point for changing the whole social mechanisms. Mr. Isaka’s presentation was really an excellent example of a case study. I think Seven-Eleven’s business is something that is very close to this concept of CSV.

When we think about PPP and CSV, the essence is that the government can work on social issues, if the government is smaller and decentralized.

They can outsource and get rid of frills. If the government and enterprises can get together in doing this, this is very productive.

The enterprises have business know-how on people, products and money. They should make full use of this.

There are many PPP projects going on in Asia. Japan is also trying to sell its technologies for constructing highways to Asian countries and other

Seven-Eleven in Yokohama city is trying to revitalize local communities and promote inclusive society together with another company

Sogo. I think this kind of measure is very important.

When we think about PPP and CSR, it is critical to grasp and understand your strengths. Based on your strengths, you will try to figure out what you can do to contribute to the community by collaborating with others. As parliamentarians, you are representing your country. What can your government I hope that my presentation will be of some use for you to encourage the government to work with companies to solve issues.

Thank you very much.

## SESSION 5 *Discussion*

**Chair: Hon. Aiko Shimajiri**  
Deputy Secretary-General of JPPF, Japan

---

### Curriculum Vitae:

After graduating from the Department of Journalism, Faculty of Humanities, Sophia University, she joined Shearson Lehman Securities. She was first elected to the Naha Municipal Assembly in 2004 in a by-election and was re-elected for a 2<sup>nd</sup> term in 2005. She was first elected to the House of Councillors in a by-election in 2007 and was re-elected in an ordinary election from the Okinawa constituency for a 2<sup>nd</sup> term in 2010. Deputy Secretary-General of JPPF.

---

### **[Chair]**

Thank you so much for your presentation.

Before we start taking questions Dr. Kusumoto would like to provide an additional explanation.

### **[Dr. Osamu Kusumoto, Secretary-General/ Executive Director of APDA]**

Parliamentarians' activities are also seeking profit - not for their own profit, but for the people, nation and the profit in the long-term. In this sense, we are the same as the enterprises.

In other words, if a company would like to survive in the business, their profit has to match the public interest or long-term profit. Otherwise, they cannot survive for long time.

The reason is very simple. The world has been globalized, which makes the world smaller proportionally. Mr. Ishida also referred to the finite resources on the Earth. Some people say that the affluence of the developed nations is to underpin the poverty of the developing nations.

The root cause is the increasing world population. In 1974, the world population stood at about 3.5 billion. It will not be stabilized even after it goes beyond 9 billion. Under this condition, our parliamentarians' activities focus on how to address population issues in order for every person to live with dignity.

Simply put, with the population increase, if nobody suffers or nobody is unhappy, we do not have to tackle population issues. After all, our activities aim to prevent tragedies and make people happy.

However, it is easy to look at the short-term profit, but it is very difficult to look at the long-term profit. The population issue definitely requires long-term perspectives. If the population continue to grow, we are to confront more serious issues than the aging population.

If we accumulate small profits, can we realize a big profit? According to neo-classic economics theory, if we able to maximize personal utility, we can aggregate utility to a maximum. It has been debated since Malthus and Ricardo whether or not we should take non-economic factors into consideration.

If we can have exhaustless resources available to the population that keeps growing and if every person can benefit from them, we do not have to consider non-economic factors. Now we know that the resources are limited, so we have to take the population issue very seriously.

There is a term "fallacy of composition" in economics. This means that even if we add up

small optimal pieces, the aggregate is not necessary optimal. Individually, small variants do not undermine the consistency, but they have influence as a whole.

This applies to the population issue. Every 3 month, companies may produce corporate profit statements, but they do not pay attention to the population issue. But in a 30-year span, or 40-year span, companies have to change their business plans and actions by factoring into the demographic structure. Again, if companies want to maintain business on a long-term basis, they have to take into consideration long-term public interest, such as the population issue.

Private businesses are not at variance with the public interests. It is now understood that if companies can contribute to some of the public interests, it is more sustainable. That is why CSR and PPP come into the play.

Actually, Nestlé had a major blunder in terms of population issues. Population explosion took place in Africa because they advocated that formula milk was better than breast milk. Then women who could barely afford the formula milk started diluting milk with too much water, which resulted in having more babies, badly undernourished.

Nestlé was remorseful about what they have done to Africa and exerted efforts to create corporate value that can contribute the public interests.

Additionally, there was misunderstanding about capitalism. I am a sociologist and read Max Weber's works correctly that capitalism is not just seeking profit. It should be on the basis of free labour and human dignity. We should not look at the things from economic perspective. We really should go beyond the economic perspectives, and carry out parliamentarians'

activities from a broader perspective such as the population and global environment. In these efforts, I think it is important to incorporate CSR activities that the Seven-Eleven and Mr. Ishida have already been working on.

Therefore, this session is the highlight of this conference. NGOs also have been able to do something. It is important for us to think how to get support not only from the governments but also from the private businesses. NGOs are in the same boat. We should put our heads together to come up with ideas of how to appeal to the private sector and public for all the great work that parliamentarians are doing for the public interests. We need a long-term perspective, as well as short-term. Our task is to maximize our work from both short-term and long-term perspectives. Thank you.

**[Chair]**

The floor is now open. India, please.

**[Hon. Avinash Khanna, India]**

My question is to Mr. Isaka. How much employment has been created by the Seven-Eleven? How many stores have been closed and how much unemployment has been created by the closures? What are the Seven-Eleven's annual profit and the store sales? Are you planning to go to other countries like India?

Second question is to Mr. Ishida. CSR is known well. How much percentage of the profit you suggest to spend on CSR? What are the social responsibilities that should be undertaken by the companies that are spending CSR?

**[Chair]**

Mr. Isaka, could you start?

**[Mr. Ryuichi Isaka, President and COO of Seven-Eleven Japan Co., Ltd]**

First, how much employment was created through our business. We have about 15,000 stores nationwide. We have about 20 employees per store. Multiplied, we have created about 300,000 jobs. Plus, I explained about the dedicated commissary and distribution centers. All together 80,000 people work in these centers. That adds to 380,000 people working directly for us. They have their own family, so quite a few people are dependent on us for their livelihood.

We have about 1 million job creations by the convenience stores as the whole. Automobile industry is said to be far-reaching industry, and the convenience store business is also broad-base. Since each store is small, so we need the supply chains. So it is far-reaching in terms of extension.

Second question was how many shops were closed because of the Seven-Eleven. Was my understanding correct? Earlier, as I explained in my presentation, our corporate philosophy is to modernize and activate the mom-and-pop stores. It is difficult for mom-and-pop stores to survive when large supermarkets in chain store fashion are rolling out on a nationwide basis, this will affect mom-and-pop stores because their productivity is lower than these large chain stores. We make a FC agreement with mom-and-pop stores in order to empower them, advance their productivity and become as competitive as possible against large supermarket chains.

Third question about our sales and profits. Last year the aggregate sales were roughly 3.28 trillion yen and 183 billion yen in terms of profit. This was a record breaking figure. Also, last year our sales per store are 677,000 yen in terms of profit. That is 106.7% increase on a year basis. If you do the right thing, and if it matches what the customers is looking for, the growth comes along.

