International Parliamentarians' Conference on Population and Aging

Toward a New Paradigm for
Healthy Aging and a Vibrant Economy

18-19 November 2013
Tokyo, Japan

The Asian Population and Development Association (APDA)

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Notice:

This provides a summary of the "International Parliamentarians' Conference on Population and Aging – Toward a New Paradigm for Healthy Aging and a Vibrant Economy". APDA is fully responsible for the text and contents.

International Parliamentarians' Conference on Population and Aging: Toward a New Paradigm for Healthy Aging and a Vibrant Economy

PROGRAMME

18-20 November 2013 Tokyo, Japan

Day 1 : 18 November 2013 Venue: International Conference Room, The 1st Members' Office Building of the House of Representatives	
08:00-08:15	Registration for Parliamentarians and National Committee Officers / Depart from Hotel & Travel (Location: Meet at the "Main Banquet Entrance", The Main Building, Hotel New Otani)
08:30-09:00	Registration for International Organizations and observers (Location: In Front of the Conference Venue)
Opening Ceremony	
09:00-10:30	MC: Hon. Dr. Toshiko Abe, Chair of the Gender Issues Committee of JPFP **Welcome Address of Organizer** H.E. Yasuo Fukuda, Former Prime Minister of Japan/Chair of APDA/Honorary Chair of JPFP (Japan) "Aging and Population Issues: Future Perspectives" **Addresses of Honorary Guests** H.E. Fumio Kishida, Minister for Foreign Affairs (Japan) "Japan's Contribution to the Global Health" Read by: Mr. Koichi Aiboshi, Deputy Director-General for International Cooperation Bureau and Global Issues; Deputy Director-General for Middle Eastern and African Bureau and African Affairs Department, Ministry of Foreign Affairs H.E. Norihisa Tamura, Minister of Health, Labour and Welfare (Japan) "Challenges to the Achievement of Health Aging Society" H.E. Yoshimasa Hayashi, Minister of Agriculture, Forestry and Fisheries (Japan) "Food Security, Aging in the Japanese Agricultural Sector and its Future, and Revitalization of Vibrant Rural Community" **Address of Host Organization** H.E. Sadakazu Tanigaki, Chair of JPFP

	<u>Keynote Speech</u> Dr. Babatunde Osotimehin, UNFPA Executive Director [20 min] "Youth in an Ageing World" Hon. Prof. Keizo Takemi, AFPPD Chair (Japan) [20 min] "Aging Policy as Human Security: Universal Health Coverage and Japanese ODA"
10:30-11:00	Group Photo & Coffee Break (Location: Multipurpose Room, 1F, The 1st Members' Office Building of the HoR)
Session 1: Ageing from the Global Perspective – Demographics and Implications	
11:00-12:10 **12:10-12:40**	Prof. Dr. Makoto Atoh, Director Emeritus, National Institute of Social Welfare and Population Issues(Japan) [20 min] "Aging and Demographic Transition in Japan and its perspective" Professor Alfred CHAN Cheung-ming, PhD, Chair of the Elderly Commission, Hong Kong SAR Government; Director of the Asia Pacific Institute of Ageing Studies, Lingnan University, Hong Kong, CHINA [20 min] Dr. Reiko Hayashi, Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research (IPSS) [20 min] Moderator: Ms. Anne-Birgitte Albrectsen, Deputy Executive Director of UNFPA Discussion [30 min] Session Chair: Hon. Mariany Mohammad Yit, Senator, Malaysia
12:40-14:00	Lunch (Location: Multipurpose Room, 1F, The 1st Members' Office Building of the HoR)
Session 2: Population Ageing and Healthy Longevity	
14:00-15:10	Prof. Dr. Hideki Hashimoto, Professor at the University of Tokyo School of Public Health [20min] Dr. Rintaro Mori, Director of Department of Health Policy, National Center for Child Health and Development[20min] Dr. Alex Ross, Director of the WHO Centre for Health Development in Kobe, WHO [20min] Moderator and Session Chair: Hon. Paul Lackson Zacaria Chibingu, MP, Chair for Health and Population of Parliamentary Committee, Malawi
15:10-15:40	Discussion [30 min]
15:40-16:00	Coffee Break (Location: Multipurpose Room, 1F The 1st Members' Office Building of the HoR)

Session 3: An Economically Vibrant Ageing Society	
16:00-17:10	Prof. Dr. Hiroko Akiyama, Institute of Gerontology (IOG) , University of Tokyo (TBC) [20 min] "Healthcare Innovation Project in Kashiwa City: Aging in Place" Prof. Dr. Naohiro Ogawa, Advanced Research Institute for the Science and Humanities (ARISH), Nihon University [20min] "National Transfer Accounts (NTA) and Aging: Its Significance on the Economy" Prof. Dr. Atsushi Seike, President, Keio University [20 min] "National Responses to the Aging Society: Institutional Reform in Japan" Moderator and Session Chair: Hon. Florian-Dorel Bodog, MP, Romania
17:10-17:40	Discussion [30 min]
19:00-	Welcome Dinner Reception (Venue: Hotel New Otani "Sirius" Room, Garden Court Banquet Floor, Hotel New Otani)
Day 2 : 19 November 2013 Venue: International Conference Room, The 1st Members' Office Building of the House of Representatives	
08:45-09:00	Depart from Hotel & Travel (Location: Meet at the "Main Banquet Entrance", The Main Building, Hotel New Otani)
09:00-09:30	Registration (In Front of the Meeting Venue)
Session 4: Global Corporations: Roles and Strategies for Ageing	
09:30-10:40	Dr. Takeshi Kimura, Members of the Board & Corporate Vice Presidents of Ajinomoto Co., Inc. [20 min] "Nutrition Improvement for the Elderly for Long Healthy Life" Mr. Hideyuki Sajimoto, General Manager, DSM Nutrition Japan [20min] Moderator: Mr. Hiroshi Ishida, Executive Director, Caux Round Table Japan
10:40-11:10	Discussion [30 min] Session Chair: Hon. Dr. Alka Balram Kshatriya, MP; India
11:10-11:30	Coffee Break (Location: Multipurpose Room, 1F The 1st Members' Office Building of the HoR)

Session 5: Synergies for an Ageing Society	
11:30-12:40	Prof. Hisakazu Kato, Professor, The School of Political Science and Economics, Meiji University [20min] "Japan's Recommendations to the Aging Society and Reform of Social Security System" Mr. Duncan C. Campbell, Director for Policy Planning in Employment, ILO [20min] "Global Aging and Labour Issues" Mr. Shintaro Nakamura, Senior Advisor on Social Security, JICA [20min] "JICA project for aging society in Thailand" Moderator and Session Chair: MP Valentina Leskaj, MP, Albania
12:40-13:10	Discussion [30 min]
13:10-14:00	Lunch (Location: Multipurpose Room, 1F The 1st Members' Office Building of the HoR)
Session 6: Panel Discussion - Regional Aspects of Ageing and Its Impact	
14:00-15:00	Hon. Arpine Hovhannisyan, Armenia [10 min] Hon. Hetifah Sjaifudian, Indonesia [10 min] Hon. Boniface Mutale, Zambia [10 min] Hon. Lino Walter Aguilar, Argentina [10 min] Moderator: Dr. Kenji Shibuya, Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo
15:00-15:30	Discussion [30 min] Chair: Hon. Francis Marus, MP; Papua New Guinea
Session 7: Discussion for the Adoption of the Statement	
15:30-16:30	Discussion for the adoption of the Statement Chair: Hon. Fredrick Outa, MP; Kenya
16:30-16:45	Conference Evaluation Form
16:45-17:15	Coffee Break and formatting of the Statement (Location: Multipurpose Room, 1F The 1st Members' Office Building of the HoR)

Closing Ceremony	
17:15-17:45	MC: Hon. Yutaka Kumagai, MP **Address** Ms. Anne-Birgitte Albrectsen, Deputy Executive Director of UNFPA **Address** Hon. Dr. Bhalchandra Mungekar On behalf of Hon. Prof. P.J. Kurien, MP, Vice-Chair of AFPPD, India **Address** Hon. Chris Baryomunsi, MP, Uganda; President of APFPD **Address** Hon. Fernando Andrade Carmona, Peru **Address** Hon. Malahat Ibrahimqizi, MP, Member of the EPF Executive Committee, Azerbaijan **Address** Mr. Sam Ntelamo, Secretariat of APFPD, IPPF Representative Liaison Office, Addis Ababa On behalf of Mr. Tewodros Melesse, Director- General of IPPF Mashiko Teruhiko – Executive Member of JPFP
Day 3 : 20 November 2013	
09:50	Registration for Parliamentarians and National Committee Officers (Location: Meet at the Room "Aries", Garden Court 5F, Hotel New Otani)
10:00-12:00	**Briefing on Edogawa City's policies for healthy aging** (Venue: Room "Aries", Garden Court 5F, Hotel New Otani)
12:00	Depart from Hotel & Travel (By bus)
13:00	Arrive in Edogawa-City
Study Visit in Edogawa-City	
13:00-14:00	**Site Visit to Day care service/Nursing care service** (Venue: "Nagisa Waraku-En") **Site Visit to the Communication Service Center for the Elderly** (Venue: Seishin 2nd Elementary School)
14:00-14:10	Depart from Venue & Travel (By bus)
14:10-14:30	**Site Visit to Rhythmic Exercises Programme** (Venue: "Niida Community Center")
14:30-14:50	Depart from Venue & Travel (By bus)

14:50-15:10	**Site Visit to the Employment Service Center for the Elderly** (Venue: "Silver Employment Service Center")
15:10-15:30	**Site Visit to Kusunoki Culture Center** (Venue: "Chuo Kusunoki Centre")
15:30-16:30	**Q&A Session** (Venue: "Chuo Kusunoki Centre")
16:30-17:30	Depart from Venue & Travel (By bus)
19:00-	**Farewell Dinner** (Venue: "Top of the Tower", 40th Floor, Garden Tower, Hotel New Otani)

Hosted by:
Japan Parliamentarians Federation for Population (JPFP)
Organized by:
Asian Population and Development Association (APDA)
Co-Organized by:
United Nations Population Fund (UNFPA)
Supported by:
Ministry of Foreign Affairs of Japan
Asian Forum of Parliamentarians on Population and Development (AFPPD)
European Parliamentary Forum on Population and Development (EPF)
African Parliamentary Forum on Population and Development (APFPD)
Inter-American Parliamentary Group on Population and Development (IAPG)
International Planned Parenthood Federation (IPPF)

OPENING CEREMONY

OPENING CEREMONY

Moderator:

Hon. Dr. Toshiko Abe

Former Parliamentary Vice-Minister for Foreign Affairs

Chair of the Gender Issues Committee of Japan Parliamentarians Federation for Population (JPFP)

Good morning, everyone.

My name is Toshiko Abe and I serve as Chair of the Gender Issues Committee of Japan Parliamentarians Federation for Population (JPFP). We have gathered here today to hold the International Parliamentarians' Conference on Population and Aging: Toward a New Paradigm for Healthy Aging and Vibrant Economy.

It is my pleasure to serve as a facilitator for today's opening ceremony.

First of all, we would like to start with a welcome address from Honorary Chair of JPFP and former Prime Minister of Japan, Honorable Yasuo Fukuda.

OPENING CEREMONY

Organizer's Address

Hon. Yasuo Fukuda

Former Prime Minister of Japan
Honorary Chair of the Japan Parliamentarians Federation for Population (JPFP)
Chair of the Asian Population and Development Association (APDA)

Good morning, everyone. I most cordially thank you and welcome your participation, honorable parliamentarians who have joined us here from around the world at the International Parliamentarians' Conference on Population and Aging.

Let me start by introducing a special person—Dr. Babatunde Osotimehin, Executive Director of UNFPA and UN Undersecretary General.

I would also like to introduce Hon. Sadakazu Tanigaki, who was elected Chair of the Japan Parliamentarians Federation for Population (JPFP) following my retirement from the Parliament at the end of last year, which means this will be my last opportunity to address you at parliamentarians' conferences such as this.

Also, please welcome Hon. Keizo Takemi who has succeeded me as Chair of the Asian Forum of Parliamentarians on Population and Development (AFPPD). Please give them the trust and cooperation you have given me all these years.

Today, we have some Ministers of the Cabinet with us: Hon. Norihisa Tamura, Minister of Health, Labour and Welfare, and, seated next to him, Hon. Yoshimasa Hayashi, Minister of Agriculture, Forestry and Fisheries.

Now that I have done my duty in introducing these important persons, let me just say a few words.

As you well know, our activities began more than 30 years ago when some parliamentarians became acutely aware of the danger resulting from the excessive growth of the world's population, and felt that elected representatives of the people must collaborate to find solutions. It was predicted at the time that the world's population would exceed 10 billion in the 21st century.

As time passed, our various initiatives began to have a positive effect on the rate of population growth, particularly in the developed countries. That is to say, more countries are experiencing stagnation and even reduction in population rather than growth. However, some countries that are beginning to show these trends are now confronting various economic and social problems.

I believe that today's conference is the place for countries experiencing the aging of their population to discuss in concrete ways what measures can be taken under these new circumstances.

There are still regions, however, that are threatened by rising populations. Africa, for example, is expected to continue to increase its population. And in Asia there are some countries with rapidly growing populations that face problems of their own.

In the economically advanced countries, it is aging rather than population growth that is of concern, and they must tackle the accompanying economic and social challenges. It is important for these countries to find solutions so as to be positive models for developing countries that will one day face the same problems, for what they think and do will have implications for stable economic development around the world. In this sense, I believe we are at an important juncture.

It is incumbent on this conference therefore to debate seriously what needs to be done about these vital issues so that we can look forward to

a brighter tomorrow. I am confident that your deliberations will contribute greatly to the peaceful future of humankind.

In concluding these remarks, I wish once again to express my appreciation to the UNFPA for its generous cooperation in organizing this conference, and to thank honorable parliamentarians for your participation.

Thank you.

Moderator:
Thank you very much, Hon. Chair.

Unfortunately, at this point, Former Prime Minster Fukuda is obliged to leave to attend to his official duties. Thank you very much for your understanding.

Next, we were supposed to have Minister Kishida from the Ministry of Foreign Affairs make an address, but due to official obligations we will have another speaker from the Ministry of Foreign Affairs.

OPENING CEREMONY

Address

H.E. Fumio Kishida
Minister of Foreign Affairs of Japan

Read by
Mr. Koichi Aiboshi
Deputy Director-General for International Cooperation Bureau and Global Issues;
Deputy Director-General for Middle Eastern and African Bureau and African Affairs Department
Ministry of Foreign Affairs of Japan

First of all, I would like to congratulate you on holding this conference, International Parliamentarians' Conference on Population and Aging: Toward a New Paradigm for Healthy Aging and Vibrant Economy, which is timely and important to all of us, including Japan. I thank you too for giving me this opportunity to address you.

"Human Security" is the basic tenets of Japan's diplomacy. It aims to protect individuals from greatest threats to their lives, livelihoods and dignity and provides capacity-building programmes to encourage them to realize their full potential as individuals and to build sustainable societies.

To ensure healthy lives from newly borns to adolescent youth and seniors, realizing human security is essential and we will collaborate with other countries to achieve this objective. In particular, it is expected that aging process will rapidly advance in the next half of this century. We believe that human security is essential if we are to build a society in which the elders can enjoy their seniority and live with a sense of security.

In this process health plays a unique role. It is with this understanding that Japan has adopted as a pillar of its diplomatic strategy the provision of universal health coverage (UHC) affording access by all peoples to health services as "Japan Brand". UHC demands a departure from the conventional health policy of treating individual illnesses, to one that puts people at the center in order to meet their individual needs. It is believed that by aiming at UHC we can realize betterment of health of all including the elderly and the vulnerable peoples.

Aging is an inescapable process towards achieving sustainable development and a vibrant economy throughout the world. In Japan one out of every five citizens are seniors and we are pressed to cope with the aging society ahead of the rest of the world. Our strategy is to realize a healthy aging society through achieving UHC. I hope that sharing Japan's experiences in coping with aging with UHC at the base will benefit your efforts in realizing healthy aging societies.

Once again I wish to cordially welcome fellow legislators assembled here from around the world and sincerely pray that your vibrant deliberation would result in new ideas for building a healthy aging society. Thank you for your attention.

Moderator:
Thank you very much. As Mr. Fukuda said, measures to address aging cannot be overlooked in the process of stabilizing populations. Achieving stability by promoting family planning and reproductive health comprises an important challenge. In this regard, we are proud to have adopted Global Health as a pillar for human security in Japan's basic policy for ODA.

Next, I would like to call upon the Hon. Yoshimasa Hayashi, Minister of Agriculture, Forestry and Fisheries and JPFP Director.

OPENING CEREMONY

Address

H.E. Yoshimasa Hayashi

Minister of Agriculture, Forestry and Fisheries of Japan

I would like to congratulate you on the successful opening of the International Parliamentarians' Conference on Population and Ageing, in the presence of many domestic and international parliamentarians. This conference addresses aging population, one of the most important issues in Japan.

I also appreciate this opportunity for me to make a speech. This conference is organized by the Japanese Parliamentarians Federation for Population (JPFP), and I have an honor to be a member of JPFP.

In support of the main purposes of United National Population Fund (UNFPA) and International Planned Parenthood Federation (IPPF), JPFP was established in order to study the population issue and related issues such as natural resources, food, environment and international cooperation, and also to propose how to address these issues.

It is prospected that the world population will reach 9.6 billion in the year of 2050. Most of the population growth will occur in developing nations.

Last month, I attended the FAO Ministerial Meeting on International Food Prices which was held in Rome, Italy. In this meeting, I stressed that we should increase sustainable agricultural production and productivity worldwide and maintain co-existence of various types of agriculture in the world to respond to steadily increasing food demand.

Furthermore, I also emphasized that promotion of investment, agricultural infrastructure and participation of women are all important to strengthen food security, and Japan is willing to actively contribute to enhancing world food security.

Japan's agriculture faces various challenges, including a shrinking and aging farmers' population. Since I was appointed as Minister of Agriculture, Forestry and Fisheries last December, I have been implementing a new strategy titled "Aggressive Agriculture, Forestry and Fisheries".

This new strategy aims at achieving two objectives simultaneously. One is to convert agriculture, forestry and fisheries into a new growing industry, and the other is to maximize the multi-functionality of agriculture, forestry and fisheries. In pursuing these objectives, we will also actively implement the policy to tackle the aging issue.

I believe that it is very significant not only for Japan but also for the international community to activate agriculture, forestry and fisheries and create vital farm villages by addressing aging population issue.

Last but not the least, I would like to give our warm welcome to all the Members of the Parliamentarians who gathered here from all parts of the world, and would like to conclude my remark by expecting that this conference will have an active discussion and create new ideas on policy options to address aging population.

Thank you very much for your attention.

Moderator:

Thank you very much, Minister Hayashi. We cannot separate the population issue and agricultural issues. You had provided us with many suggestions. Next, we would like to have Norihisa Tamura, Minister of Health, Labour and Welfare.

OPENING CEREMONY

Address

H.E. Norihisa Tamura

Minister of Health, labour and Welfare of Japan

I am very honored to represent my Ministry at this conference and to say a few words to Members of Parliaments actively involved in the issues of population and development around the world.

Initiatives for social welfare in Japan

The theme of today's conference is "Toward a New Paradigm for Healthy Aging and Vibrant Economy". This September we announced that one-quarter of the Japanese population is over 65 years of age. The average longevity is 79 years for males and 86 years for females, which makes Japan the country with the highest proportion of elderly citizens in the world. This means that it is an important challenge to realize a healthy aging society in which seniors can live actively with a sense of purpose.

For this purpose we are implementing initiatives to extend healthy aging, so that elderly persons will not be forced to limit their daily activities for health reasons. For example, in order to extend healthy aging we established this September "Kenkou Zukuri Suisin Honbu (Health Promotion Headquarters)" so that all sections of our Ministry can work as one to promote integrated health initiatives for strengthening preventive services in order to be able to provide higher qualities of medical and care-giving services while controlling as much as possible the need for such services.

Furthermore, we are today building a "Community Care System" in which medical, nursing care and prevention, as well as housing and livelihood support services are provided in an integrated manner to enable elderly persons to continue living in their communities with dignity and autonomy.

Active Aging

Our initiatives do not stop at taking care of the elderly in Japan alone. This June our Ministry started a Study Group on "How Japan can contribute to Active International Aging" with Dr. Shigeru Omi, the Honorary Western Pacific Regional Secretary-General of WHO, as Chair. We are now studying effective ways of international cooperation in the fields of health and welfare of elderly persons in the ASEAN countries.

The outcome will be reported at the ASEAN-Japan Social Security High Level Meeting in December so as to promote international policy dialogue as well as to strengthen cooperative relations among ASEAN countries. Also, through JICA projects, we hope to be able to benefit from each other, with Japan sharing our experience and technology while learning from the successful collaboration and collective endeavors of ASEAN countries.

Conclusion

The Universal Health Coverage (UHC) System introduced in 1961 is the important foundation that supports Japan's aging society. This has reduced the gap in receipt of medical services and controlled medical expenses. Further, it contributed greatly to social stability by promoting redistribution of national income in step with the country's development. Prime Minister Abe has stressed this point in his contribution to *The*

Lancet, a British Medical Journal.

In this way, our Ministry is implementing various measures to achieve a healthy aging society as well as looking for ways to share its experience with the international community. In concluding my address, let me say that I look forward with great expectations to a very fruitful two-day conference. Thank you very much.

Moderator:
Thank you very much, Hon. Tamura. Next we have Hon. Sadakazu Tanigaki, new Chair of JPFP.

OPENING CEREMONY

Address

H.E. Sadakazu Tanigaki

Minister of Justice of Japan
Chair of the Japan Parliamentarians Federation for Population (JPFP)

I am honored to have been appointed to succeed our Honorary Chair Mr. Yasuo Fukuda as Chair of the Japan Parliamentarians Federation for Population (JPFP). Let me address you at opening of the conference.

People are at the heart of any society, and it is a given that without stabilizing population we will not be able to fundamentally resolve global issues. What we must do is clear. We should expand the rights of women to choose, and avoid undesired pregnancies by achieving universal access to reproductive health services including family planning as part of the global health programme provided for in the ICPD Programme of Action.

This will reduce the tragedy of poor women placed in dire situations and also help to ensure a healthy next generation. I am convinced that this will lead to creating a healthy future for all of us. And I believe it is the most important measures to cope drastically with global issues.

Our efforts to stabilize population invariably bring about changes in the demographic structure that result in the aging of societies. It must, however, be said that without these efforts we will have no future.

From an historical perspective it may be said that countries experiencing the aging of their societies have lived up to their responsibilities by making what may be called a revolutionary contribution to human society. We are challenged today to build societies that can willingly endorse aging as a blessing.

At this conference we will be deliberating on what we should do as parliamentarians to build a society that can accept aging society as a reward. For that a paradigm shift is needed, as rightly suggested by the theme of the conference.

A “paradigm shift” means changing our objectives and ways of looking at things, requiring across-the-board changes. This means we will need to put together our combined wisdom in all areas and come up with ways to cope with our challenges.

Historically, humankind has never experienced this level of aging on a global scale. From now on we will have to face unprecedented challenges.

Is this an entirely a new challenge? We must ask ourselves. Only 60 years or so ago Japan was predominantly an agricultural society. It was taken for granted then that the elderly would work as long as their health and physical strength allowed. At the same time, they were expected to take on social responsibilities according to their abilities.

Children were to be seen happily playing and learning from their working parents. In the absence of a social security system, men and women of all ages helped each other by participating together in communal activities.

Needless to say, this is not to suggest that we had ideal societies in the past. Individuals were oppressed and women’s right of choice was

limited. It is doubtful that an aging society can be successfully coped with by depending on a certain age group obliged to forego a happy life.

The more a community depends on public services, the more their social ties and their resilience to disaster become weakened. It is well known that communities that have social rather than institutionalized ties are stronger in times of disaster.

The Nakayama Zuidoin Niigata, for example, is closed in winter due to heavy snow that isolates neighboring communities. In the absence of public support, residents themselves dug a 922-meter-long tunnel to enable access in times of emergency. There were no public support at the time and public functions were maintained by the efforts of the people.

Perhaps we can say that the issues raised by the aging society in Japan are the result of excessive dependence on institutionalization.

In order to build a rewarding aging society, it is important to ensure healthy aging by putting in place basic social security system as well as promote non-institutional functions drawing from the wisdom of the past and to have full social participation of men and women of all ages. There will then give us the possibility of building a rewarding aging society.

Even today, some sub-Saharan countries continue to experience a rising population while their leaders seem to imagine that the strength of a country is measured by the size of its population. There exists also the conventional belief that a large pool of young labor is the prime engine of economic development.

The process of globalization is proving, however, that the size of a young labor force is not necessarily the only source of economic vitality. We will do well to accept the fact that the larger the population, the more unpredictable the future burden. By presenting a prescription for the aging society, let us show that it is possible to resolve the issue at hand.

Following the conference you will be visiting Edogawa Ward that is a model for the successful application of public policies. You will be taken to a facility that provides for both young and old residents. I sincerely hope that the visit will be helpful to you in formulating policies in your countries.

In closing, let me once again thank you for traveling from afar to be with us and I sincerely wish you a fruitful programme.

Thank you very much.

Moderator:
Thank you very much Mr. Tanigaki. As far as Mr. Tanigaki is concerned, not only is he the new chair of the JPFP, he is also the Minister of Justice, and we really appreciate his taking time out of his busy schedule of official duties to participate in this meeting in this way.

Next, we would like to have Dr. Babatunde Osotimehin, Executive Director of UNFPA.

OPENING CEREMONY

Keynote Speech

Dr. Babatunde Oshotimehin

Executive Director of the United Nations Population Fund (UNFPA)

Let me salute Mr. Fukuda, former Prime Minister and former Chair of the Asian Population Development Association (APDA) and Honorary Chair of Japan Parliamentarians Federation for Population (JPFP). I salute him because he has provided us with a great leadership on the issue of global population, making us look at it in a totally different way, considering the direction in which the world has gone. I know that he has stepped out, but I also know that he will be available for us to consult him on a regular basis, to benefit from his wisdom.

Let me also thank Minister Kishida, who is represented here. We met in New York during the General Assembly, when we were talking about the new direction Japan is taking in terms of global health diplomacy. Minister Tamura, thank you very much for your intervention as well. Minister Hayashi, my friend, I also appreciate your insights into what we are talking about. Let me also thank the new Chair Mr. Tanigaki for his intervention, and I acknowledge the presence of Professor Takemi, who is my professional senior and actually comes with a great deal of experience in global health.

I also should acknowledge and thank 71 parliamentarians, who have come from 35 countries. I think this tells us much about population dynamics, which I will talk about now.

Aging is one, but we are talking about young people as well. So in the end we are taking about two sides of the dynamic. I think this is the appropriate place to talk about it because Japan offers us a great deal of insights into what we should be doing and how Japan has done it, as mentioned in various interventions from Ministers before.

The social security system and the Universal Health Coverage (UHC) are actually nowadays the basis of the global health diplomacy. The issue of human security, and more recently, the “renewal” of diplomatic language that Prime Minister Shinzo Abe has brought with his “Abenomnics”, also has great resonance with the work we are doing and with what it means for reproductive health and the rights of women and girls around the world. I think and firmly believe that Japan offers us the very basis to enable us to look at this in great breath.

I think the world needs to position itself differently from where we stood before, on one hand, and look at aging population in the developing world together with the young, thinking of ways to bring these two together in a complimentary and beneficial way, on the other hand.

The topic of my speech today is the “Youth in an Aging World”. It sounds contradictory, but it is reality. Globally, populations are younger and older than never before. There are both largest cohort of young people and largest number of older people. In some of the developing countries, high fertility means that population of young people is growing, while in some of the richest countries, low fertility means that population of older people is on the rise. We need to be cognizant of the lack of young people in some

countries, as well as the increase trend in aging population in others.

People are living longer because of life styles and better access to health care. We need to take cognizance of this. Countries have to make purposeful plans to insure that aging does not cripple the elderly. This is the essence of this meeting.

Let me digress for a minute and again acknowledge Prime Minister Abenomics policy, which he underlined in his speech at the General Assembly in September. We look forward to collaborating with the Government of Japan on these issues and putting these ideas in the development agenda post 2015. Our goal is equality for women at parliament, with special emphasis on the vulnerabilities of women, particularly adults. As we consider the challenges of aging population, we must not forget the particular needs of older women, who constitute the majority of older persons. The most important issues with them are poverty, discrimination, bad health, which are problems we have in most societies.

The gender gap between woman and man also always puts older woman at disadvantage. From the report that is now being generated for 20 years of implementing the ICPD Programme of Action globally, it is evident that one of the most vulnerable populations in the world today is older women, who really do not have access to social services. Thus, going forward, this is something we have to address as public policy.

Let me switch now to the young people. 1.2 million of the young people age between 15 and 24, nearly 18% of the world's population. If we consider all young people below the age 25, we are talking about 40% of world's population today, most of whom live in the developing world.

This large young population, properly managed, can generate opportunities for the society's economy. We have to harness this potential and address the particular needs of young people, including them in decision making, and empower them to become ideals of change.

That implies that most of the investment goes to education and quality of health care, including sexual reproductive health services and comprehensive sexual education. We also have to implement proper policies to create opportunities for innovation and entrepreneurship as means for decent employment for young people. It is only then that countries can benefit from the demographic dividend, as it is then that prosperity can come.

We also have to keep in mind that we have to reduce tensions surrounding the world and promote human security. Otherwise, we will have populations going faster than the economies, and problems in terms of restiveness and insecurity.

Therefore, we must ensure that all young people, especially girls, have access to equitable high quality education and services, including family planning. We must also ensure that we provide them with the right information and protect their rights to choose. Capitalizing on those values can actually allow growth in most parts of the world.

This is the most interconnected population of young people we ever had. We can transform politics and culture so as to have right policies and investments in place. We know that is the only way to transform landscapes, particularly in the developing world.

We are asking for goals extension to investment in capabilities of young people and adults for sustainable development in the post-2015 development agenda. We expect you to assist us

on this.

You might ask what it has to do with aging. It has, because, let me emphasize, aging starts before you are born. It is important to understand that the atmosphere and the environment in which a baby is born and the atmosphere and environment in which a child is raised and exposed to actually has a great impact on who the child becomes physically, mentally and emotionally.

Nevertheless, I think we today know what specific things to do as parliamentarians and as governments around the world to protect our young and to make sure that they can have healthy life styles so they grow to be healthy adults and senior citizens. We know how to balance the exposure to sugar consumption, tobacco, alcohol, and exercise at a proper time. We have to make you sure that they understand the essence of preventing.

We can actually grow gracefully and not have all the chronic diseases we now have. Those diseases have implications for the social security systems we are trying to build around them. They also have implications for investments, for we do not have to spend a lot of money on non-communicable diseases, if we manage to stay healthy. Therefore, we need to capitalize educating how our children and younger people are built. It is only then that they can sustain themselves and bear to also maintain and support the older population.

Let me now switch to population aging. It is pervasive, as I said, in every region, and in 2050 80% of the world's older people will be living in developing countries. It is very profound. I am not sure whether many of us have come to terms with that. Population aging is something which is going to be crippling for us, and all our governments have to be able to take this into consideration and begin to invest in it right now.

The number of older persons is projected to reach 1 billion in less than 10 years and double by 2050 to 2 billion, representing 22% of the total global population. At that point in time, 2050, older persons will outnumber those under 15 for the first time in human history. The challenge is to create a society for all ages, a society where young and old together are heading for their aspirations, a society where young and old can claim their rights and also contribute for the benefit of their countries. I have talked extensively about building capacities of young people. We also must continue to build the capacities of the age so they continue being relevant to their societies.

I remember that my father had to retire at the age 55. I cannot think today of a situation where people retire at such age, because things are moving. I am 64 today and I do not think I am ready to retire. I see many people in their 70s who actually still do so much for the society. In that sense, we need to understand that life styles have improved considerable and we must put in place the environment to continue ensuring that every person, who still has the capability to be an input to the development of our societies, is given the opportunity to do so. We should not say *you have to go*. I think that is an important thing.