The distribution industry is struggling after the special procurement demands for the earthquake disaster. In the first half of this year, so far we have achieved 101.9% growth. Even after we achieved the 106.7% last year, we continue to grow. I think this is the result of what we have done for the right service and the right product assortment, which I take pride in.

For our plans to go overseas, we are sorry that we have not finished our country research on India yet. There are also all sorts of regulations that we have to deal with. The Seven-Eleven trademarks are possessed by the U.S. business but we have 100% stock ownership. So if we start our business India, this means that the businesses of Japan and the U.S. work together.

Finally, how much of the profit should be allocated to CSR? As Mr. Ishida discussed, CSR can not be sustainable unless it generates proceeds or profits. For example, the Raku-Raku Otodokebin, the electric vehicle delivery service has a break-even point. Unless 7,000 yen worth of product delivery is made per store, we cannot allow them to get a lease for the track at a very low cost. Also, for Anshin Otodokebin services, or mobile store service, again there is a break-even point. Unless this mobile store can sell 37,000 yen a day, it is not good enough in business.

Another important factor is workers' morale. Those who are full of motivation to work for the community are able to bring enough proceeds from the delivery service to meet the break-even point. CSR without profit will not survive, I think. We work with franchisees that have a strong drive to bring enough proceeds from the delivery service to meet the break-even point.

**[Chair]**

Philippines, please.

**[Hon. Abigail Faye Cruz Ferriol, Philippines]**

Seven-Eleven Japan, in being responsive to the needs and concerns of elders in this country, is indeed an excellent model. It is a great model of successful company partnering with the government in attaining sustainable development in your country.

I would like to know what percentage of your workers are women. What is your company doing to address the issues of gender inequality on the workplace? I believe that convenience stores require of a night shift for your employees. How does your company address the issues when it comes to gender inequality?

**[Mr. Ryuichi Isaka, President and COO of Seven-Eleven Japan Co., Ltd]**

In the distribution business, we employ a lot of women. The convenience stores are close to people living in the community, so women in that area can easily work part-time at the nearest convenience store. During the daytime 99% of the staff at the convenience store are women, while during the night shifts 99% of the staff are men. That makes half women and half men.

**[Chair]**

The Parliamentarian from Iran.

**[Hon. Seyed Abolkarim Hashemi Nakhl, Iran]**

Mr. Isaka and Mr. Ishida's presentations were very important. To Mr. Isaka, who are your competitors right now? What is the profitability on your sales? Since you are such a big company, what kind of support does the Japanese government provide to you? What are the forms of collaboration with the government? Finally, how does Seven-Eleven come up with such ideas? Do you learn from someone else's ideas on how to succeed in business?

**[Mr. Ryuichi Isaka, President and COO of Seven-Eleven Japan Co., Ltd]**

In the convenience store business, number 2 player is "Lawson", the 3<sup>rd</sup> player is "Family Mart", followed by "Circle K Sunkus". Those are major convenience stores players.

As for the profitability, the operating profit margin is 5.6% and we would like to achieve 6%. In order to achieve this, we are trying to enhance our distribution efficiency and we have invested 22 billion to save energy. For example, solar panels have been introduced to about 7,000 stores and then LAD to close to 11,000 stores. That should lead to several billions of reduction in cost. That how we would like to achieved the target of 6% operating profit margin.

As for the collaboration with the government, as it was mentioned in Mr. Ishida's presentation, we have comprehensive business tie-up with some local governments. When there are certain areas where the local government cannot take care of, then we try to take care of them. In collaboration with the Ministry of Internal Affairs and Communication, we visit the local governments to discuss this tie-up.

For instance, you need to get some documents of certification, such as residential registration certificates, when you conclude some contracts. Normally, you can get these certificates only when the local government offices are open.

Therefore, in cooperation with the administrative authority, you can get documents of certification from the machines installed at our stores using the national ID card. This has brought down the running costs of the local government.

For example, the Mayor of Ichikawa City in Chiba Prefecture told me that it used to cost 700 yen per residential registration certificate, because you need to pay the rent to set up to office and

pay for the personnel. However, people only pay 250 or 300 yen per certificate. But in Seven-Eleven stores, they do not need to pay for the labour cost or the rent, and Seven-Eleven can still charge 250-300 yen per certificate. This is a good because we are able to enhance the convenience for citizens and eliminate the deficit of the local government. I think there are a lot more things we can do to make people's lives better, so we would like to work for this cause in close cooperation with Ministry of Economy, Trade and Industry.

The final question was about the idea, whether we came up with our ideas by ourselves. There is a conference body called IT Strategy Council that is joined by both the private and public sectors. Issuing public certificates using the private venues was one of the ideas produced at this conference. It took actually 10 years to realize such plans.

**[Mr. Ramon San Pascual, Executive Director of AFPPD]**

Good presentations. I am glad to hear Dr. Kusumoto at the end because it links the whole PPP and Corporate Value concept to what we are doing now.

Every time we have a population and development conference such as this one taking place in Tokyo, and we will have another General Assembly of the Asian Forum on 24-25 October, partners that we have in meetings are not necessarily the private corporations and entities, but rather UN agencies. It is that we call civil society groups who are into women, children, human rights, and reproductive health. Rarely do we have the regular presence of corporations talking about partnership and corporate shared value. The world is so small that an active partnership really necessarily. We cannot just eye blind by the fact that corporations run the whole system. That partnership must be activated, if we

talk about population and human development framework. We must find a way to have such dialogue on a regular basis between parliamentary groups and main corporations. In the Philippines, we have a Sin Tax Bill. This means increasing the tax on the producers of liquors and other alcohol products and cigarettes. Seven-Eleven is talking about shared value. This is how it must be. My question is how we can have such regular meetings with corporations and parliamentarians working on population and development?

**[Mr. Hiroshi Ishida, Executive Director of Caux Round Table CRT]**

In Japan, there are a group of 30-40 companies forming Japan CSR Consortium. NGOs, companies, consultant, CSR experts as well as METI and MOFA officials are participating. It is a voluntary group having a meeting once every 2 weeks to talk about what is required of the corporations. Under the theme of "business on human rights", we are having a meeting to exchange views and opinions on human right and due diligence among the participants.

Then, EC has also requested us to report to them on the outcomes of such meetings. I think these are valuable resources to be shared with European and North American counterparts.

We have about 50-60 members in this group, and maybe we can jointly implement workshops to have some dialogue with parliamentarians, in cooperation with APDA. We do not generate any profit out of these activities, but the purpose is to enhance awareness and sensitivity among the participating companies.

There may be some opinions that we need to have meetings industry by industry. The group has 30-40 companies in various industries, ranging from IT, distribution, manufacturing, apparel business and others. Industry-wise

meetings will be useful for you to discuss social issues and possible solutions in your own countries.

**[Chair]**

May I make a point from the viewpoint of parliamentarian? In Japan, for the first time in the world, we made a Consumer Education Promotion Law. We have been talking about CSR and CSV, and as a consumer you need to understand the value of products and projects of companies. We need to enlighten educate consumers so that they can understand them, and this has been included in the new law.

Another point is how to create a sustainable society. To this end, what can we do to educate citizens, or consumers? Consumers themselves should play part in creating the community and the world. Based on these ideas, this bill has just been passed. I am sure that this will make contributions to the population issues that we are working on. I hope you will take back this information with you and promote it in your own country.

Finally, Representative from Mongolia, please.