I was very impressed with the Japanese system. I have also been to Korea and seen what is happening there. China is also beginning to address this, just making sure to improve the skills of older people on a continuing basis. This can be relevant to the society and I think it is very important. We must not forget that as people age, their needs are different: nutrition, shelter, housing, transportation. We have to address all of these and make sure of their access when needed.

An egalitarian society looks after its youth as well as its elderly.

We should stop the negative stereotypes depicting older people as frail, disable, dependent, and burden. This is not the way it is today.

Let me add one thing. Many of the older people take care of their grandchildren and are not paid for it. I do not think it is fair. I think older people need to be acknowledged for what they do and have dignity in their lives. That is important. Such contribution can be built into the social security system, into the pension schemes, or into their retirement benefits when they retire. It is important to understand that at every point in time older people contribute to the economies of their countries. Let us then ensure that we maintain solidarity between generations, which is fundamental for social vision and the foundation for formal public welfare and formal care systems. Let us make sure that we maintain inter-generational ties that benefit both young and old, and make sure that in an increasing mobile society technology makes that easier.

I would not recommend what I have seen in many parts of the world; where we are beginning to build old people's homes. I think we should begin to revise this, because social-family contact makes a lot of difference to the lives of people and we should not push them out of our homes. We should make sure that we look after them.

Let me conclude by saying that what I would like to see and I would like to ensure, as for the UNPFA, is the support from the UNPFA. We take the responsibility for looking after the population dynamics: old and young. We would provide all the inputs to sensitize governments. We would also make sure that we can serve as secretariats of thoughts or point of conversions, where we can call attention to the good practices happening around the world.

As I have said, Japan has been talking about social security and universal health coverage, which I think are very important. I believe that within that construct, we should look after sexual reproductive rights of young people, and look after the life styles of older people so they can have dignity in their lives. Japan also has given the concept of human security, which I believe is very relevant and the way to go.

We, as the UNFPA, within the United Nations system, can make sure to bring all forces together, all of the elements together, mechanisms to ensure that every country can manage its population dynamic: looking after young people, making sure that the old people have dignity, and we can also ensure we share these practices across the border to make the world a better place.

Thank you very much for listening.

OPENING CEREMONY

Keynote Speech

Hon. Prof. Keizo Takemi

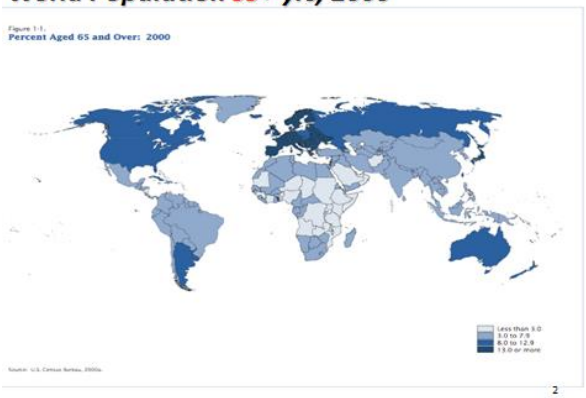
Chair of the Asian Forum of Parliamentarians on Population and Development (AFPPD)

It is indeed a privilege to be part of this international parliamentarians' conference on the extremely important issue of population and aging in the presence of Dr. Babatunde Osotimehin, Executive Director of UNFPA, and numerous other parliamentarians from various countries.

Today I would like to talk about the relationship between the aging of society and global health. I would also like to talk about the Japanese experience and explain how Japan is attempting to address these issues through its ODA.

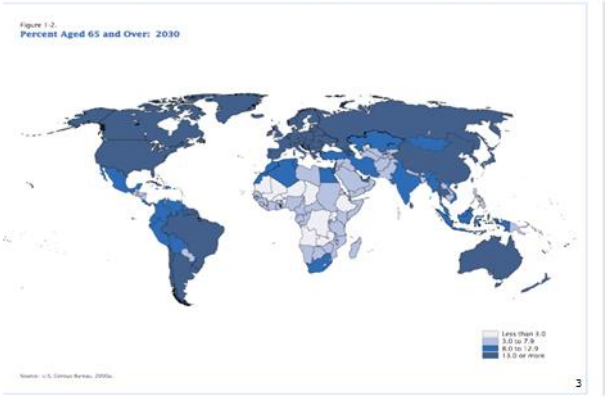
This slide, as I am sure you are well aware, illustrates the aging of the world's population. The dark blue areas represent regions in which 13% or more of the population is already 65 years of age or older. This next slide illustrates the rapid spread of aging worldwide.

World Population 65+ yrs, 2000



This is what global aging is expected to be like in 2030. Aside from Africa and a few countries in Central Asia, most regions are projected to have begun aging. Aging in the Asian Pacific region is expected to advance particularly rapidly. Aging will advance most rapidly in Japan, but other Asian countries such as Singapore, China, South Korea and Thailand will also age rapidly hereon after.

World Population 65+ yrs, 2030:Aging society

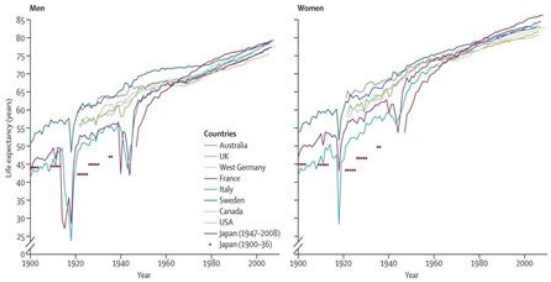


This graph shows how Japan's life expectancy at birth increased and led it to become an aging society. In 1945, our life expectancy was 50 years old for Japanese men and 54 for women. Then around 1970, Japan became an industrialized nation and our average life expectancy grew rapidly. It has continued to grow since 1970 and for a time we had the longest life expectancy in the world for both men and women. Japanese women have retained this position for the past 26 years, and Japan's life expectancy has continued to grow.

During the 70-year period following 1945, Japan successfully managed to deal with many of the issues facing developing countries today. Reducing child mortality rate, death from tuberculosis and other infectious diseases, and improving health and hygiene enabled us to extend our life expectancy rapidly.

During the 15-year period between 1950 and about 1965, Japan accomplished the targets set in the Millennium Development Goals (MDGs). However, what I would like to focus on today is how, even after achieving this rapid improvement in life expectancy, we have continued to improve upon it. The answer is, as the next slide shows, we have succeeded in reducing the mortality rate of adults. That is to say, we are ensuring adults do not pass away prematurely.

Japan's trends in life expectancy at birth, 1900—2008



Source: Figure 1, What has made the population of Japan healthy?, Lancet Special Series on Japan

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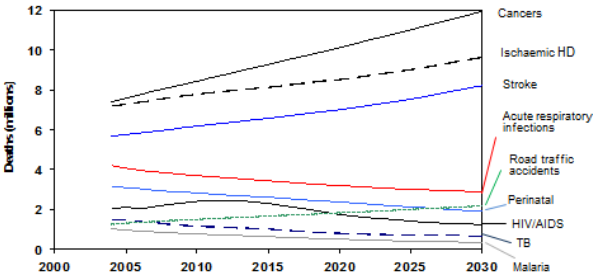
However, once you gain control over the adult death rate in this way, the types of illness that befall society change significantly. In other words, once people are no longer dying of tuberculosis and other communicable diseases, the mortality rate of people inflicted by chronic non-communicable diseases increases steadily. As a result, we see a change in the non-communicable diseases that afflict people. This change is being observed not only in Japan, but also in countries throughout the world where populations are aging, and as you well know, the number of people dying from diseases such as cancer, ischemic heart disease, stroke and acute respiratory infections has increased substantially.

How has Japan dealt with these issues? This graph shows the trend in stroke mortality among men in Japan and selected countries. The red line represents Japan. Around 1950, Japan's stroke mortality was at a very high level. However, from about 1970, we have been able to reduce this number substantially in Japan. How exactly have we managed to reduce the number of people dying from a non-communicable disease such as stroke?

Growing number of cases of non-communicable diseases as causes of deaths

Global projections for selected causes
2004 to 2030



Updated from Mathers and Loncar, PLoS Medicine, 2006

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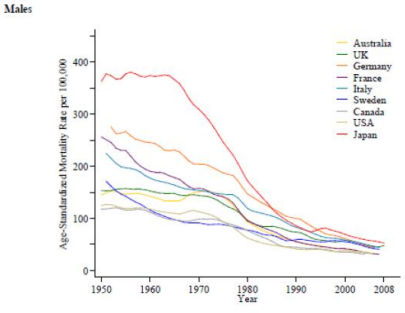
This graph shows the means by which we were able to lower blood pressure, a leading cause of stroke. Approximately 80% of people who pass away from stroke have high blood pressure. In other words, finding ways to control high blood pressure on a daily basis enables you to reduce the stroke mortality rate. In our case, we adopted a public health approach and the government embarked on an active campaign to encourage the public to limit their daily intake of sodium, and the results attained were quite significant.

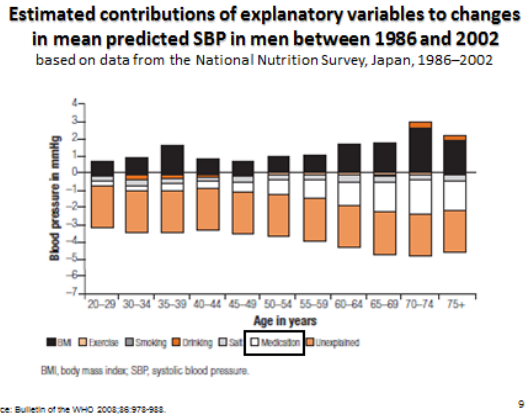
Trends in men's mortality due to stroke in Japan and selected countries



Source: Webfigure 4, What has made the population of Japan healthy?, Lancet Special Series on Japan

However, the slide also contains this white portion. Factors that contribute toward reducing blood pressure are noted below the zero, and of these, medication was the most effective. In other words, blood pressure medication can be used to

control blood pressure and enable people with high blood pressure to lead lives as if they had normal blood pressure.

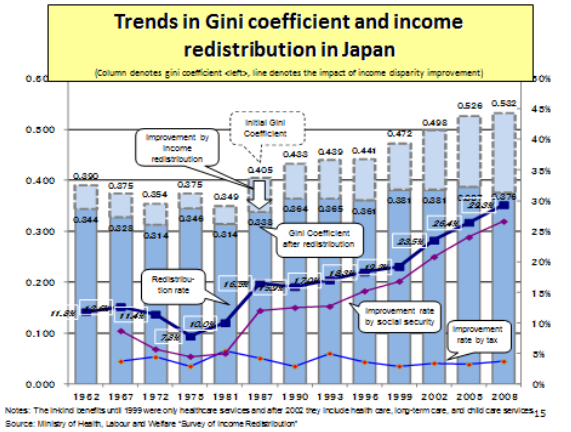


How did Japan manage to use such medication to control blood pressure, and consequently, reduce stroke mortality? In 1961, Japan introduced its National Health Insurance Scheme and by utilizing the community and primary healthcare this afforded we were able to provide reliable services that facilitated early diagnosis and treatment of patients with high blood pressure. This in turn enabled many patients with high blood pressure to control their blood pressure through medication and substantially lower the number of persons who passed away from a stroke.

This illustrates just how crucial a challenge realizing universal health coverage (UHC) based on a national healthcare system poses as we deal with the aging of society. Countries worldwide have come to recognize this as an issue, and a definition of UHC was adopted at the World Health Assembly in 2005. The goal of UHC is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

At the same time, the growing threat of non-communicable diseases is gaining recognition around the world. This was confirmed in September 2011 when a high^-level meeting on non-communicable diseases was held as a side event to a UN General Assembly Meeting and the fact that an estimated 36 million of the 57 million deaths globally were due to non-communicable diseases was confirmed. That some 80% of people dying from diabetes live in developing countries was also confirmed, and the fact that non-communicable diseases pose a threat not only to developed countries, but also a very significant threat to the developing world is becoming widely accepted.

That brings me to how Japan has addressed these issues. Japan realized UHC in 1961, but this was simply one measure within a package of key policies adopted by the government. Let me explain the major national targets Japan set and what kind of policy package we put together.



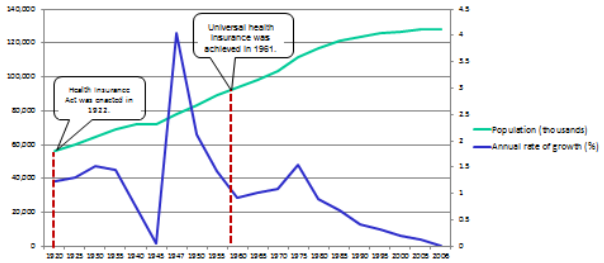
In 1960, Japan expanded the scope of its goal for its 10-year fiscal plan from merely economic growth to encompass higher income. We introduced both the national health insurance and the national pension fund in 1961, and at the same time, we raised the progressive tax rate on income to 75%. The overall vision informing this policy package was the creation of a healthy, highly educated, middle class post-war society, and realizing UHC comprised one of its key pillars.

Just about the time UHC was introduced, Japan experienced a population boom that continued for some time after that, and young people still accounted for a considerable proportion of that.

This coincided with a rapid rise in Japan's GDP. However, Japan had formulated its policy package before this period of rapid economic growth, and as a result, the policy package designed to create a healthy, highly educated, middle class society proved to be extremely effective as a means of reducing income disparities between the very wealthy and the very poor.

This next graph shows when Japan realized UHC with respect to its increasing population. As you can see, UHC was achieved even before Japan could fully enjoy its population bonus, and creating this policy package enabled Japan to create a stable society with negligent income disparity in an extremely effective manner.

Population and population growth in Japan (1920-2006)



Source: Statistics Bureau, Ministry of Public Management, Home Affairs, Posts and Telecommunications

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I am particularly partial to this next slide which shows how the income disparity really contracted during the period of high economic growth Japan experienced during the latter half of the 1960s through 1970. Many countries around the world are currently experiencing economic growth, but unfortunately this economic development is also associated with growing disparity between the rich and poor. This, in turn, is causing social unrest, and in some countries, this is escalating to a level that threatens to destabilize the political system itself.

In Japan, however, this policy package was formulated before we realized economic growth, and this enabled us to effectively reduce economic disparity between the wealthy and poor, and successfully control income disparity during our period of high economic growth which enabled us to achieve social stability over the long-term. This long-term social stability made it possible for the Liberal Democratic Party (LDP) to govern Japan for over half a century, and this social and administrative stability played an important role in not only extending Japan's average life expectancy, but also promoting their healthy lifespan.

As a result, a public opinion poll conducted in Japan revealed that 90% of the population thinks of themselves as being middle-class. To commemorate the 50th anniversary of our national health insurance system in 2011 and foster understanding of these achievements more widely throughout the world, we published this special issue of *The Lancet*, in which we provided an overview of the process by which we achieved UHC in Japan.

After this was published, the Abe administration decided to actively share Japan's experiences, both the good and the bad, with other countries. By disclosing its policies openly, Japan strives to help people in countries grappling to deal with the aging of society, the evolving composition of diseases afflicting them, and the escalating threat of non-communicable disease. Accordingly, the Japanese Cabinet adopted a new line of policy, the Japan Strategy on Global Health Diplomacy, on 17 May this year with a view to making a significant contribution in this regard.

The basic idea underlying this strategy is that health is indispensable to achieving human security. Of course, simply being healthy is not enough when trying to live a better life, but in many ways, ill health can pose a substantial obstacle to efforts to improve your quality of living. Accordingly, we view health as the

framework for human security and deal with it directly. Japan has adopted a policy to contribute toward the improvement of global health. Realizing UHC in many countries is clearly a very important part of this, and Japan is determined to share its own experience and contribute toward achieving UHC.

With this goal in mind, Japan has been putting together various policies for ODA measures. Firstly, Japan is proposing that UHC be regarded as the key concept when considering the post-2015 development agenda. Secondly, we have decided that ODA policies designed to realize UHC comprise the most effective way of implementing ODA measures with other countries. And thirdly, Japan has formulated a policy for realizing UHC in collaboration with international organizations such as UNFPA, WHO and the World Bank.

This was made very clear in Prime Minister Abe's article published in the September 14th Issue of *The Lancet* in which he strongly advocated adoption of UHC as a key concept in the post-MDGs development agenda and confirmed that Japan would continue to provide assistance to developing countries. Based on this resolve, Japan has put together a support system based on a skilful combination of three ODA tools, namely yen loans, technical cooperation and gratuitous financial aid, and collaborates with partner organizations in developing countries to realize UHC suited to local circumstances through country-owned projects.

Accordingly, Japan exercises an extremely flexible approach to interest on yen loans for use in the field of healthcare with a view to facilitating their effective use, especially in countries striving to realize UHC. Through these efforts, Japan is attempting to clarify ways in which UHC can help countries to cope with the aging of society, the evolving composition of diseases and new threats posed by non-communicable diseases.

However, Japan's problems are getting worse. Although the policy package designed to create a healthy, highly educated middle-class society successfully contributed to realizing extremely stable economic development in Japan, these policies have become invalid and are no longer sustainable. For countries facing imminent aging, Japan's experience is of great value, but for Japan itself, their value has waned and it has become crucial that we set new goals and make substantial changes to our systems and measures. Moreover, as Dr. Babatunde pointed out earlier on, what we must consider when setting these new goals is how we can continue to prolong healthy life spans in an aging society and, exactly as we are advocating, how we can reduce disparities between healthy life span and average life expectancy.

Unfortunately, over the past 10 years, Japan has seen increasing disparity between healthy life span and average life expectancy, and although average life expectancy has grown by 1.5 years our healthy life span has grown by less than one year. If this disparity continues to grow, the number of elderly persons requiring healthcare or nursing will increase and the number of bedridden elderly persons will increase as well. This is not only bad news for elderly people; it also means escalating economic and social costs for Japan. Accordingly, measures to continue expanding our healthy life span and reduce disparities between healthy life span and average life expectancy have become an extremely important issue for Japan.

For those countries that are aging we feel that there are many lessons to be learned from our experience here in Japan. And there are many things that we will continue to experience in our country as we seek to deal with these new issues that I am sure will be of great interest to other

countries. As a mature and responsible nation, Japan will continue to seek new measures to extend the healthy life span, reduce disparities in average life expectancy and deal with other issues associated with aging populations and the evolving composition of disease.

We will also endeavor to realize economic and employment policies that enable healthy elderly people to continue working and being productive into their 60s and 70s. In this sense, realizing an economically-vibrant healthy long-lived society has become Japan's new goal for the 21st century. This concludes my report.

Thank you so very much for your kind attention.

SESSION 1

Aging from the Global Perspective
Demographics and Implications

SESSION 1

Moderator:
Ms. Anne-Birgitte Albrectsen
Deputy Executive Director of UNFPA

Curriculum Vitae:

Ms. Anne-Birgitte Albrectsen brings to UNFPA nearly 20 years of development and managerial experience, having held leadership positions in the Danish Government and previously in UNDP and UNFPA.
She served with UNDP from 1997 to 2004, first as Deputy Resident Representative in Indonesia and later as Director and Management Adviser in the Administrator's Office at UNDP Headquarters.
She has direct knowledge of UNFPA's mandate and areas of work, having served from 2004-2006 as UNFPA Representative in Turkey and Country Director for Armenia, Georgia and Azerbaijan.

SESSION 1

"Aging and Demographic Transition in Japan and its Perspective"

Prof. Dr. Makoto Atoh
Director Emeritus of the National Institute of Social Welfare and Population Issues (IPSS), Japan

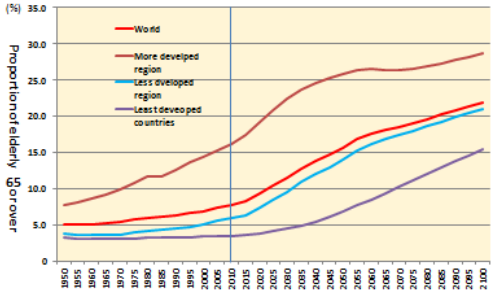
Curriculum Vitae:

Dr. Makoto Atoh was graduated from University of Tokyo and took Ph.D. (in Sociology) from University of Michigan. Researcher in Institute of Population Problems (1971-93) and its Director (1993-96). Vice-Director of National Institute of Population and Social Security Research (1996-2000) and its Director (2000-05). Professor, Faculty of Human Sciences of Waseda University (2005-2013). Ex-Chairman of UN Commission on Population and Development and Ex-president of Population Association of Japan. Former member of Advisory Council on Population Problems, Social Security Council and Statistical Commission etc. Authored The Contemporary Demography: Basic Knowledge of Aging Societies with Below Replacement Fertility (2000). Wrote and edited Population Issues in the Developed World: Below Replacement Fertility and Family Policies (1996), Japanese Society in the Age of Population Decline (2007), Family Changes in the Age of Below Replacement Fertility (2011).

I would like to focus on Japanese experience, which I know well and if possible I would like to get some lessons; good or bad, from this experience. First of all, I would like talk a little about global aging. In the previous century, only developed countries had an aged population and aging issues were seriously discussed almost only in these countries. That is the figure for aging process in the world before. But in this century aging is being regarded as a global issue to be addressed at the International scene, since, as the

Figure 1. Global Aging:
Trends in % Elderly aged 65 or over in the World and by Developmental levels

2) But in this century, aging is being regarded as a global issue to be addressed at the international scene, since population aging is starting even in developing countries.



Source: United Nations Population Division, World Population Prospects: 2012 Revision, UNPD(homepage)

blue line shows, population aging is starting even in developing countries. It is often suggested that population aging is always a burden for society. Is it true?

In order to fairly evaluate the effects of population aging on the society we need to discuss the demographic mechanism of population aging, that is, the demographic transition. As I said before, I would like to focus on Japan. Japan currently has the highest level of aging in the world and will probably keep that position in this century. Based upon it, I would like to evaluate brighter side and darker side of population aging.

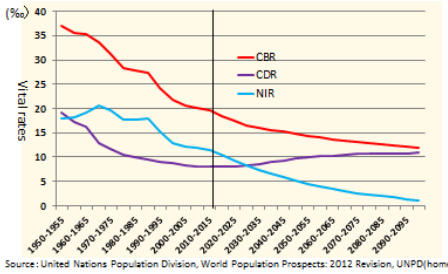
According to the classical demographic transition model, secular mortality decline in the modernizing societies gives rise to the widening gap between fertility (CBR) and mortality (CDR) and concomitantly rapid population expansion.

All countries are either developed or developing, and have experienced or are experiencing demographic transition and rapid population growth in their respective modernizing process. The world as a whole is now in the midst of grand demographic transition. This is the world process of demographic transition fertility. The red one is

fertility and mortality and this is natural increase rate. It has declined gradually, but is still over 1% of world population.

Figure 4. Demographic Transition of the World:
Trends and Prospects of Crude Birth Rate(CBR), Crude Death Rate(CDR) and Natural Increase Rate(NIR) of the World

(2) All the countries, either developed or developing, have experienced or are experiencing demographic transition and rapid population growth in their respective modernizing process. Thus, the world as a whole is now in the midst of grand demographic transition.



Source: United Nations Population Division, World Population Prospects: 2012 Revision, UNPD(homepage)[9]

Japanese demographic transition started in the end of 19th century and the gap between crude birth rate and crude death rate had widened through prewar years and natural increase rate has risen gradually, resulting in a rapidly expanding population. It is always known that rapid population increase tends to hamper economic development, expands poverty and puts heavy pressure on the resources and the environment. It also brings about youth bulge, as mentioned in the *State of World Population* by UNFPA recently, which may lead to a large number of unemployed young workers and political and social instability with it.

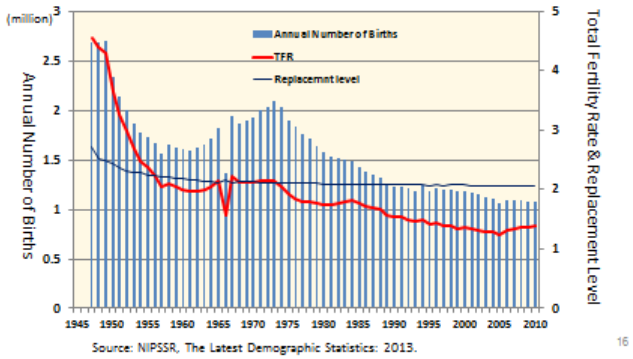
Japan suffered from rapidly expanding population with youth bulge in prewar years. The percentage of youth population (15 to 24 years) maintained around 20% and just after the 1960 or 1970, it started to decline. Less developed regions in the world still maintain a higher level of youth bulge today, similar to prewar Japan, which is about 20% of the total population.

In modernizing countries, it became an important political agenda to shrink the gap between fertility and mortality, through fertility transition and stopping of the rapid population increase. Fertility transition is defined here simply as the decline of the total fertility rate (TFR), the average number of children per woman from more than 4 or 5 to around 2. This is postwar trends in TFR. In less developed region just after the war, it was about 6 children per woman, but now it is declining between 2 and 3. Therefore, there is still room for further decline in TFR down to the replacement level. Adding to economic and social development programmes, many countries promoted family planning programmes to bring down fertility and population growth.

Japan completed fertility transition in a very short period, between the end of the 1940s, just after the war, and the end of the 1950s, this red line. The TFR declined from more than 4 to around 2 in this very short period. With this, the annual population growth rate declined to around 1% in the 1960s. Consequently, in countries which complete fertility transition and succeed demographic transition, population aging inevitably starts with a shrinking bottom of the population pyramid, while population increase becomes moderate.

Figure 8. Trends in Annual Number of Births and TFR in Japan

(3) Japan completed **fertility transition** in a short period between the end of 1940s and the end of 50s: The total fertility rate declined from more than 4 to around 2. With this, annual population growth rate declined to around 1% in the 1960s.



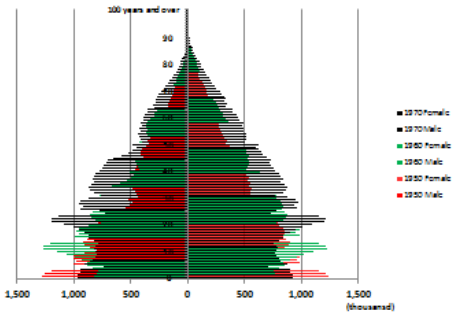
Source: NIPSSR, The Latest Demographic Statistics: 2013.

As for Japan, population aging started in around 1960 when fertility transition was completed. This is mainly because young children population decreased very dramatically. The red one is 1950 population pyramid and the green one is 1960. The black one is 1970. In the 20 years, the bottom

of population pyramid has shrunk. Population aging usually starts like this.

Figure 9. Population Aging started with Fertility Transition in Japan:
Japanese Population Pyramids of 1950, 1960 and 1970

(2) As for Japan, population aging started in around 1960 when fertility transition completed. This is mainly because young child population decreased dramatically.



Source: Statistics Bureau, Ministry of General Affairs, Japan, Population Census: 1950, 1960 and 1970.

In addition, the speed of population aging depends considerably upon the speed of fertility transition. Generally speaking, fertility transition tends to be faster among developing countries than developed countries and therefore population aging tends to be faster among developing countries than among developed countries. So long as the TFR maintains around replacement level about 2.1 children per woman, the proportion of elderly people aged 65 or over rarely surpasses 25% of the total population. United States keeps around replacement level of fertility and their aging level is among the lowest in developed countries.

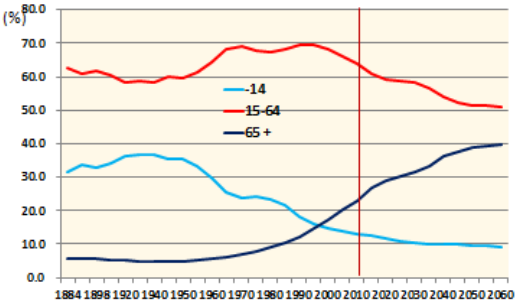
Recent economists' argument for population bonus shed light on economic merits of the success of demographic transition at least the early phase of population aging.

By the completion of fertility transition, the proportion of working-age population rises, favoring economic productivity of populations and expanding savings and investment, all of which are of course beneficial for economic development. Economic development makes it possible to build public social support system for the elderly that comprises pension scheme, medical and health service system or long-term care service.

As for Japan, due to the decline of the percentage of child population through fertility in the 1950s, as this blue line shows, the proportion of child population under 15 is declining. It started declining in the 1960s, and the proportion of working-age population rose from around 60% in the 1950s to around 70% in 1965 and maintained that level up to 2000.

Figure 10. Population Bonus fro Japan:
Trends and Prospects in the Age Composition of Japanese Population

(4) As for Japan, owing to the decline of the % of child population through fertility transition in the 1950s, the proportion of working–age population rose from around 60% in 1950 to around 70% in 1965 and maintained that level up to 2000.



Source: Bureau of Statistics, Population Census ; NIPSSR, Population Projections of Japan(2012 Revision).[22]

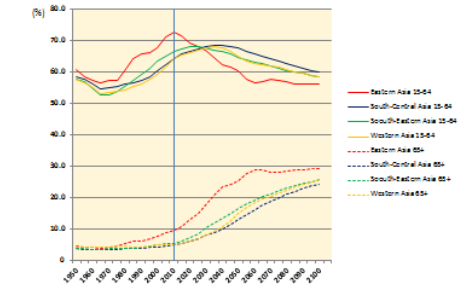
Utilizing this population bonus or demographic dividend, Japanese economy was transformed into a highly developed economy and universal support system for the elderly was established in this period. It was a period of high economic growth, mentioned by a previous speaker. In the 1950s, 1960s, and early 1970s, during the high economic growth period, social security system expanded at the same rate with the growth of national income. Since early 1970s, economic growth rate declined and contrarily social security system expanded faster than economic growth rate in Japan.

Any country has only one chance of population bonus. The window of opportunities, the period of population bonus in Japan's case in the 1950s, 1960s and 1970s, opens only once in the countries' post transition phase. Developing countries have experienced rapid fertility transition and therefore they will face faster population aging than developed countries.

Consequently, if these countries cannot achieve a fully developed economy by the closing of the window, by 2040 or 2050, they will face double burdens of achieving economic development and building up social support system for continuously-growing elderly population. This is a proportion of elderly population increasing this century in all regions in Asia.

Figure 12. Population Bonus:
Trends in the Percentages of Working-Age Population and Elderly Population in Asia

(3) So, if these countries cannot achieve a fully developed economy by the closing of the window, they will face **double burdens** of achieving economic development and building up the social support system for continuously-growing elderly population.



Source: United Nations Population Division, World Population Prospects: 2012 Revision, UNPD(homepage)[25]

Since the middle of the 1970s fertility dropped below replacement level, less than 2.1 children per woman, among almost all the developed countries. This figure showed that all these developed countries' TFR declined below 2.1. Some of them, including Japan, have had a fertility rate of 1.5, far below replacement level, for more than three decades. Those countries include Germany, Italy, Japan and of course southern European countries and German-speaking countries.

Furthermore, newly industrialized economies are experiencing the lowest fertility rate since the turn of the century. This includes Republic of Korea, Taiwan, Singapore and Hong Kong. Their TFR is below Japanese TFR level, at around 1.0 to 2.3.

Such low fertility, below replacement level, in some developed countries including Japan, causes a continuously declining and hyper aging population. Japanese population peaked in 2010. After that year it began to decline. The dot line is persons aged 65 or over, which now represents 25%. Furthermore, it is expected to increase up to around 40% according to Japanese population projections. We call it continuously declining hyper-aging. Of course, lengthening longevity accelerates population aging.

As it has already been mentioned by Hon. Takemi, Japan has one of the highest life expectancies at birth. Recently for women, life expectancy at birth is over 85 years old and for men around 80 years old.

Hyper-aging enlarges the burdens of supporting the elderly population endangers the sustainability of social support system for the elderly, particularly social insurance for old-age pension and for medical and long term care. The red line shows the total social security cost, ratio of social security cost to national income. It has increased since the 1970s and right now about 30% of the national income is social security cost.

So in order to maintain the social support system for the elderly, radical revision of the social support systems for the elderly is indispensable, such as cutting the benefits and the raising the contributions of social insurance systems so as to balance both of them. In addition, it is also necessary to compensate for the decrease of working-age population by expanding the workforce through the employment of more women and more elderly people as well as through accepting foreign workers.