**[Hon. Bayanselenge Zangad, Mongolia]**

Thank you very much for your wonderful presentations. I was very impressed. In Mongolia, the population is only 2.7 million. It is a country with very limited population while the area is vast. Fifty-one percent of the population is women. Of the Labour force, 50% is accounted by women. In that sense, it is difficult for women to be a full-time housewife and do all the household works. Therefore, I think your presentation is the right project necessary in Mongolia; especially the women in Mongolia need your service.

My question starts with what you said. You have branches in 16 countries and 47,000 franchised stores, do you need cooperation from each

country's government? Do you have collaborative agreement with the government? When you first initiated your business in Japan, did you receive any assistance from the government of Japan?

**[Mr. Ryuichi Isaka, President and COO of Seven-Eleven Japan Co., Ltd]**

In fact without the support of the government in each country, we cannot do this business. In Japan, we have a law that promotes small retail business. The governments' policy is to promote and support mom-and-pop stores, and within this framework our business started in 1974. If it had not been for this law, our business would not have been so successful in gaining the understanding of consumers.

When we look at the incomes of these mom-and-pop stores, it is very low compared to the average income. The average income of the Japanese household is about 5.3 million yen but those mom-and-pop stores owners' income is about 2 million yen. There are two types of franchisees of Seven-Eleven, Type A and Type C. Last year Type C was 9.4 million yen and type A was 19 million yen. Type A means those who have their own building and C type means we prepare the store infrastructure to the franchisee and they rent that building and do the business. There is a huge gap.

I think you need first to have the principle that you need to protect mom-and-pop stores in your countries. Based on this, I am sure that the retail business will prosper and provide women great services and opportunities.

**[Chair]**

For those who would like to invite Seven-Eleven stores to your country, please discuss this with Mr. Isaka directly. This has been very constructive and fruitful session. Thank you very much.



## **SESSION 6**

**Panel Discussion: Next Steps beyond 2014**



**SESSION 6**  
***Panel Discussion: Next Steps beyond 2014***

**Hon. Samakova Aitkul**

MP, Kazakhstan

---

**Curriculum Vitae:**

From 1991 to 1996 First Deputy of the Ministry of the Trade; From 1996 to 1998 Deputy Speaker of the Senate of the Republic of Kazakhstan; From 2002 to 2006 Minister of Protection of Environment; From 2006 to 2007 Adviser of the President of Kazakhstan; Currently, Chair of National Commission on Family and Women under President of Kazakhstan.

---

The Programme of Action that was adopted at the International Conference on Population and Development (ICPD) underlines and emphasizes the key role of parliamentarians in making policy and laws in their countries. In a new international development agenda beyond 2014, it is important to include population and health issues, including reproductive health.

Infant mortality rate is high, especially in Central Asia and Eastern Europe. Women in these countries continue using abortion as birth control, and the unmet need of women in family planning is increasing, especially for disabled women.

People in these countries are facing lack of information concerning reproductive health and of high quality medical care. In Kazakhstan, we face tragic incidents. When young women from rural and remote areas come to big cities like Alma-Ata and Astana, some of them are cheated, get pregnant, and have no choice but to have abortion. These issues are not addressed at schools or in families. According to the law, if a girl between 15-18 years old becomes pregnant, she has to come to the hospital with her parents. This law makes girls fear, and therefore may decide to have abortion, or just leave their babies after giving birth. Therefore, parliamentarians in our country are taking initiatives to revise a so that it will allow girls aged 15-18 to go to the

hospital alone. Therefore we emphasize the population and health issues, especially reproductive health.

The next issue we would like to include in the agenda is fight against infectious diseases, HIV/AIDS. The number of women infected with HIV/AIDS is increasing and the main reason is the sexual contact. Also, environmental sustainability should be included into the agenda. Kazakhstan is promoting the initiative called "Green Bridge". This initiative aims to practically address development issues and promote environmental-friendly economy.

Now and beyond 2014, achieving gender equality is more and more important. In 5 Central Asian countries, they have only 30% of female representatives at the decision making level. Gender asymmetry and inequality can be observed in the labour market as well. As you may know, more women are unemployed.

We have seen at this conference that in many countries, women's income level is lower than men's. It is because women are not empowered to leadership positions. The budget at different levels is not equally distributed. When dealing with the state budget, we pay attention which spheres you should allocate more budget.

In my country, social workers are mainly women and account for 85%. Therefore, we try to adequately address the issue and distribute the budget equally among males and females.

It is also very important to include the measures to tackle violence against women in the agenda beyond 2014. Despite the fact that there are many measures dealing with this issue, it is still topical in many countries.

As concrete steps, we should track indicators for child and maternal mortality rates. Universal

access to reproductive health services should be guaranteed. It should include family planning and preventive measures fighting against communicable diseases, including HIV/AIDS and TB. I would like to once again emphasize the significance of equal rights of men and women in all spheres of life.

Kazakhstan, as a young state, is ready and expresses its willingness to pursue those goals that are underlined in the MDGs.

Thank you very much.

**SESSION 6**  
***Panel Discussion: Next Steps beyond 2014***

**Hon. Klebanova Darya**  
MP, Kazakhstan

---

**Curriculum Vitae:**

Hon. Klebanova holds diploma in Medicine and Law and worked as a doctor and then as a political journalist. Since 2004, she has been the member of the Kazakhstan Parliament.

---

Within these 2 days, we were discussing and presenting a lot of statistics concerning the fertility control, contraceptives and many other issues. Now would like to draw your attention to other side of the coin.

In Kazakhstan, as in other countries, there are a lot of couples who cannot have children and who do not have children. Our task is to guarantee and to help these people realize their rights to have children. We, as parliamentarians, initiated the special budget for assisting such people to in having extracorporeal activities.

As you may know, these are very expensive and not all people can afford them. Also the number of those whom we can help is also limited. Therefore, our goal is to increase the quota. We are also taking initiatives to implement surrogate maternity. We have to further work on it in order to achieve our goals in this direction.

There is another problem that is similarly observed in other Central Asian countries. Many women who have higher education and who are highly experienced cannot go back to work or

continue work after the birth of their child. The reason is that you have nobody to leave the child with. Kindergartens and other facilities that take care of children are very expensive, and not everybody can afford it. Therefore, the parliamentarians are working on further improving the law in order to have additional financing of such kindergartens and facilities so that women can continue working. As for the secondary education in Kazakhstan, almost 100% of the population have access and is educated.

Some measures are being taken to control human papilloma virus (HPV) vaccination against this virus and provide screening mammography (SMG) programmes. I think that the State should finance these programmes more. Our task as parliamentarians is to ensure that the funds be properly allocated these important measures.

I think that all countries have these problems in common. We would appreciate your experiences and information concerning these issues.

Thank you very much.

## SESSION 6

### *Panel Discussion: Next Steps beyond 2014*

**Hon. Nguyen Thi Kha**  
MP, Vietnam

---

#### **Curriculum Vitae:**

Hon. Nguyen Thi Kha worked in a hospital from 1975-1995 and worked as a government official from 1995-2005. Member of the Parliament of Vietnam since 2005 onwards.

---

I want to give you a broad introduction of Vietnam. Our population is 88 million, and our total fertility rate (TFR) is 1.9. In 2012 our economic growth rate is roughly 5%, and the size of GDP per person is US\$1400 per year. We spend 7.5% on the health out of our national budget. The sex ratio at birth (SRB) is 112 for males, as opposed 100 for females. The senior citizens account for 10% of the total population.

Vietnam has been working on population issues for 30 years, and we were able to solve the issue of population growth. However, TFR varies from region to region. In some areas, it is 1.3, while it is 4.0 in others.

The gap of SRB is widening rapidly. It is predicted that from 2014 the situation will even deteriorate. In the year 2020, the SRB will be 115 males per 100 females. Let's say, when one woman gives birth 3 times, there is an inclination that she tends to give preference to boys.

If the mother has only completed primary school education, the SRB imbalance is smaller. They do not have strong preference as to which sex of babies they would like to have. On the other hand, the higher the woman's education is, the bigger the gap in SRB. They seem to have stronger preference to having boys rather than girls. Also, if you are more affluent, they tend to have stronger preference to boys.

There are regions where more affluent families tend to live and more poor families tend to live. The SRB imbalance is smaller in the areas where underprivileged families live, while it is higher in the areas where affluent people live.

If you compare urban and rural areas, the gap in SRB is higher in urban areas compared to rural area. There is a law that prohibits sex-selection, but the situation is becoming serious. I think that the reason behind this is that Vietnam is influenced by the Confucius thoughts, which tend to give more respect to men than women. In the Vietnamese society, men are regarded as breadwinners of the families, and when parents grow older it is male children who take care of them in their old age.

Not only is it against gender equality, it also has health issues. Abortions could be the reason for this SRB gap. Abortions are banned by law but still 85% of health professionals perform abortion.

If we do not take any action, in 3 years, there will not be enough brides for men who are looking for brides. There will a shortage of 3 million brides in 3 years. As many as 3 million men cannot find their marriageable partners in 3 years. And this may give more jobs to prostitutes. Human trafficking is banned by law, but this is actually taking place. Probably Vietnamese men will have to travel across borders to look for

international brides in the future.

Another issue is aging. In 2017, Vietnam will enter into a society of aging population. In the process of aging, for many countries, it takes about 50-60 years to enter into the aging society. However, it will take Vietnam only 20 years.

For those who are 60 years old or older, the ratio of males to female is around 1 to 1. For those who are older than 80 years old, the ratio is 1 to 2, and for older than 85 years old, it is 1 to 2.5.

We already have legislation for aged senior citizens. After 2020, when senior citizens account for 15% of the total population, the long-term

nursing care will be a major challenge. Nursing care will be shouldered by local community or by their own families. Currently, we do not have enough funds to support these senior citizens.

Earlier, we learned about good examples of the Seven-Eleven business. In Vietnam, however, we do not have philanthropic businesses like that. We only have the concept to introduce, but it is not actually practiced. If the Seven-Eleven business comes to Vietnam, I think it would be wonderful. In the future, we hope to establish the universal insurance system.

Thank you so much for your attention.

**SESSION 6**  
***Panel Discussion: Next Steps beyond 2014***

**Hon. Humayun Saifullah Khan**  
MP, Pakistan

---

**Curriculum Vitae:**

Hon. Humayun Saifullah Khan holds his Bachelor's degree in civil engineering. He served as Member of Provincial Parliament 3 times and as District Mayor twice. Member of the National Assembly of Pakistan since 2008.

---

It has been a pleasure to be part of this meeting. These forums are very important as they give all nations a chance to bring their problems and solutions together to make this world a better place.

Pakistan is signatory to the ICPD meeting in Egypt, out of 178 countries. In June 1999, the UN General Assembly organized a special meeting known as ICPD plus 5 at which countries not only confirmed their renewed and sustained commitment to the principles, goals and objectives of the PoA, but also recommended a set of key actions for further implementation of the ICPD PoA.

In September 2000, 189 countries, including Pakistan, signed the MDGs, with measurable targets and the deadline of 2015 for improving the lives of the world's poorest people. Pakistan is a developing country, although we believe in the ICPD and the MDG targets, it will not be possible to achieve them by the deadline of 2015. In some sectors, such as drinking water and sanitation, we will be reaching the target. But education and health, we are far behind it.

The reason is very clear. When I was listening to Hon. Khanna's, they are putting 2.5% of GDP into health, whereas we are less than 1%. Same with the case for education. They are putting more than 5% of GDP into education, while we are putting 2% of GDP into education. Unless we

increase our funding, there is no way we can reach the targets.

During the last decade, Pakistan has had our share of problems. Both external and internal, we have been most affected by the war on terror. Till September this year, we have lost 14,305 civilians and 4,657 security forces personnel. The Secretary-General of Interpol, Ronald K. Noble, stated that Pakistan has suffered more deeply than most countries due to terrorism.

As the frontline ally in the international fight, Pakistan continues to pay a heavy price and blood, sweat and tears and economic glosses. During 2001-2011, the direct and indirect cost had amounted to US\$67.93 billion.

Secondly, we have had our share of natural disasters in the form of floods. We lost US\$30 billion and 8,000 lives, and animal lost is beyond counting. This has left us with displaced people, disease and hunger.

The earthquake in 2005 was a big disaster in terms of life. You know 1 million dead in 1 second and 5 million lost their home, properties and businesses.

We need to work very hard to overcome our difficulties. As parliamentarians, we are responsible and dutiful to pull our country out of poverty and give the people a good standard of

living which will include education and healthcare.

As Dr. Hirono and Mr. Kitatani stated yesterday, the only way to progress is to help ourselves and not depend on the government or foreign aid totally. We have to stand on our own feet and deliver the goods. There is no other way, or there are no freelancers in this world. We have to do it ourselves.

To achieve the MDGs and the ICPD, we need good governance, eradication of corruption, and establishment of peace and security. We have to have good relations with our neighbours. There are no other ways. What happened has

happened.

Now it is time for our country and our neighbours to come together, because they have a number of 400 million poor, and we have also a number of poor people in our country. We need the government's support to increase our budgets and to deliver on the MDGs.

Thank you all, and hope we can help each other in our endeavours. I wish you all success and safe journey home. I also pray that Dr. Sugandi of Indonesia recovers fully. My thanks to our host country, Japan, and to the organizer.

Thank you very much.

## SESSION 6 *Discussion*

**Chair: Hon. Rozaina Adam**  
MP, Maldives

---

### Curriculum Vitae:

Deputy Chair of the National Security Council and President of the Women's Wing of DRP, the biggest political party coalition in the Maldives.

---

**[Chair]**

Thank you, Sir for sharing Pakistan's experience with us. I politely request that you keep your questions short and to the point and since we have 4 presenters here, it will be helpful if you mention whom your question is directed to. I open the floor for questioning now.

**[Hon. Rodante D. Marcoleta, Philippines]**

My question is for the parliamentarian from Vietnam. Since you have a law banning sex preference abortion, how does the law prevent this kind of criminal activity to proliferate?

**[Chair]**

Thank you. India, please.

**[Hon. Bhausaheb Wakchaure, India]**

My first question is to Kazakhstan. Woman unemployment in Kazakhstan is high and the budget is not distributed equally which is raised by the parliamentarian. What is the next step of your country to distribute the budget equally?

Second question to my friend from Pakistan. I am satisfied with his statement that a good relation between neighbouring countries is important. You take initiative to bring it, so we appreciate it and support it.