But in the long run, the future of a depopulating and hyper-aging society such as Japan depends upon the resilience of fertility or recovery of fertility. There is no easy measure to raise fertility, but judging from international comparisons, gender equality and work-family life balance seems to be a key factor for the recovery of fertility. Thank you for your attention.

Ms. Anne-Birgitte Albrectsen, UNFPA:

Thank you so much Prof. Atoh. Thank you for reminding us that globally all countries will experience demographic transitions that we need to share the lessons learned so that we can assist that, particularly developing countries taking full advantage of the population bonus and also looking at what happens beyond the first transition to the second transition of below fertility level or replacement level fertility in countries. You also highlighted at the very end of your presentation some of the possible solutions that we need to examine together in terms of social insurance system, increasing women in the work force, and also focusing on policies that will improve work-life balance to insure that fertility can again reach replacement level and to insure that there are appropriate balances. Now with that short summary, let me pass on to Prof. Chan, who will help us through the more regional aspects of the trends now, particularly in Asia.

SESSION 1

"Aging Issues from Global Perspectives: Diversities and Significance"

Prof. Alfred Chan
Professor of the Asia Pacific Institute of Aging Studies at the Lingan University, Hong Kong

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Curriculum Vitae:

Prof. Chan has been both a practitioner in welfare services for older persons and an academic in social gerontology. Starting his career as a nurse and later on as a social worker in serving older persons, Prof. Chan has extensive skills and knowledge in health and social care services and policy making. His academic interests, such as the interpretation of intergenerational relationships, ageing and long-term care policies in Asia Pacific, the development of health and social care measurements, Quality of Life, Caring Index, etc. are closely related to this area and his research have been widely published in refereed journals and as book chapters. He is currently the Director of Asia-Pacific Institute of Ageing Studies and Office of Service-Learning, which he founded in 2006 in the promotion of "Liberal Arts Education" to university students through "Serving-to-Learn; Learning-to-Serve."

Prof. Atoh actually has made my job a lot easier, so I do not need to go all the publications, but there are a few points that I would like to reinforce just now. Before I get into my presentation let's remember three overwriting principles: what can we talk about and it has been repeated, but in different forms today.

First of all, aging does not have to be a burden for any government or any country. It is about how well we prepare for aging society in coming up age and also how individuals are well prepared for it. So it is not about inevitability, it is about the preparations. And secondly, it is all about self-responsibility. I am so glad when I so lively disputed this morning by UNFPA that #10 Priority areas set. We need a new right based culture and a new rights-based culture means bounds of individual responsibility. When we look at an individual, who has been smoking for all his life, and if he now has a problem with permanent diseases and claims for his rights, I do not think that is right. So let's remember that the new rights-based culture means coming with that responsibility.

The third principle is a many helping hands approach, we cannot just depend on the government now, because the government alone could not take care of every single individual who is aging. Prof. Atoh has told us that coming of age means not only the number, but it also means the decline of labour participation. It also means living a longer life. So all down the road, the more resource to be borne by not just the government, but everyone, family and neighbors. So let's remember that, many helping hands.

A lot of that will be in the Asia Pacific and a lot of that within what we call the developing countries. So we have to be mindful about those countries. We do not have, at the same time, the resources to do with the number and the resources quite about in an aging society. So this is a bigger challenge for the Asia Pacific, unlike European countries, when they have become all the head already a lot of resources after industrialization and urbanization. We are just nearly moving into that. This is again sort of breakdown of different proportions, so you can see India and China would house a lot of that population in the world and

proportionally the aging population would be also housed within that two countries.

Now this is the number we are looking at, so by the end of the century, every country is actually approaching the 20% earmark. And we are looking at the numbers, the top 10 countries which housed the most elderly population, or the world's biggest number of population, and several are within the Asia Pacific. We are looking down a road for another 20 years. There will be a sort of slight change not in the region, but in the country. India will supersede China to be the largest populated country.

Prof. Atoh has already shown this point. So among the Asian countries, Japan has the fast growing and also was the first country entering the aging era, low fertility and longevity. Now I would like to reinforce that, as for European countries like France and United Kingdom, they were given longer time to prepare for that coming of age. They had above 60 to 100 years to prepare for doubling the aged population from 7% to 14%. In the Asia Pacific, at most we have about 60 years and when we talk about China, India, Indonesia and Korea, we only have about 13 years to prepare.

A while ago Prof. Atoh talked about the need to put systems into place. Systems like long-term care systems, pension systems, health care systems, social care systems all need time. If we have just 30 years to prepare, it will not be enough time to build 10 or 20 hospitals. So we need to come up with alternatives to resolve this challenge.

Comparing to European countries, Asia had additional challenges. We have mostly big numbers, and apart from that, we have the fastest growth of the aging population. We have also confronted longevity problems. This is very interesting because we have been in a sort of less wealthy condition. But Asian countries like Japan, Indonesia, Hong Kong, Singapore we are entering into the longest living era, all beyond 80 years old for life expectancy at birth.

Remember also that we are getting into old age before we get rich. It means that we have less resource to prepare for the numbers. Many of us are now actually getting wealthy while we are getting also older. Unfortunately, we did not have good conditions like what European countries experienced. They have resources ahead of the aging population. We have to deal with it as it comes.

Increasing longevity also means that all over the world, we have less wealthy women. This might be a particular problem for Asian countries, where we rely on them mostly for housework and also family cares. But they do not enter into the so-called proper employment recognition and therefore these women are not usually given a pension, like men do, but very often women are having a longer life expectancy than men. So who will be the people who are looking after women? So this will be an added challenge for Asia.

Now do we have all or are we prepared in terms of policy-making well. Let's look at how Europe actually prepared for this. Earlier retirement age is one possibility, but this means that people near retirement age will have to wait another a few years to get their pensions. That actually raised a lot of opposition in European countries like Greece, France or Scandinavian countries, most particularly with younger generations.

As Dr. Babatunde talked earlier, inter-generational relationship is very important, too. We have a younger generation in European countries, now all raised and faced against postponing the retirement age. So it was for that reason, they did

not would like to pay more taxes. They said they do not would like to support other people's parents. Now we do not want our Asians to feel that, so we need to do work now if it is not too late.

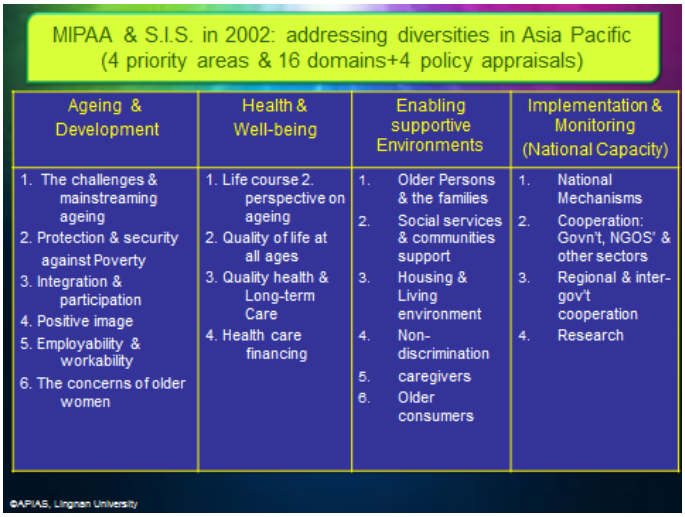
The promotion of individual savings maintains life cost perspective as young as possible. Once young people come out to work for the first job, it is important to make them feel safe or else it will not be paid for all ages. Increase fertility has been talked about a lot, so it is better that I do not repeat. Opening migration or immigration has some plusses and minuses, so we need to be mindful about opening up immigration, but at the same time how to work on with newcomers who have different cultures. Effective policy-making will be very important, too.

These are the measures that we witnessed in European countries, some prove to be working, and others do not. As a whole we have seen the experience of European countries by large, it was not totally satisfactory.

UN and all the countries that gathered came up with Madrid International Plan of Action on Ageing (MIPAA) with so-called three dimensions or three priority areas for policy-making. The first is aging and development basically talking about providing basic minimum services to protect the lives of the aged and also to make them live with dignity and having a positive image for the elderly people.

The second pillar is getting into health and well-being. Making health a mandatory provision, again however minimum like what Japan did and does now. So the basic health care is very important to maintain a quality life for the aged people. The third pillar is about providing and enabling environment for those people, who would take care of themselves. So for one side, individuals take their own responsibility for keeping themselves active, while another part is how the government should be able make the environment conducive for that.

Now there is a forth pillar here that was an added pillar from the Shanghai Implementation Strategy that was an Asian ESCAP version of MIPPA. We thought that in Asian countries it would be ideal to have an evaluation mechanism and therefore the 4th pillar is there. We have policy directives and advance into specifics. We have also WHOs active aging framework.



This slide is a modified version, so quickly I go through them. Security: one from a government point of view, providing safety environment, also financial security for older persons from life cost perspective. Equally it is important for individuals' right from very young age. They should be mindful about keeping their own safety. Health maintains systems: building a health care system, individuals should be responsible for their own health right from birth, participation, being active, being participative in community affairs.

We talk about three important elements: employment on pay, voluntary work, and elder learning activities. So all this would be like what Prof. Atoh said. As long as we can work, there should not be a retirement age at all, so we should

be able to live for ages.

In summary, the world is aging. We must support older people as our contributors, and give them positive support that they deserve as well. Promoting a positive image rather than looking at them as dependent beings. We must also expand opportunities for older people to continue working, to do volunteer work, to get retrained and trained so that they stay healthy. Of course for parliamentarians, for policy-makers like you have to work on these.

What about simple messages to all citizens out there? Basically, what we need to do is to come with very simple messages. You need to save three things for every person, since in one day, when you step into your primary school, every single key need to be told: save money as early as possible and save your health. Do not ruin your health. That is from a life cost perspective. And the most importantly, save friends because when you get to about 60s and begin to know your friends drop off one after another and you will be feeling lonely and of course you need more friends.

More importantly, save younger friends, so you die before them, right? And also, for those men here, we are talking about our Asian ladies, you make lady friends, because it is our Asian ladies' gentle hands that take care of you. Remember what I said earlier, ladies always outlive us 5 or 6 years. So at your last days, it is always ladies take care of you. So be truthful, be good to your ladies. Thank you very much.

Ms. Anne-Birgitte Albrectsen, UNFPA:
Thank you so much Prof. Chan, who expressed eloquently and reminded us of the other number of very key principles in this debate and also key messages that certainly will resonate I am sure with you as well as with me. Obviously aging is a necessary burden. Right goes with self-responsibility and many helping hands approach. This is not just a government approach and of course 3 takeaways here at the end. Save money, save health, save friends. All sounded wise for all of us and keep our eyes and focus on the most vulnerable: the elderly, women who do not have the pension and who do not have a social security system.

Particularly, in Asia and in developing countries, where windows of opportunity for preparing for that transition, as we were told, it is very much shorter that it was in Europe or in Western Europe. So the time to act for parliamentarians and policy-makers really are now.

Now, let me turn the floor to Dr. Hayashi, who will look at global aging, just really look at demographic explanations what in fact is happening, making some of connects really tied for all policy-makers in the room.

SESSION 1

"Demographic Transition and Population Aging: Some Lessons from Japanese Experiences"

Dr. Reiko Hayashi
Director, Department of International Research and Cooperation, National Institute of Population and Social Security Research (IPSS), Japan

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Curriculum Vitae:

Dr. Reiko Hayashi obtained a Master of Health Sciences and Bachelor of Technology (Architecture), The University of Tokyo. DESS, Université de Paris I. Ph.D in Policy Studies, National Graduate Institute for Policy Studies (GRIPS), Japan. Prior to joining IPSS with present position in 2012, her career includes Technical Advisor to the Minister of Health, Republic of Senegal (JICA expert) and Project Assistant Professor of Center for Sustainable Urban Regeneration, the University of Tokyo. Dr.Hayashi's focus has been on population urbanization and mobility, population and development. Her article titled "Long term world population history - A reconstruction from the urban evidence" has received the Excellent Article Award of the Population Association of Japan in 2009.

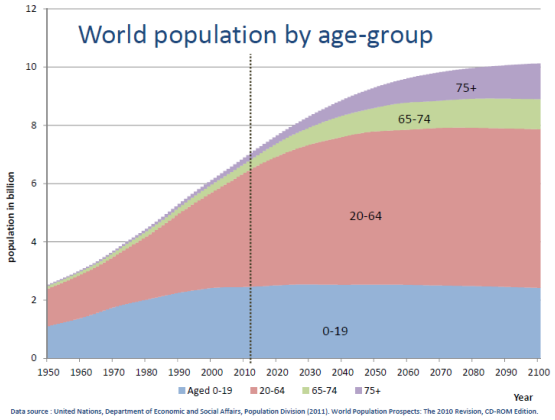
My name is Reiko Hayashi and I am the Director of International Research and Cooperation of National Institute of Population and Social Security Research (IPSS), where Prof. Atoh was the Director General before. I will talk as a researcher of IPSS as well as an African person, meaning that I used to live in Senegal for four years, working as an advisor to the Health Minister of the Republic of Senegal until 2011. I look like Japanese, but I would like to talk about this Global Aging Issue also from my African perspective.

It has been already discussed through different presentations. The population aging is already a global issue and, for example, for the United Nations already there were several activities that have been done. As Prof. Chan has introduced, in 2002, the Madrid International Plan of Action on Aging has been adopted by the all member states.

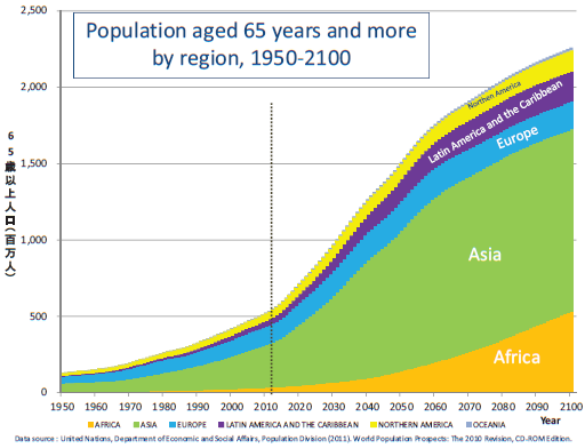
Also, UNFPA and core organizers of this meeting have launched a report of the global aging last year here in Tokyo of Japan, which has the highest population aging rate of the world. And we are talking about the post-2015 Development Agenda. We do not know yet if population dynamics will be one of the pillars of the post-2015 Development Agenda. But the population dynamic, including population aging is one of the very important issues which we have to tackle.

As we know, population aging is ranging through multiple fields from health, employment, environment, urban planning, and so force. There are some people who even say that we should create a kind of system, which might be called as UNAGE like UNAIDS or UN Women, so that there should be collaboration between different fields. So this is what is happening right now through the UN activities with member states.

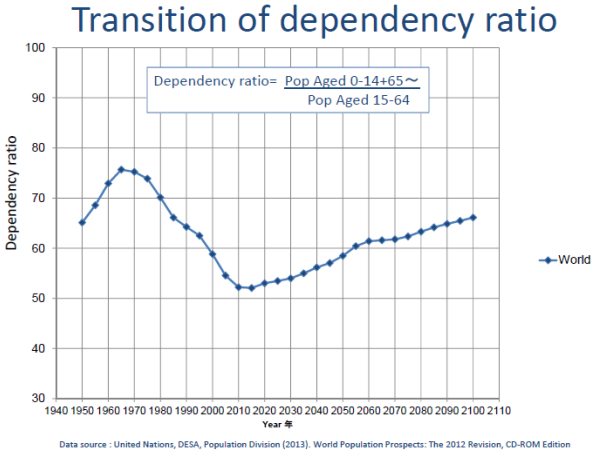
I would like to show you the world population trend by age. When we see the population of 0-19 years old, younger people are no longer increasing. This is a kind of amazing thing that young people are no longer increasing. Instead working age population of 20-64 years old and also of course the aged people are increasing rapidly.