To Vietnam, you compare poor and rich people, but your population is 88 million, while our population is 1.2 billion. We have more than 12

times population in India. With the problem you raise in your statement, it is not proper to my knowledge. Please clarify it.

**[Hon. Avinash Khanna, India]**

To Vietnam parliamentarian, you have shown the concern about the sex ratio in your country. You have a law, but still they are choosing boys. In India also, we have banned sex determination, and no person having scan machine can say which sex the baby is. Abortion is far away from this. If any person is found guilty of giving opinion about the sex selection, the person will be put behind the bar. There is no compromise on this point in our country. With the passes of time, our sex ratio has increased gradually.

I am also concerned what my friend Pakistani parliamentarian said. We are with you. Any help you need for the development of Pakistan, because peace is the first step for the development of the country. If peace is there, we can think about the health, we can think about the education, we can think about the development. I have also suggested you during our informal discussion, let's create a person-to-person contact; parliamentarians are meeting, our poor are meeting. Let's take this step up so we know each other from the grassroots level.

My last question to Kazakhstan. You have very serious problems regarding women. You have

said that if a girl who is 15-18 years old is pregnant, she has to go to the hospital along with her parents. Why is it so? Does the society demand, or does the law demand? Thank you.

**[Chair]**

Vietnam, please.

**[Hon. Nguyen Thi Kha, Vietnam]**

The gender equality law bans abortion. There is also a law concerning the medical treatment which also touches upon the abortion. When you are pregnant, you will have ultrasound diagnosis to see whether the baby in the womb is healthy or not. When ultrasound test is conducted, you can also tell the sex of the baby. If the parents find out that the baby is girl, they are not allowed to have abortion because of the sex of the baby.

It is illegal to perform abortion based on the sex of babies, but 85% of healthcare providers still conduct abortion, and it is not discovered. They will not leave any proof that they have performed abortion, so they will not be caught. For example, if ultrasound test reveals that the baby is a girl, the doctor would only say that the baby looks like mother to indicate that the sex of the baby is girl.

With regard to poverty, I heard yesterday that if her husband dies, the wife can only receive very small amount of pension. In Vietnam, there are many elderly people who are poor because they are not eligible for pension and they will live in poverty until the very end of their life. Or they need to continue working in their later years.

**[Chair]**

Kazakhstan, please.

**[Hon. Samakova Aitkul, Kazakhstan]**

The first question was concerning female unemployment in Kazakhstan. I would like to emphasize here that Kazakhstan is a young state.

It is 20 years old and within these 20 years, Kazakhstan has always been trying to improve the employment situation in the country.

We have initiated and adopted an innovative programme called "Employment 2020" 2 years ago. Every year we have a special programme to reach the rural areas to improve employment. All these programmes are supported by the government's budget, and it includes training and retraining of employees. We have a system of micro credits, which are allocated through banks at different levels. We provide support to the whole population, especially women who are need that support.

As the Minister, I have been involved for many years in the committee on women issues under the President of the Country. I remember quite well that in 2002 in the national budget, there was a special item for supporting women employment. The budget mainly supported women involved in medium and small businesses.

The President initiated very important initiatives related to self-employment. There are 2.6 million self-employed people out of 17 million people. It means that people come to cities and start business at markets and bazaars. Now the state is supports these people to continue their business.

There is a special decree on gender equality issued by the President to introduce 30% quota for women. Now, we have 24% female representation in the parliament. For the young country that recently celebrated its 20<sup>th</sup> anniversary, it is a big achievement.

The second question is related to girls aged between 15-18 who is pregnant. We did not have this issue before. In this regard, we have a law on marriage and family and we have another law to guarantee equal opportunities for men and

women. When we came to realize that many girls aged 15-18 are facing this issue, we started working on the revision of the laws.

**[Chair]**

Thank you, Madam. Now, Pakistan.

**[Hon. Humayun Saifullah Khan, Pakistan]**

My Indian friends asked me. First time in our history in 2008, we in our National Assembly started friendship groups. Each has 4 options: Pakistan-Afghanistan group, Pakistan-Argentina group, Pakistan-Spain group, and Pakistan-India group.

We have been visited by your speaker of the Lower House. She came to our National Assembly and spoke with us. Same, your High Commissar came and briefed us about your country and had an open discussion. I believe that we must have friendship because we have too many poor people in our countries. They cannot think for themselves, so we have to think for them because we represent them.

Thank you very much.

**[Chair]**

Thank you very much for the active discussion.

## **SESSION 7**

### **Discussion for the Adoption of the Asian Parliamentary Statement**



**SESSION 7**  
***Discussion for the Adoption of the Asian Parliamentary Statement***

Chair: **Hon. Brendan Horan**  
MP, New Zealand

---

**Curriculum Vitae:**

Hon. Brendan Horan is a New Zealand first party spokesman on art, heritage and culture, transport, industrial and Maori affairs, including determinants of children living in poverty. He is New Zealand's representative for current the 28<sup>th</sup> Asian Parliamentarians Meeting on population and development.

---

Under the chairpersonship of Hon. Brendan Horan, various points of view were aired and debated to highlight the importance of population issues in the post-ICPD agenda. The session resulted in "The 28<sup>th</sup> Asian Parliamentarians' Meeting on Population and Development Statement", which was adopted unanimously by the participants.



## **CLOSING CEREMONY**



## **CLOSING CEREMONY** *Address*

**Hon. Michihiko Kano**  
Senior Vice-Chair of JPPF, Japan

---

Ladies and Gentlemen, I know that you had heated discussion over the 2 days. Thank you very much for your hard work. This conference commemorates the 30<sup>th</sup> anniversary of APDA. This has been a very important step in order to reflect our efforts into the targets of ICPD PoA and MGDs just before the deadlines.

Japan is the first non-western country to have achieved demographic transition. This has become a very important starting point and inspiration for other developing nations to develop population policies. As one of the founding members of APDA and as a JPPF member at the early stage, I am very pleased with the progress that has been made in these population activities, and I am proud that Japan has been supporting these activities in Asia and the Pacific region.

With your great efforts, population programmes have had a major impact and, as a result, demographic situation has become very diverse in Asia. Accordingly, the need has been diversified as well. However, as politicians, we are facing challenges that remain unchanged, ever since APDA was founded 30 years ago. That is, it is our mission to establish a society where people live with dignity. We still have a long way to go to attain this goal.

It was in 1976 that I started engaging in the population issues as a parliamentarian and at that time the world population stood at about 4 billion. Now the world population has exceeded 7 billion and coupled with growing affluence, it has been placing too much burden on the environment. It has been almost scientifically proven that human activities are causing global

warming and abnormal weathers worldwide, which are having a major impact on the food security of the world.

The weather changes have adversely affected the harvest and caused price hikes in livestock products and other food products. It has a major influence on the consumers in developed nations like Japan, but it also has an even bigger impact on people in poverty-stricken countries. Those who live just above the poverty line will be suffering from hunger as a result of food price increases.

The basic conditions for people to lead a humane life are facing a very critical challenge. We, politicians, must have a broader view and clarify the path of the humankind for the future. To that end, we must go back to the original starting point of the population issue and sustainable development and we should renew our commitment to achieving our objectives and ensure the conditions necessary for human happiness.

The statement of this conference has been adopted, and I am very pleased to hear that this statement has included the progress of population programmes. Thank you very much for your dedicated discussion. I hope this statement will be reflected in respective countries' policies and international development goals.

Tomorrow I know that you are going to a study tour. I hope that what you have experienced in Japan through this conference and the tour will be of assistance for your activities. Thank you very much for your attention.

## CLOSING CEREMONY *Address*

**Hon. Jetn Sirathranont**  
MP, Thailand

---

It is my pleasure to be here on behalf of Hon. Dr. Porapan Punyaratabanhu, Secretary-General of AFPPD. AFPPD is proud to have been part of this important meeting for Asian Parliamentarians on *Countdown to the ICPD PoA and MDGs*.

We have had fruitful discussion and gained understanding on ways to maintain the ICPD into the post-2015 agenda. We have also been inspired to develop Public Private Partnership and Corporate Social Responsibility as tools to achieve the ICPD Programme of Action.

Now that you have had the opportunity to gain a better understanding of the achievements we have made and the challenges we face in implementing the ICPD Programme of Action and the strategies and tools available to do so, we call upon you to take the necessary action as parliamentarians to follow up and support the relevant legislation, policy and programmes to make this a national priority.

As parliamentarians, it is our duty to actively utilize our position to promote the ICPD; ensure sufficient allocation of our resources to enact necessary programmes and services; and educate others on how to live resources for these programmes in saving lives, developing livelihood and promoting development that can positively impact on the MDGs. In addition to ensuring resources allocation, we as parliamentarians are also responsible for safeguarding our people by advocating for sexual and reproductive health and life.

As parliamentarians, we must use our political

power to advocate for technical, socio and economic planning and action to support the ICDP PoA. AFPPD supports the Programme of Action, and we provide any assistance with our means to champion this cause.

On a personal note, I am so glad we have tied together here in Tokyo and made new friends. I am sure our new friendship will blossom into long-standing relationship on which we can build new bridges to make stronger in Asian and the Pacific region.

We are all human and need to look after each other. I am also pleased that you have all taken the opportunity to come here and meet colleagues from different background and who have had different experiences. You have made the effort to share your feeling and personal experiences and discuss the issues that were covered in this meeting.

We thank you for taking the time to attend this valuable meeting. We also thank our colleagues at APDA for organizing this event and UNFPA and IPPF for their support in bringing us all together.

We hope that you will take the information and lessons learned here and actively pursue necessary action within your countries. As we learned during the past 2 days, we had the power to protect and promote the life of the people of our region. Together we can protect and advance our countries' sexual and reproductive health and life and create a stronger Asia Pacific Region.

Thank you.

## **CLOSING CEREMONY** ***Address***

**Hon. Nguyen Thi Kha**  
MP, Vietnam

---

Through this conference and study tour, we were able to learn updates and experiences of parliamentarians from different nations. All the issues faced by the mankind and all the issues that attract the attention of the world have been discussed at this conference. On a global level and on a regional level, we were able to identify possible solutions for these issues.

Among such issues, in order to achieve sustainable development, it is important that each and every citizen of the nation should gain a good understanding of the population issues first and foremost.

Laws differ from country to country, and customs and cultures vary from nation to nation. Achieving the common goal among them may require difficulties. In order to work out plans and execute these plans, we need each and every citizen's effort going forward.

For this, parliamentarians who represent each of the nations need to concert their efforts. In order to reinforce the alignment among nations, it is important that we get together periodically and have a conference like this over and over again, with focus on the population issue as well as and environment and other issues.

We are also facing such serious issues as women

younger than 18-years old having babies, imbalance sex ratio at birth, widening health gap depending on the areas or academic background of mothers, and aging of the population. Legislation in each nation is important, and conferences like this one where various countries discuss and identify common solutions are also very important.

I hope that through this conference much information will be shared and that new ideas will be generated from the session. I would like to express my hearty appreciation to APDA, to the Japanese government, as well as to all the participating Members of Parliament.

We hope that this kind of conference will be held and we will have a chance to further discuss these issues. I look forward to such opportunities and meeting you again.

Thanks to our concerted efforts, we hope that the population in Asia and in the world will be stabilized in the future.

His Excellency Honourable Fukuda, Former Prime Minister, and other distinguished Members of Parliaments, I pray to you all for your health so that we get to see each other as much as possible.

Thank you very much.

## **CLOSING CEREMONY** ***Closing Address***

### **Hon. Yasuo Fukuda**

Chair, Asian Population and Development Association (APDA)

Chair, Japan Parliamentarians Federation for Population (JFPF)

Chair, Asian Forum of Parliamentarians on Population and Development (AFPPD)

Former Prime Minister of Japan

---

Distinguished parliamentarians,  
Ladies and gentlemen,

Thanks to your strong drive to exchange opinions on the population issue, we are now able to close the 2-day conference with enormous amount of take-away and substantial results. This conference was held with the objective of reflecting the opinions of the parliamentarians in the Asia and the Pacific in the post-2015 international development agenda after the ICPD and MDGs as the target as the deadlines draw near.

I believe that by attending this conference, you were all able to renew your understanding on intrinsic relevance that exists among the issues of population, sustainable development, energy and environment. You must have reconfirmed the recognition that working on the issues of population can mitigate the misery of the world and create a world where all the lives that come into being will be celebrated.

This year marks the 30<sup>th</sup> anniversary since APDA started its initiatives based on the firm belief that without solving the issues of population and stabilizing the population, we are unable to achieve sustainable development.

Thanks to these initiatives, population issues have diversified and have varied. We still need to stabilize the world population, yet the issue of declining childbirth and aging of the society is progressing. Aging population combined with

diminishing childbirth rate is likely to bring challenges that accompany enormous fiscal burden. However, we have no time to be paralyzed or try to be back to the past out of nostalgia.

We should understand that these emerging population issues are attributed to demographic transition, which we should properly appreciate. Then we should explore new possibilities in light of this new development and strive toward building a sustainable society through various means.

Please share the results of this conference with your fellow parliamentarians upon your return to respective countries, and create allies and form a voice to be reflected in your national administration. This is the first step to build a future with hope. My special appreciation goes to UNFPA and IPPF which have given us generous support to put together this conference. I look forward to seeing you somewhere in the world again. Thank you for your participation.

In closing, let me invite all of you to the ceremony commemorating the 30<sup>th</sup> anniversary of APDA which will be held in a different venue.

Please, kindly take part in the dinner gathering to celebrate this memorable occasion with us. Thank you for your attention and thank you for your hard work.

## **STATEMENT**



# The 28<sup>th</sup> Asian Parliamentarians' Meeting on Population and Development Statement

3 October 2012

Tokyo, Japan

## Preamble

We, parliamentarians from 18 countries attending the “28<sup>th</sup> Asian Parliamentarians Meeting on Population and Development” in Tokyo, Japan from 2-3 October 2012, adopt the following statement:

The international parliamentary movement on population and development was initiated in Japan when the Japan Parliamentarians Federation for Population (JPFP) was founded in Tokyo 1974. Following this, the Asian Conference of Parliamentarians on Population and Development (ACPPD) was held in Beijing in 1981 which decided to form the Asian Forum of Parliamentarians on Population and Development (AFPPD) and the Asian Population and Development Association (APDA). This year marks the 30<sup>th</sup> anniversary of the establishment of AFPPD and APDA.