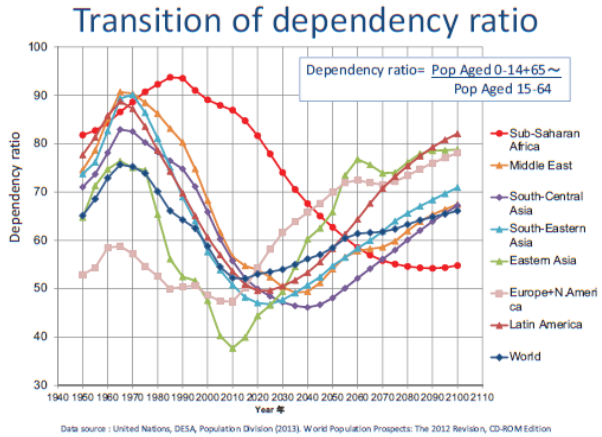
When we see by regions, we can see an increase of aging people in Asia. Asia has China and India, and the basic population is large, which inflate the total number of aged people in Asia. We have seen this kind of graphic, which is the only monotonic trend. But here I would like to show you that we are now in the transition point.



This is the trend of dependency ratio of the global population. Dependency ratio here is calculated by the number of younger people and older people divided by working age population. High dependency ratio means more dependent people. We have to discuss active aging to see if the aged people are dependent or not, but this is a kind of indicator that we use. Since 1950, there is a sharp increase of the population dependency ratio, which was due to the population explosion of high birth rate. After that, the dependency ratio is just going down until 2010 and 2015. We are at the bottom of dependency ratio, as Prof. Atoh has talked about population bonus. We are now in the best moment to enjoy the population bonus at the global level. Then this dependency ratio is going to increase. Now we are in the best position, but we have to prepare for the future, as we are having more and more dependent population, especially aged people.



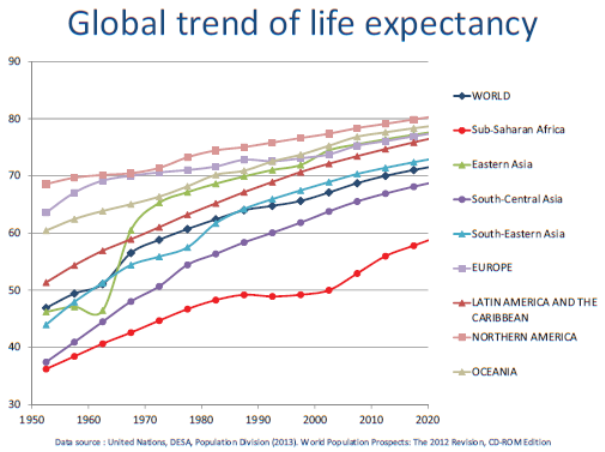
This is the dependency ratio by regions of the world. Here, the green line represents Eastern Asia: Japan, China, Korea and Mongolia. Eastern Asian countries already hit the bottom. Europe and North America, Southeastern Asia and Latin America actually have very similar demographic trends, and they are going to have the lowest point in about 10 years, around 2020. After that, South and Central Asian countries, including Central Asia, India, Bangladesh and Nepal, together with the Middle East are going to achieve



this bottom around 2040 in 30 years' time. Sooner or later, the global population is reaching this bottom of the dependency rate issue except for

Sub-Saharan Africa, where the ratio is still high and the gradual decline still continues for a while.

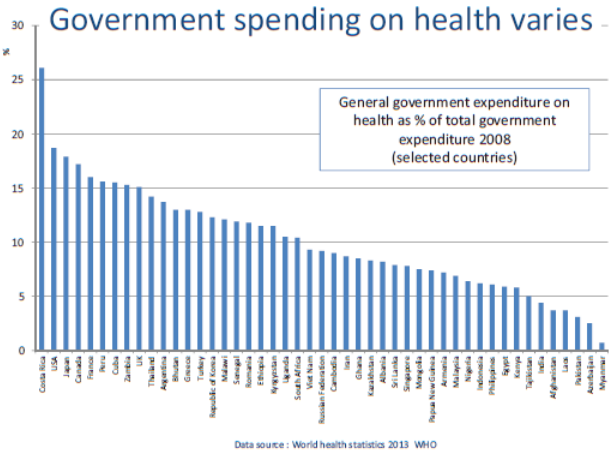
Let me talk about the demographic point of view. As my time is limited, I am going to be quick enough. When we talk about demographic, we talk about fertility, mortality, migration and also family structure. But I would like to briefly talk about the characteristics of each point. As we have seen already earlier, the total fertility rate (TFR) is declining in every region of the world. Population aging is caused by extension of life expectancy, but the role of low fertility is much bigger. A low fertility is contributing much more to the population aging.



Here is the increase of aged population rate in Japan from 1950-2000. There was an increase of 12.4% between these time points, the contribution of the fertility declining is 5%, larger than the extension of life expectancy. How to balance with population aging with low fertility is a big challenge.

Next I would like to talk about the mortality rate or on the other way the life expectancy. This is the trend of life expectancy of every region of the world. The life expectancy is increasing in the past 70 years. However, as people live longer, there are more different diseases coming up, and we call it double burden of diseases. Double burden of diseases are infectious diseases, such as AIDS, malaria, tuberculosis and tropical neglected diseases as well, combined with non-communicable diseases, which include chronic diseases such as cancer, heart attack, stroke and diabetes. Nowadays diabetes death rate is more noticeable in developing countries than in northern countries.

Also, there is a wide difference of government spending on health. This shows general government expenditures on health. Costa Rica spends more than a quarter of their government spending for health. It is the country's decision how much they spend on health.



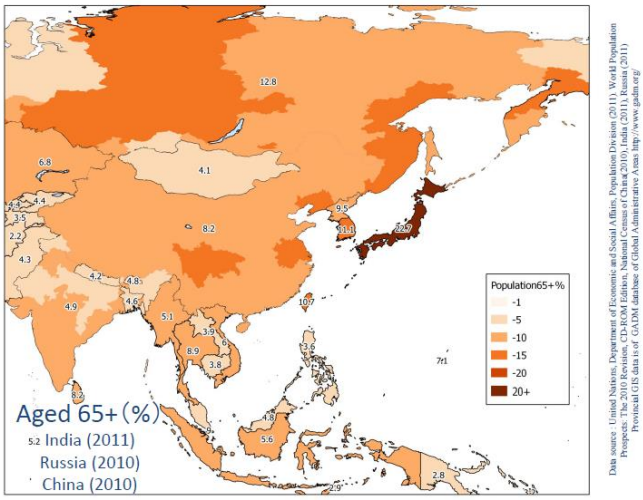
When we see global aging, one of the important aspects is the registration, for example, to know exactly how many are dying by which cause. In order to know this fact, you need the death registration with the cause of death. Still there are many countries that do not have the universal registration of death. There is also the birth registration which will enable children to go to school. A resident registration is also very important. When we would like to achieve the Universal Health Coverage and have insurance policy, you need a certain way of registration. Still in this basic governance field, there are many things to do.

Now I would like to talk about migration. This is the number of the international migration in the

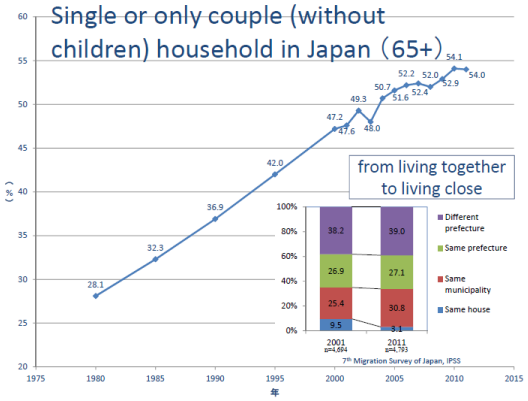
world and there is a steady increase from 1990 to 2010. Now with a global aging, there is a kind of international competition for the younger and brighter. The aged countries want skilled people from outside of their country and there is competition for it. Brain drain may be anticipated. So how do we solve this problem?

First, it is better not to stop or restrict international migration. Due to globalization there are cheaper ways of communication and transportation, we should rather promote return and circular migration so that people, young people, who move abroad to have higher experience, higher education, more experience can be back some time later and contribute to the home country. Now remittances of international migrants are more than the international aid. It has been observed that skills gained by these international migrants are well introduced to the home country. That gives very significant effects on development of the region or country.

It is important for each country to create an opportunity for the young to be employed and satisfy their needs. The second issue is internal migration and urbanization. Now more than half of the global population is living in urban areas. It is caused by domestic migration from rural areas to urban areas, especially for the young people to look for higher education and employment. In all countries, a larger young population is in urban areas. When we see at the province level, there are certain variations between different provinces. We always have to look for these domestic disparities of ageing to make right policies to tackle this issue.



In the end, I would like to talk about the family issue. This is a photo, which I took in Senegal, with a grandmother in the middle, a son as the head of the family and a wife and children. This is a happy photo of the African big family. How long does this large-family system continue in the global level? This shows a proportion of the aged 60 and over living independently, which means elderly people living alone or together with their husband / wife only, without children. In Africa it is low but already 20% of the population is living in that condition. In Asia and Latin America, it is almost 30%, or one-third of all people are living independently alone or with only spouses without children. In Europe and North America, it has a higher rate, or a larger proportion of the elderly people living independently. As a world total, 40% of the aged population is living alone or with spouses without children. So the family structure is rapidly changing and we have to cope with this new situation.



This is the situation of the household of elderly who lives in single household or only with the spouse without children in Japan. 30 years ago, there were only 28% of those old people, and it increased more rapidly until now. More than half

of older people are living alone or without children. However, here I would like to show you the percentage of the parents and children living together. In 2001 it was 9% and then in 2011 it decreased so much, but during the same period the parent and children living nearby increased from 25% to 30%. This means that people do not live in the same house but started to live closer so that it is easier for children to take care of aging parents. There is a certain change in the Japanese way of living according to population aging and we have to always monitor this trend and propose better policy, for the hyper aged society.

This is the end of my talk. Thank you very much for your attention.

Ms. Anne-Birgitte Albrectsen, UNFPA:
Thank you very much Dr. Hayashi. There is a lot of international policy advice and frameworks, and we need to make sure that keep the aging on the top of the global development agenda when we move to the post-2015. But I think mainly the message that I take away is that there is a need for interdisciplinary work on aging. That is not purely a question of fertility, or not purely a question of insurance systems etc. There is a real need for looking at health systems, data, registration issues, migration, urbanization, education, labour and also the issue of the family support system. So we really have to have a comprehensive policy approach when addressing the aging issues.

With this, let me conclude my role in this panel and back the Chair, Senator Mariany Mohammad Yit, who will facilitate a question and answer section for the next approximately 40 minutes.

SESSION 1

Discussion

Chair:
Hon. Mariany Mohammad Yit
Senator, Malaysia

Curriculum Vitae:

Senator Puan Hajah since December 2013 (current term);
She belongs to BN-UMNO.

Chair:
Thank you, madam moderator and all the three speakers. I thought this topic is like autumn and winter, but as of this morning I find the topic very interesting and beneficial to all here and to the world. We can have a Q&A for 40 min. We can begin now, addressing our questions. Now we have a question from India.

Hon. Bhalchandra Mungekar, India:
I complement all those speakers, who have given comprehensive views and presentations about various issues connected to how to take care of aging population. But let me bring the attention of participants on some of the major issues, which I would likely to put constraints for intentions and make difficult the realization of objectives need to be mentioned.

Because we have discussed so far theoretical as well as practical, empirical aspects, and also we are prescribing certain measures. But I beg to bring to your attention the major constraints of the policy that we proposed to adopt. For examples, the post-Washington Consensus/ Globalization, which is actually mandatory for all countries for one reason or another, are attempting to reduce the role of state in the economic affairs. Through the reduction of fiscal deficits in the sense that controls government expenditure. Now we have seen earlier in one graph that the expenditure on health in a number of countries is less 10% or 5%. India, for example, as a big country, even today after 65 years of independence, despite best possible schemes, is not crossing the expenditure on health 4%. That is why these questions collectively have to be dealt with how the constraints put by the World Bank and IMF on the developing countries' expenditure policy need to be removed.

Second, some countries are having a more aged population. Also some of the countries are having less per capita income, or higher dependency ratio. For example, in Europe and America, independent couples account for 75%. But in Asia, these couples account for just 25%. That is why the major problem before the world community while dealing with the issue is highly unequal distribution of world income.

According to the latest IMF report, 10% of the world population is living in rich countries primarily, controlling 60% of the total global income. And 1% richest of the population is controlling around 25% of the world income. This puts constraints on the developing countries policy regarding how to take on the aging population.

Third, quickly I would like to mention that in the entire world development processes, there is implicit biased against women when we are discussing the aged population's problem. We cannot discuss gender in a neutral way because throughout the world and without any single country's exception, there is inbuilt bias or implicitly bias. I do not mean intentionally, but there is implicit bias against women and that is why we have to take care of this.

And the last point is the expenditure. The world is spending on arms and finding the mineral resources elsewhere in the world and creating conflicts. Even 0.5% or 1% of the global income is spent for this purpose. Then I think the developed countries and the UN will be helping the poor countries in a big way to take on the aging population. There are four points, which I would like to bring to and thank you for your intelligence.

Chair:
OK, from the panel, does anybody answer this question on the global impact, which is raised by India?

Prof. Alfred Chan, Hong Kong:
Let me try just problems raised. Indeed, I think the honorable Indian delegate raised very crucial questions. I think this is the question, that requires the whole of UN to look into rather than in this very small modest humble panel, who could actually make suggestions.

Regarding the distribution of income within a country, I think, every government should take on directives from the UN that however small I think we should provide a basic subsistence to all those who need it. And for those who owned the most of resources in that country, there should be a way to redistribute those resources more evenly. I do not have a quick answer for that. This remains to be obviously a question for every individual government, with respect to the country's situation to deliver a right and just in policy.
Regarding gender biases on aging issues, as I said in my presentation, I think Asia Pacific has a specific concern over aging women. In particular, we had in the past taken women to be more functional within our family, within those domestic confines. Therefore, they were taken out from the proper employment sector. I think for most Asian countries we will be having more aging women than aging men. I think therefore that we need really to take care of our ladies or mothers for that matter. All of them gave birth to all men. We need to be really mindful about having quality of the age.

Prof. Makoto Atoh, IPSS, Japan:
I would also like to mention about the gender issues. In traditional societies, including western and Japanese societies, so-called gender discrimination is prevalent. And even in western countries it took several years to change this culture and attitude into a more gender-equal society. As for Japan, we are still struggling to change a bit of gender-discrimination society into a gender-equal society. This issue is fundamentally related to fertility problems. Probably in the Indian case, so-called gender discrimination hinders women to make their own decisions on fertility and marriage in these circumstances. In Japan, of course, the issue is different and it is difficult for women to combine their own work and marriage, as well as fertility behavior harmoniously. Usually, men independently decide their own life apart from wife's attitude or opinion. Therefore it is related to low fertility in Japanese situation. Our policy agenda needs to build a gender-equal society for fertility change. Thank you.

Chair:
Thank you. India?

Hon. Bhalchandra Mungekar, India:

I know I am taking a little bit of time taking into consideration the questions that we are having. There are a number of implications we cannot settle with just one single answer. I think all of us together and the world over, these issues cannot be put on the carpet. That is what I meant. That's why nobody would expect that answers should satisfactory, or I was having a correct question. But then I was compelled to mention some of the issues, because, for example, all European countries and Scandinavian countries are compelled to reduce social sector expenditures. That's why there is a tremendous unrest. Because the international rating agencies downgrade you the moment your fiscal deficit crosses 0.1%. IMF and the World Bank will not give you a loan. And that's why it is decided like comparable to one jacket for all people despite of size, age, height, and everything. For whatever we are discussing, there are certain global constraints and these should be collectively dealt with. Thank you very much.

Chair:

Yes, we aware that there are constraints faced by different countries. For example, each country has its own experiences and the demographic structures, and therefore one rule cannot apply to all. That's why you are trying to take note of the differences coming from different countries in the world. I hope our speakers will take note of that in the future addresses or include these factors in their presentations. Next question, please Kazakhstan.

Hon. Aitkul Samakova, Kazakhstan:

We are discussing a very important issue which concerns almost all of the countries in the world. All of us know that the aging process is in progress and we need to revise the role of the elderly. People are not supposed to live only longer, but they need to live better. They need a better life and they need to satisfy their life.

As Dr. Reiko Hayashi previously said, the Madrid Action Plan on Aging is related to improving and addressing different problems, which we may face. And we are glad that this conference is being organized in Tokyo, Japan, where the life expectancy is the longest in the world and reaches almost 83 years old.

I would like to just briefly mention about experiences of Kazakhstan on this issue. Kazakhstan is really about to become an aging country, where population of people 65 and over reaches about 7% of the whole population. This figure, 7%, means there more older people than youth. Life expectancy in Kazakhstan is now 69.6 years old; however until 2020 we would like to reach 75 years old. Today we have heard different points of views in relation to this issue. I think we would definitely like to utilize these experiences. Thank you.

Chair:

Thank you, Kazakhstan. Do you have any comments or views with regard to points raised here?

Hon. Andi Dewi Yanti, Indonesia:

I am interested in Prof. Chan's presentation. Now Indonesia is Number 4 after China, India, and U.S. in terms of the population. But according to the prediction in 2050 Indonesia will become Number 7. So it is a positive side that the birth control in Indonesia is successful and we can stabilize the population. But the negative side is our life expectancy. Many old people die younger. In our legislation, we stated that in 2014, next year, our life expectancy would reach about 72 years old. In 2010, our life expectancy was still 70 years old, but we are going well in the prediction of our life expectancy. My question for Prof. Chan is about population growths index in Asia Pacific? How

many are there populations growth index in Asia, Africa and America? They predict that in 2050 America and Africa will be growing fast in terms of population.

The second question is that, as Prof. Chan said, many of the older women have a longer life than men. What are your recommendations for these condition in which older women have a longer life? We, as parliamentarian, can make legislation or policy on how to handle that condition.

Chair:
Prof. Chan, please.

Prof. Alfred Chan, Hong Kong:
The first question was about population growth information. I just downloaded it from the UN website. So they were from there, so I could not give you the detailed prediction, but one interesting factor in the future, which perhaps I could share with everyone here, is that right from 2050 we will be witnessing a decline in the longevity all over the world. It is because we are now having problems of obesity in children.

We are expecting a shorter life because we are overeating. Our obesity will be one biggest factor, creating quite a few NCDs. WHO has that figures in much more detail than I am giving you. But a crude prediction is that from 2050, the number of people will be dying earlier, because of obesity in their early ages. So U.S. and other countries alike will be facing this.

A second question is about how we could prepare for women to be better protected in their old ages. First, I think in Asia Pacific, the government should think about domestic and part-time work as recognized work. If that can be taken as recognized work, arrangements could be made factoring into pensions. Then the women could be protected.

Secondly, women can be an inheritor for their husband's pension. A lot of countries in Asia do not have this policy yet. After husbands die, the pension ceases. The pension should be carried over to the widow. Some of the countries have already done that, and that can be another way of protecting the women.

Chair:
Thank you Prof. Chan. I would just like to add with regard to pension. In Malaysia, when the husband dies, the pension is transferred to the wife, and subsequent to underage children, so that helps.

Hon. Andi Yanti, Indonesia:
Prof. Chan, in Indonesia, if a husband dies the pension will be transferred to the wife. And if both of them die, the pension is transferred to the children below 21 years old.

Chair:
Thank you, Indonesia. Next, please Zambia.

Hon. Boniface Mutale, Zambia:
I would like to thank the presenters of this subject. I think it is very educative. I am coming to this conference for the first time and I have quite picked up a number of things from what have been presented.
I would like just to share with you some information from Zambia. The population of Zambia has increased from 5.6 million in 1980 and to about 13 million in 2010. This percentage has gone up to about 32.4% between year 2000 and 2010. Our interest as a country on age composition is whether the population is becoming younger or aging. In this regard, various measures can be used to describe the aging composition in Zambia.

According to successive census, Zambia has a young population. This can be seen by a large number of those younger people. The majority are

young ages. In line with this, we can deduce the proportion of the elderly aged 65 years and above as always has been less than 5% in the country.

In 2000, the percentage of the elderly, aged 65 years and above was 2.7%, but it is slightly declining to 2.6% in 2010. The proportion of the elderly, aged 65 years and above, in the rural areas stood at 3.5% in 2000 and reduced to 3.2% in 2010. This, however, was in the urban areas was 1.3% in 2000 and 1.8% in 2010 respectively. Now the challenge is about the aging or the retiring aging group. In Zambia you retire about 55 years old, and there is a proposal to raise it to 65 years old.

Now there is another challenge that elderly people trying to hang on to jobs, which is creating a bit of confusion for the younger population. Young people think they have been denied of employment because older people are hanging on to the jobs. Also, older people with HIV/AIDS have a burden on their shoulders while they are looking after the young people, who have been left behind by their parents since they passed on. Now challenges are how we strike a balance. The family tree in Zambia, particularly in Africa, is still working, whereby you carry over directives of deceased brothers, sisters, uncles, and so forth. With this trend, when young people are competing for jobs with older people, what will be the best way to solve this? Thank you.

Chair:
Thank you, Zambia. Someone can answer to that.

Dr. Reiko Hayashi, IPSS, Japan:
Thank you very much for your intervention. Your comments just reminded us that there are mixed issues concerning this population issue.
I talked about the double burden of diseases. But also for population in Sub-Saharan Africa, there is a special context now different from Asia or Latin America. Still the overall fertility level is still high. From my statistics, the total fertility rate (TFR) is as high as 5. There is a need for family planning, and there still is double burden in terms of the care for the elderly people and the increasing number of young people looking for jobs. So there is generational conflict or generational competition.

As the Chair has said, each of around 40 countries that gathered here has its specific different issues and problems. So I think it is a precious opportunity to share the different views in this room today. And the solution is always difficult. But as I said about the registration, first we have to know what the situation is and to know that you need the registration. You need statistics and all kinds of governance systems to identify problems and try to find solutions. Thank you.

Chair:
Thank you. Please Prof. Chan.

Prof. Alfred Chan, Hong Kong:
On the point that there existed the competition between the young and the older workers, let me share this with you. There is already very clear research now being led by Prof. Koelner Walker, who is a leading researcher in European's Commission. He has been doing the researches in elder employment for European Union and European Commission for the past 15 years. Now all the results show that it is the policy that drives conflict between the young and the older workers. It is the way that we are employed that actually generates conflicts rather than the employment itself.

He provides the preferences of employments by older workers. Maybe they would like to work full-time, or they only would like to remain in original position part-time, 2 days, maximum 3 days a week, doing things which are not necessarily for income, but for the support of the younger

apprentice. So a lot of older workers are remaining in the position that they have been in, and it is in fact for training younger work forces that has been evident in the European studies.

And it is only the government policies that all promote full-time employment. Then this makes part-time employment less beneficial for individual workers because all the benefits related to employment are all full-time related, no part-time related. We have to look at the employment policy if we would like to promote the older people employment, but not competing with the younger people, for an intergenerational relationship in employment. Thank you.

Chair:
Thank you we have come to the last question that is from Uganda.

Hon. Mathias Kasamba, Uganda:
Actually, most of the concerns have been touched by the last two presenters. I have just a very quick remark, which I would like to bring to the attention of the panelist. First of all, thank you so much for enriching the engagement and the presentations. One of the biggest challenges is that as people age, the reproductive level in the society goes down. And I would be interested in looking at how country-specific policy and the legislative changes for migratory trends have been taking place? Also how to sustain the productivity levels of the original productive population, which is now aging, and in the view of the need for labour force to make sure that major productive sector are not left grapping up with necessary major labour input in those areas. Thank you so much.

Chair:
All right, please answer it very briefly.

Prof. Makoto Atoh, IPSS, Japan:
In aging societies, we need more women, more elderly people and also more immigrants for compensating for the loss of younger, especially male workers. It is very difficult to change the international migration policy because there are many obstacles, but I think in a very aged society that needs younger population but face difficulty in getting those people internally, in that case we need cooperation from foreign countries.

Dr. Reiko Hayashi, IPSS, Japan:
It was a good question. For example, around the year 2000, UN talked about replacement migration where the declining population should be replaced by migrants coming in. At that time, we had a debate in Japan and it was not realistic to achieve this replacement by immigrants and then to think about the social context and so forth.

However, recently we have organized a seminar concerning the international migration, and I myself was very surprised that all public opinions in Japan have been already considered the immigrant policy as a kind of basic policy. It is all that we have to think about the social integration.
For example, yesterday Prime Minister Abe has relaxed new visa measures for Lao PDR and other ASEAN countries. But even if we try to promote international migrants and still there are a number of limitations of the young people. And there is competition as each of the developed countries would like to have the skilled labour, not the simple labour.

So there is always a need for better social integration. But we cannot fully employ the international migration as replacing the population decline. We have to see both sides. We have to adapt to declining population, as well as the good integration of the immigrants. So that's what we are now trying and I think it is the same for other countries.

Chair:

Thank you very much, Moderator, three speakers, all of you from the floor, for listening and participating. Please give our round up applause to the speakers and moderator. Thank you very much.

SESSION 2

Population Aging and Healthy Longevity

SESSION 2

Moderator and Chair:
Hon. Paul Chibingu
MP, Malawi

Curriculum Vitae:

Hon. Paul Chibingu received a diploma in clinical medicine from Malawi College of Health Science;
Worked with Government Hospitals for 12 years;

Since 2009 Member of Parliament;
Chair of the Parliamentary Committee on health and population from 2009;
Executive member of network of African Parliamentary Committee on health;
Founding Member of African Parliamentary Forum for Population and Development

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SESSION 2

"Population aging and health impact: a case in Japan"

Dr. Hideki Hashimoto
Professor at the University of Tokyo, School of Public Health

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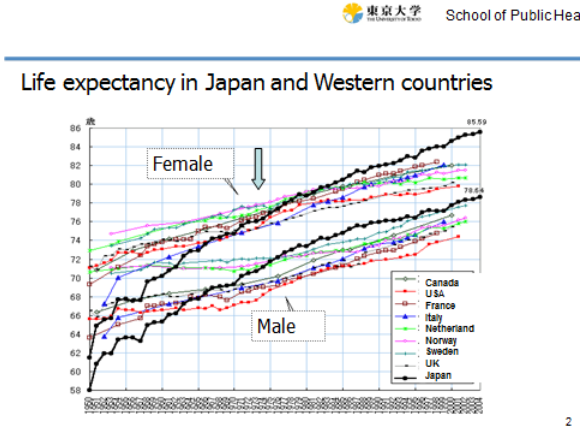
Curriculum Vitae:

Dr. Hideki Hashimoto, MD, DPH graduated from the University of Tokyo School of Medicine for MD, and finished his DPH program at Harvard School of Public Health, majored in health communication. His current research covers assessment of healthcare performance, policy impact on health and health equity, and quality of care.

Welcome to Japan and good afternoon, your Excellences.

I feel much honored and feel a very important duty to share our experience in Japan; the population aging and how it is achieved and how it will affect the future of this country. I hope this will give you some policy lessons and that we can learn from your own experience.



As you already know, Japan has the world's longest life expectancy, but it is only achieved in the 1970s, about 40 years ago. A major driver that made this longevity possible was that we overcame the stroke mortality, which was the main killer at that time. And how we reduced stroke mortality was not necessarily by the high-tech medicine, but rather it was attributable to three points: (1) Improvement of housing and nutrition due to economic development; (2) Public health education and screening as part of the public health system; and (3) Availability of effective medication that was made possible by the achievement of the Universal Health Coverage (UHC).

Furthermore, longevity is not attributed to high tech medicine, but more to the economy, public health and social security systems, including primary care systems.

Based on the estimates of 2007, a study was published in 2011 by *The Lancet* researchers' team saying that still in Japan the major contributors to death are non-communicable diseases. They are incurred by smoking, high blood pressure and this kind of lifestyle issues. This is in the case for males, whose smoking habit accounts for the largest share of this attribution. For females, high blood pressure is the largest contributor to their deaths. This suggests that if we have a better control and management for the life-style related risk factors, we may be able to go further on. Again, it is not due to high-tech medicine, but it is from preventive interventions which make it possible.

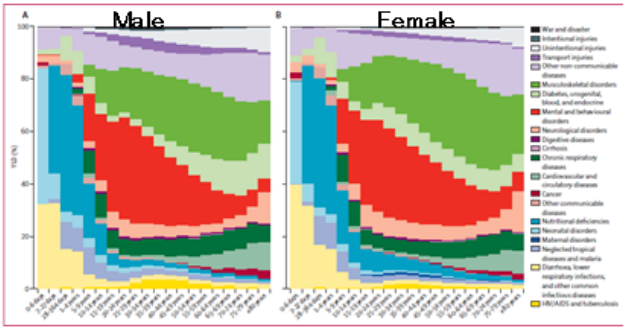
If we can achieve all the miracles, still we have to face other problems of their longevity, which is the

extension of disabled life years. This is based on the estimation by Dr. Shuji Hashimoto, another Prof. Hashimoto in the Epidemiology. He estimated how many disabled life years and how many healthy life years people get within the given longevity. His estimates suggest us that as the longevity is higher, disabled life years also are extended especially among women. So how to reduce or control this extension of disabled life years. It is an emerging challenge that we have to face, especially among women.

Cause of disability;

東京大学 School of Public Hea

musclo-skeltal conditions among the elderly



Vos, et al. *Lancet* 2012; 380: 2163–96 Fig. 2

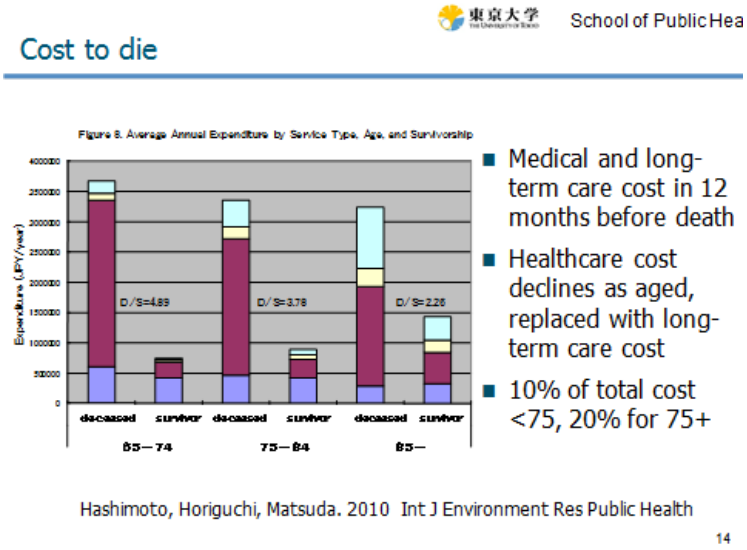
Why this disabled life years is happening. The cause of disability is again estimated by other *The Lancet* team last year, and it says that in later life stages, musculoskeletal conditions are major contributors to disability among elderly. There are some patters of functional declines. The major ones, like in Japan, are stroke and other cardiovascular or neurological diseases, which is an episodic decline. Neurological disorders, like dementia, which are again emerging problems among population aging, show a progressive decline. Musculoskeletal conditions show a gradual but progressive decline. We have to make a due choice of how we can make prevention against these types of functional declines, so that the elderly can enjoy an independent life.

There are some predictors of functional declines. They are quite diverse; they could create cognitive dysfunction, depression, vision loss and other physical conditions. Also decreased physical activities, nutrition and smoking are related to lifestyles. The third group of predictors is more about environmental one, like walkability, safety, social exclusion/isolation and accessibility to public transport and other accommodations in the public spheres. We need the combined efforts across health sectors, education, civil engineering and other sectors in the government. This kind of cross-border collaboration is necessary to make whole environment life styles and clinical conditions are to be solved.

Another very important condition is the household economy. This is from Prof. Kondo studies of Japanese rural community. The inter-vertical line is the percentage of the physically dependent status, and this shows that in every age category income, the lowest total income is rated to the high percentage of dependent status. There is an economic condition for the functional decline. And in Japan, we have Public Health Insurance and Universal Health Coverage since 1961 and in this social security system, there is a special attention about the elderly's health care disparity. Currently, those who are aged 75 and over are covered: half by tax, 10% by their own premium and 40% by transfer from other public health plans.