In a democratic society, we the parliamentarians engage in national policies as representatives of the people. As population issues should be solved based on the people’s understanding of respective countries, the role of the parliamentarians is essential and important.

We appreciate the great part that APDA and AFPPD have played as a driving force of parliamentarians’ activities on population and development in the Asia and the Pacific and the world in the past 30 years, and urge them to maintain and scale up their activities.

Based on the Istanbul Statement of Commitment, which was adopted at the ICPD-IPCI in Istanbul, Turkey in 2012, we, parliamentarians from Asian and the Pacific countries, reaffirm that addressing population issues constitutes an integral part to achieve a sustainable society that can ensure people’s wellbeing and welfare.

Toward this end, with the deadlines of the ICPD PoA and MDGs in sight, we commit ourselves to the full implementation of the ICPD PoA and integrate ICPD concepts into the post-ICPD and post-MDGs international development agenda.

## Fact:

1. Stabilizing the global population is the most essential and effective measures to sustainable development.
2. According to the United Nations estimates, 135.77 million children are born worldwide annually, and the world population increases by 77.68 million<sup>1</sup>. Ninety percent of these children (121.56 million) are born in developing countries or in the least developed countries.

---

<sup>1</sup> Average number in between 2010-2015, Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2010 Revision

3. It is inferred from some recent researches that about 32.91 million births are unplanned and unexpected due to unintended pregnancies.
4. If the number of annual births decreases by about 13.4 million from the medium-variant estimate of the population growth as of 2015, this will correspond to the low-variant estimate, paving the way to the stabilization of the population.
5. This means that the stabilization of the global population can be achieved by preventing unintended pregnancies (births), and by doing so, numerous tragedies can be avoided and all lives that are born will be blessed.
6. Preventing unintended pregnancies (births) should be put in place through deepening people's understanding on this issue, improving individuals' health and welfare, achieving universal access to reproductive health services including family planning, empowering women and girls, and realizing gender equality and equity, as specified in the Cairo Declaration at the International Conference on Population and Development (ICPD) and its Programme of Action (PoA) in 1994.

### **Actions**

1. We will strongly advocate to our fellow parliamentarians, the media and other stakeholders that addressing population issues is imperative for respective countries in order to stabilize the population, achieve sustainable development, and enhance the well-being of society.
2. Recognizing that achieving universal access to reproductive health services is fundamental to the realization of human rights and the most cost-effective way to address population issues. We will engage in the mobilization of necessary resources for meeting unmet needs for reproductive health services and programmes.
3. We will work with governments, civil societies and other stakeholders to change the perception of changes in demographic structures including aging as gains. Countries in various stages of demographic transition should take advantage of these gains seen from our efforts and achievements through addressing population issues.
4. We will call upon international aid agencies to provide concise and credible evidence-based information that can be utilized for advocacy, analysis, and monitoring aid effectiveness.
5. We will strive to mobilize our own financial and human resources to implement population programmes in respective countries, as these should assume a priority function.
6. We will strengthen advocacy activities in developed countries in order to maintain/increase aid budgets to accelerate the progress of population programmes, tackle global issues, and ensure sustainable development.
7. We reaffirm that addressing population issues is one of the most effective countermeasures against climate change, and we will continue to advocate to parliaments, governments and the public for the correlation between the two. We acknowledge the challenge of climate change with regard to food and food insecurity and natural disasters.
8. We urge the international community to incorporate not only the models of economic rationality and utility, but also the ICPD priorities including food and water security, poverty reduction and environmental sustainability.
9. We call upon the governments to plan, implement and monitor rights-based population and development programmes, which reflect the broad spectrum of people's needs and diverse situations, in close coordination with the international organizations. We stress the urgency that governments report on progress and outcomes to the parliaments and national committees on population and development.
10. We will work with governments, international organizations, and other stakeholders that further

and continued attention should be paid to sexual and reproductive health rights and issues of sexual orientation and gender identity.

11. We encourage governments, international organisations and other stakeholders to develop strategies to integrate PPP schemes and CSR activities into population programmes.
12. We will commit ourselves to enhance youth participation and realize the importance of their role at national and international level in expanding and diversifying actions and initiatives for development.
13. We will work towards increasing the participation of women at national and international level in policy-making regarding population development issues.
14. We affirm that measures should be in place to promote “healthy aging” in our societies, following the demographic transition.
15. We will recognize adaptive population and development programmes and government structures to accommodate further growing urban populations that already account for 50% of the world population, and promote South-South cooperation in improving or addressing population and development issues.
16. We recognize the impact of urbanization in a globalized society and make social development policies and enact legislation to address these issues.
17. We will make our best efforts to promote public understanding with regard to the close interlinkages between population and sustainable development issues in our countries and our respective constituencies.
18. We recognize that in today’s world a healthy humane country cares for the vulnerable, the young and the elderly. This tenant is more relevant today then ever before with decreasing birth rates and increasing longevity coupled with emerging technologies and greater communication.
19. It is imperative for mankind that we commit to societal change with the goal being every person living in dignity and good health free of fear and disease. We have many challenges including the demographic, climate, gender, economic and religious issues. Paramount to the success of our goal is the commitment to the continued collective pursuit of peaceful relations cooperation and exchanges of information between countries for the benefit of all.

On the occasion of 30<sup>th</sup> anniversary of APDA’s and AFPPD’s, we reaffirm the progress and achievements that highlight our efforts in parliamentarians’ activities on population and development and that we parliamentarians as a representative of the people, continue to play a crucial role in addressing population and sustainable development issues, including adaptive measures in response to continuing and emerging concerns resulting from the demographic changes in the respective countries.



## Participants' List

MPs from Asia and the Pacific				
1	Hon.	Nidup Zangpo	Bhutan	MP
2	Hon.	Damry Ouk	Cambodia	MP; Secretary-General of CAPPD
3	Hon.	Avinash Khanna	India	MP
4	Hon.	Bhausahab Wakchaure	India	MP
5	Hon.	Atte Sugandi Aboel	Indonesia	MP
6	Hon.	Seyed Abolkarim Hashemi Nakhli Ebrahimi	Iran	MP
7	Hon.	Mansour Arami	Iran	MP
8	Hon.	Yasuo Fukuda	Japan	Chair of APDA/AFPPD/JFPF
9	Hon.	Koichiro Gemba	Japan	Minister for Foreign Affairs
10	Hon.	Yoko Komiyama	Japan	Former Minister of Health, Labour and Welfare/Deputy Senior Vice-Chair of JFPF
11	Hon.	Akira Gunji	Japan	Minister of Agriculture, Forestry and Fisheries
12	Hon.	Michihiko Kano	Japan	Senior Vice-Chair
13	Hon.	Ichiro Aisawa	Japan	Vice-Chair of JFPF
14	Hon.	Naokazu Takemoto	Japan	Vice-Chair of JFPF
15	Hon.	Teruhiko Mashiko	Japan	Executive Director of JFPF
16	Hon.	Toshiko Abe	Japan	Chair of the JFPF Gender Issues Committee
17	Hon.	Aiko Shimajiri	Japan	Deputy Secretary-General of JFPF
18	Hon.	Michiko Ueno	Japan	JFPF member
19	Hon.	Kenta Wakabayashi	Japan	JFPF member
20	Hon.	Taro Kono	Japan	JFPF member
21	Hon.	Samakova Aitkul	Kazakhstan	MP/AFPPD Vice-Chair
22	Hon.	Klebanova Darya	Kazakhstan	MP
23	Hon.	Damira Niazaliev	Kyrgyz Republic	MP; Chair of the Committee on Social Policy
24	Hon. Dr.	Sonethanou Thummavong	Lao PDR	MP
25	Hon.	Mohamed Nashiz	Maldives	MP
26	Hon.	Rozaina Adam	Maldives	MP
27	Hon.	Bayanselenge Zangad	Mongolia	MP; Chair of the Standing Committee on Social Policy, Education, Culture and Science
28	Hon.	Brendan Horan	New Zealand	MP
29	Hon.	Humayun Saifullah Khan	Pakistan	MP
30	Hon.	Abigail Faye Cruz Ferriol	Philippines	Congresswoman
31	Hon.	Rodante D. Marcoleta	Philippines	Congressman
32	Hon.	Tissa Karalliyadde	Sri Lanka	Minister of Child Development & Women's Affairs
33	Hon. Dr.	Jetn Sirathranont	Thailand	Senator
34	Hon.	Manhhung Bui	Vietnam	MP
35	Hon.	Thi kha Nguyen	Vietnam	MP

<b>Regional/National Committees and Parliament Officers</b>				
36	Mr.	Eng Vannak	Cambodia	Coordinator of CAPPD
37	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
38	Mrs.	Saraswati Wakchaure	India	
39	Mrs.	Ide Ali Sugandi	Indonesia	
40	Mr.	Alavanh Phanthavong	Lao PDR	Head of Division, National Assembly
41	Mr.	Angarag Purevjargal	Mongolia	
42	Mrs.	Zeb Saifullah Khan	Pakistan	
43	Mrs.	Edna Marcoleta	Philippines	
44	Mr.	Ramon San Pascual	Thailand	Executive Director of AFPPD
45	Mr.	Manohar Prasad Bhattarai	Nepal	Secretary General, Legislature-Parliament Secretariat
<b>Ministries</b>				
46	Mr.	Masafumi Ishii	Japan	Director-General (Ambassador) for Global Issues
47	Mr.	Shinichi Iida	Japan	Director of Global Issues Cooperation Division
48	Mr.	Shiro Konuma	Japan	Director of Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs
49	Ms.	Minori Ishii	Japan	Chief for Health Policy, Global Issues Cooperation Division
50	Mr.	Masayuki Yamashita	Japan	Director-General International Affairs, Ministry of Agriculture, Forestry and Fisheries
51	Mr.	Kiyoshi Niina	Japan	Deputy Director International Affairs, Ministry of Agriculture, Forestry and Fisheries
52	Mr.	Katsuhiro Mizutani	Japan	Assistant Director International Affairs, Ministry of Agriculture, Forestry and Fisheries
<b>United Nations Population Fund (UNFPA)</b>				
53	Dr.	Babatunde Osotimehin	US	Executive Director
54	Ms.	Nobuko Horibe	Thailand	Director of the Asia and Pacific Regional Office UNFPA
55	Ms.	Junko Sazaki	Japan	Director of the UNFPA Tokyo Office
56	Mr.	Abubakar Dungus	US	Chief, Media and Communications Branch, Information and External Relations Division (IERD)
57	Ms.	Ann Pawliczko	US	Technical Specialist, Population and Development Branch, Technical Division (TD)
58	Ms.	Aya Yagi	Japan	UNFPA Tokyo Office
59	Ms.	Naoko Tochibayashi	Japan	UNFPA Tokyo Office

<b>International Planned Parenthood Federation (IPPF)</b>				
60	Dr.	Naomi Seboni	Botswana	President/Chairperson of IPPF
61	Ms.	Makoto Yaguchi	Japan	JOICFP
<b>Resource Persons</b>				
62	Mr.	Katsuhide Kitatani	Japan	Chair of NPO2050
63	Dr.	Ryokichi Hirono	Japan	Professor Emeritus at Seikei University
64	Mr.	Ryuichi Isaka	Japan	President and COO of Seven-Eleven Japan Co., Ltd
65	Mr.	Hiroshi Ishida	Japan	Executive Director of Caux Round Table CRT
<b>Corporations, Embassies, and Additional Delegates</b>				
66	Mr.	Ali Reza Ayoubi	Japan	Consular Section, Embassy of the Islamic Republic of Iran
67	Mr.	Shigeki Kimura	Japan	General Manager Planning Department Head of Corporate Discipline Management of Seven-Eleven Japan Co., Ltd
68	Mr.	Yoshinori Nii	Japan	Assistant General Manager, Planning Department of Seven-Eleven Japan Co., Ltd
69	Mr.	Masahiko Nishiuchi	Japan	NPO205
70	Ms.	Mayako Minegishi	Japan	Japanese Midwives' Association
71	Ms.	Ritsuko Takahashi	Japan	Japanese Midwives' Association
72	Ms.	Mami Suzuki	Japan	Japan Agricultural Communications
73	Ms.	Reiko Kikuchi	Japan	Japanese Nursing Association
74	Ms.	Maksat Saliyev	Japan	First Secretary of the Kazakhstan Embassy
75	H.E.	Rysbek Moldogaziev	Japan	Ambassador of Kyrgyz Republic to Japan
76	Ms.	Diana Sydykova	Japan	Embassy of Kyrgyz Republic
77	Mr.	Junji Funatsu	Japan	
78	Mr.	Akio Matsumura	U.S.	The First Secretary-General of AFPPD
<b>Board of Directors/Councillors of the Asian Population and Development Association (APDA)</b>				
79	Ms.	Wakako Hironaka	Japan	Vice-Chair
80	Ms.	Kayoko Shimizu	Japan	Member of the Board of Directors
81	Mr.	Yoshio Karita	Japan	Member of the Board of Councillors
82	Mr.	Shuzaburo Takeda	Japan	Member of the Board of Councillors
83	Mr.	Yuhiko Hashizume	Japan	Member of the Board of Directors
<b>The Asian Population and Development Association (APDA)</b>				
84	Dr.	Osamu Kusumoto	Japan	Secretary-General/Executive Director
85	Mr.	Seigo Masumura	Japan	APDA
86	Ms.	Hitomi Tsunekawa	Japan	APDA
87	Mr.	Farrukh Usmonov	Japan	APDA
88	Ms.	Tomo Imamura	Japan	APDA
89	Ms.	Sue Ann Bournet-Kunath	Japan	Conference Supporter
90	Ms.	Maya Takahashi	Japan	Conference Supporter
91	Ms.	Moeko Suzuki	Japan	Conference Supporter

<b>Interpreters</b>				
92	Ms.	Fujiko Hara	Japan	Interpreter
93	Ms.	Akiko Ninagawa	Japan	Interpreter
94	Ms.	Nobuko Tsutsui	Japan	Interpreter
95	Ms.	Haruko Ota	Japan	Interpreter
96	Ms.	Diemngi Kojika	Japan	Interpreter
97	Mr.	Shokir Mahmadv	Japan	Interpreter
98	Ms.	Nazima Davletova	Japan	Interpreter
99	Ms.	Taki Kitajima	Japan	Interpreter