Also, the aged person has to pay, but only reduce copayment of 10%. Actually, this reduced copayment does have a positive impact on the elderly in low-income households. This recent study show that reduced copayment which is available around ages of 70s have impact on their health status among those who are eligible for this reduced copayment.

Another public support is the long-term care insurance system, which was established in 2000, which is to share the burden of care through social solidarity and replace high-cost medical care for chronic conditions. This is also financed by a mix of the premium revenue and tax. Currently this long-term care insurance works very well, which prevails in the accessibility and acceptance of this formal care for the elderly, but also we have to face the financial sustainability of this rapid growing sector.



Finally, I would like to show you another aspect of the population aging, which is “cost to die”. This is based on the estimation of how much people spend one year before they die. This shows that about 4 million JPY or US$40,000 is spent one year before they die, which is almost quite constant across different ages.

There are some positive aspects of population aging. Japan has high labour participation among elderly populations. Actually, this also has health impact. The recent study by our research team shows that there is a positive health impact by labour participation or negative health impact by retirement. There is a significant declined cognitive function after retirement among men, but not among women. However, active social participation after retirement, like joining social activity groups and others, has a positive impact on their functional maintenance.

So from my presentation, the first lesson is that it is not high-tech medicine, but the combined efforts of the public health, economy and social policies that make people healthier. But aging population does incur new problems, like an extension of disabled life years. For this, further assessment and policy intervention to prevent this functional decline is necessary in order to make the elderly functional and independent.

Thank you so much.

SESSION 2

"Building a Sustainable Healthcare System for Healthy Aging"

Dr. Rintaro Mori
Director of Department of Health Policy, National Center for Child Health and Development

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Curriculum Vitae:

After paediatric training in Japan, he practiced as a neonatologist in Australia, the UK, and Nepal and studied epidemiology/public health at the London School of Hygiene & Tropical Medicine before involved in guideline development for National Institute for Health and Clinical Excellence (NICE, UK). He has also actively been involved in research/aid-works in Nepal, Madagascar, Bangladesh and Mongolia, as well as research in women's and children's health at the global level. He was appointed as Division Director of Strategic Planning & Collaboration at Osaka Medical Center for Maternal and Child Health in 2007, seconded to WHO in 2008 supporting global health policy development in the G8 process/TICAD, and is in the current post since 2012 after serving as Associate Professor in Global Health policy at the University of Tokyo. Teaching role at the London School of Hygiene & Tropical Medicine, active roles in the Japan Pediatric Society including Chair of Strategic Planning Committee, Fellow of Royal College of Paediatrics and Child Health (UK). Chair of the Japan Satellite and Associate Editor of the Cochrane Pregnancy and Childbirth Group. Over 70 publications in English including 10 articles in the Lancet and many others in Japanese.

It is a great honor for me to be able to talk about "Healthy Aging", with particular focus on sustainability today. As I was introduced, I am a paediatrician. Pediatricians' talking about this topic sounds strange. Nevertheless, I would like to cover what other speakers would not cover.

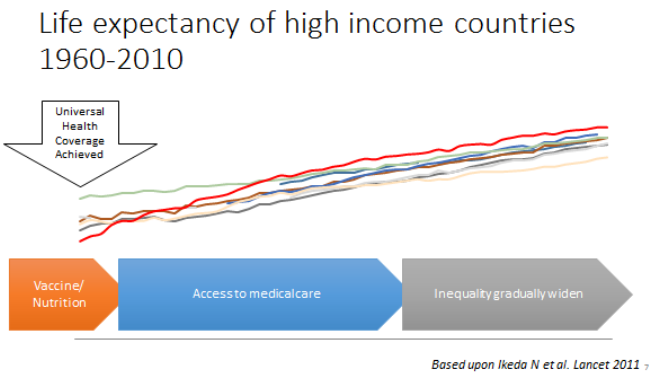
I would like to deliver two messages today. The first one is the need for a global united approach, which is essential, not only for your countries, but also for Japan. Why? As Prof. Takemi and Prof. Hashimoto have mentioned this morning, we, Japan, achieved Universal Health Coverage (UHC) quite early. With UHC as our policy, we actually ensured the access to health care throughout Japan. That was really successful. However, the issue now is quality of care, for which we need a global approach. Why? I would like to mention it later.

The second one is an intergenerational approach. We are talking about healthy aging, but to talk about it, I would like to stress that we need to focus on women and children as well. Why? I will mention it later.

These two messages should not be forgotten in terms of healthy aging. The global approach and intergenerational approach are really essential for a healthy aging.

Aging is also a financial issue, and we all agree with this. The financial part is covered in another session, so I will not go into details about it, but only to say that it is important. The funding for social security in Japan has been risen quite sharply between 1964 and 2010 in Japan, as the figure shows. The share of aging in Japan has also been covered in previous session, so I will not go into details about it, either.

Once again, I am showing the same figure. This is life expectancy in high-income countries, and the red line represents Japan.



You can see that between 1960 and 2010 it was improved quite a lot. We had a detail analysis about what are the contributing factors for such improvement. Those can be divided into some areas and factors. After World War II, in the early 1960s, the biggest contributor to the improvement of life expectancy was the reduction in child mortality, particularly focused on public health intervention, control of all infection diseases and nutrition. Remember that in 1961 we achieved UHC. With that policy we spread all essential care, including clinic care for hypertension throughout Japan. As a result, this improved adult mortality a lot, as Prof. Takemi has mentioned this morning.

Prof. Takemi has also mentioned that we have a sort of equal society. That was another driver for the improvement in life expectancy. However, in recent years such improvement has worsened. Although it is still above many countries, that improvement is getting dark. Why? There is a gradual widening of inequality which affects particularly the quality of care that should be of equal high quality throughout Japan.

In summary, Japan improved its health by providing essential health means and improving nutrition after the war, which is a really good story. Another good story is the spread of access to medical care throughout the country through Universal Social Health Insurance scheme.

However, recently we are facing a big challenge for the Japanese society, and specifically for the Japanese government, which is the gradually increase in inequality. That is our agenda.

In order to think about quality, I would like to bring about the Cochrane Collaboration. When we talk about quality we know that we can mention many ways to improve it. Nevertheless, the consensus is to think about evidence-based approach. Evidence-based approach is the sharing of best practices for implementation elsewhere. That is to be followed by monitoring, in a clinical governance cycle fashion.

As said, to improve the quality is very important to start by showing a good practice, which is based on the availability of evidence. The Cochrane Collaboration is an international organization established 20 years ago. It has been the driver of Evidence-Based Medicine. The Collaboration is also about how we implement effective policies and these sorts of things. Thus, the particular feature of this Collaboration is international.

Some people might say we need to think about contextual applicability. Certainly it is so. We cannot directly apply them. Nevertheless, the first step is to make a summary of best practices, which could be done globally. With the Cochrane Collaboration, within 20 years of history we have published 5000 summaries of the best practices by 31000 people from over 120 countries. Now there are formal relations with the WHO.

In fact, we are not talking solely about health. We are looking at best practices in welfare, education, international development and criminology, which are mainly in the social science part. These efforts could be examples of quality of care to be provided.

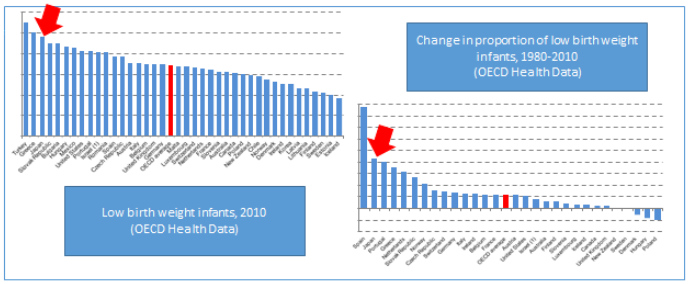
That is the first part of my talk. The second part of my talk is about the intergenerational approach. Some people might know the theory called Developmental Origin of Health and Diseases. It is actually quite an old theory. The story began in 1985 with a study done by Prof. Barker in the U.K., showing that low birth weight is strongly associated with the highly likelihood of development of coronary health diseases. This came as a shock for us because talking about coronary diseases means mainly talking about something that relates to the early life.

By now, many studies have been done on this theory. For example, one refers to Type II diabetes. We only chose these high quality papers. There are 14 high quality papers showing there is a high risk for those born with low birth weight for the type II diabetes. Another one concerns the metabolic syndrome, which is also a risk for many types of cardiovascular conditions, with 2.5 times higher risk for those with low birth weight.

What about obesity? There is actually a mixture of evidence we have, either high or low birth weight is related with higher risk for obesity too, which is a big burden in terms of healthy aging. I think there is also another health-related outcome as well, like breast cancer and mental health. Consequently, the life of the newborn is really important determinant for the healthy aging in a later life. New scientific empirical research is starting to prove that.

Coming back to Japan, it shows you the national impact of low birth weight. Japan has a huge proportion of low birth weight. Probably you have the same in many of your countries. We are a

National impact of low birth weight



good example for that and we can share some experience. The right hand side shows you the changes in the proportion of low birth weight infants between 1980 and 2010. For Japan, it is a big national agenda item. In the future, say, 50 years later, these infants could have huge burdens in terms of non-communicable diseases. Also, maternal age is a big determinant for preterm birth, which in turn is a determinant of one of the biggest factors for being low birth weight. In Japan, late childbearing is really important issue now. It is a worrying phenomenon.

In summary: first, a global united approach is really needed because the quality of care we provide is a big challenge for us. And to think about quality, in some parts we can actually do it together, not necessary all of them, because each country and region has a different context. Nonetheless, in some parts certainly we can make collective efforts. Second, we need to think about long-term sustainability, about future generation, and about healthy aging.

Those are the two issues I would like to focus today: Global Approach and Intergenerational Approach are needed.

Thank you very much.

SESSION 2

"Toward a New Paradigm for Healthy Aging and Vibrant Economy"

Dr. Alex Ross
Director of the WHO Centre for Health Development in Kobe, WHO

Curriculum Vitae:

Mr. Alex Ross is the Director of the WHO Centre for Health Development in Kobe, Japan. He is a public health policy expert trained at the University of California in Los Angeles (UCLA) with specializations in health systems. Prior to his joining the Centre, he served as Director for Partnerships at WHO Headquarters (Geneva), as well as in senior advisory posts to Assistant Director-Generals for Communicable Diseases and for HIV/AIDS, TB and Malaria. Mr. Ross led development of WHO's partnerships policy, nurtured WHO's engagement with global health initiatives, UN agencies, non-governmental organizations and the private sector. Mr Ross was very involved in developing innovative health financing approaches, such as the Solidarity Tobacco Contribution, as well as the creation of the Global Fund to Fight AIDS, TB and Malaria and UNITAID. Before joining WHO, Mr. Ross served in senior domestic and international health positions for the UK Department for International Development between 2001 and 2003 (health policy and systems), and in several U.S. Government agencies between 1987 and 2001 (USAID, U.S. Department of Health and Human Services, and U.S. Congress as professional staff).

To begin, the handouts contain a lot of information for you to look more in detail. We can discuss some of it.

Earlier in my career, one of my jobs I had was to be a professional staff at the Parliamentary Committee on Health of the U.S. House of Representatives. I am thinking about the kind of information you might need to pursue this agenda in your own countries, knowing that there is a huge diversity of this aging issue in all countries and that it is really quite different everywhere. Nonetheless, I think there is an agreement about the fact that for the first time in population world history there will be more people over 60 living on the planet than children under 5.

This is a kind of unique moment in history. But there is no going back. It is something that is also very much in the press. You see them in the Economist and other businesses newspapers. I think the first task in each country is to think about what this data mean to you and what kind of information you would need to make an argument not only politically, but also for budget purposes, allocation of resources and thinking across generations about how to support the development of nations. From the WHO perspective, as you will see, it is also thinking about how to have healthy aging, as you just heard, very nicely. Of course, it is also about dealing with population itself.

To start with, I will deliver some key messages, which you maybe hear again and again. This is a very positive development. This is not a population that you have to take care of, that they are going to be a burden for society or for the social care cost. It is about maximizing some basic principles and values, which are autonomy, dignity, well-being, quality of life, and, ultimately, social inclusion, because this is one of the great risk factors we have; a very rapid decline in both cognitive function and physical status of aging.

Within the healthy world, it is about how we take out the longtime illness and compress it to the shortest time possible, therefore to increase the functionality of the individual.

There are other areas of aging that are connected to this world. One is disability in the whole disable population and tools that they have in community, and second is chronologic diseases as you will see. Another key goal for the systems is to reduce institutionalization. We are not abdicating that we built more hospitals or nursing homes. It is about how you keep people in their homes and in the community. And it is ultimately about how a healthy aging can increase productivity and independence of the individual.

Another thing we care a great deal about, including in my center which is based in Japan, is looking at equity. We have to disaggregate this data you heard earlier concerned about women and ethnicity, about where people live. In our case, we pay attention to the urban environment and the income levels. And there is another major message coming from WHO, which is the need to address the stigma and stereotypes that people have about aging population, and ultimately to transform that as a designing people-centered integrated system. It is not only in the health world, but in the social systems as well.

We live in a very technological world, what we call a frugal technology in English, which means very affordable technologies adapted for lower income settings. It is also combining social innovations so that we can come up with some new solutions and creative ways of supporting the community. But it is also about addressing the determinants of health. And this is not just illness and biology, but it is looking at poverty, education and where people live.

Urbanization is another mega trend in the world that is something we have been looking at. Therefore, it is about how we create urban environments and opportunities for both social inclusion for equity, but also for basic things, like sidewalks and transport systems. Above all these, we need to develop new policies and to encourage life course learning.

WHO's approach to aging is around these four key themes: (1) self-promotion across life course; (2) looking at primary and long-term health care systems themselves; (3) looking at the age friendly environment, whether it is a city or quasi city environment or rural areas, and; and (4) fundamentally rethinking aging.

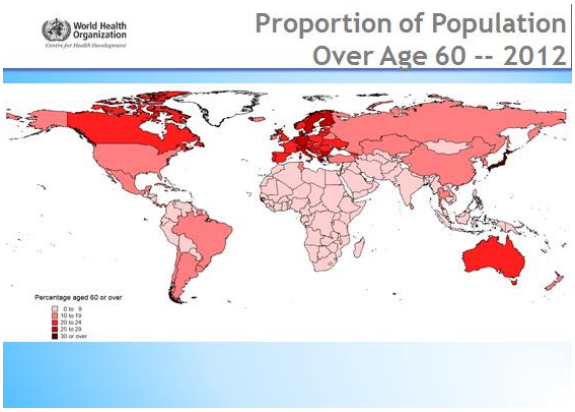
We know you are facing a lot of tensions. They could be resource allocation. It could be lack of awareness on planning for aging population (obviously people get sicker and it is going to be a higher degree of illness). It is about changing social structures as we heard earlier (about family structures and who is providing care); it is about pensions, whether or not they even exist in the country (many countries do not have pension systems, so there is an issue there); and it is also about how we deal with social isolation.

We would like to focus on the opportunities. We heard about the demographic dividend. We will not go to economic arguments, but I think this is important for your use. For opportunities, we have lifelong learning, the new technologies I mentioned, and universal health coverage (UHC) that I will touch on in a moment, as well as some of the urban planning.

Politically there are a number of International treaties, WHO resolutions and other types of documents, which the member states here have signed up. This might make your life a little bit easier when it comes to creating laws or types of programmes and policies in your countries,

because there is almost a responsibility act on items, such as the MDGs or what the GA is doing now with dementia or the treaty on tobacco control.

One such major event was in 2011, which talked about the need for countries to develop multi-sectoral national plans. This crossed across the risk factors for prime diseases, but those are the same that address aging populations. Thus, whether it is tobacco or diet issues or physical exercises, they all touch upon the struggles how you develop these programmes, what are the lessons learned, what countries can share with each other.



About all these data and slides you already heard, I will run through some of them. Let us watch the color changes in 30 years. This darker color is 30% of population being over 60. It is quite dramatic to know where the world is going, a fact that touches all of the countries, particularly, the least developed and emerging nations. The pace of change is very rapid. There are currently equity issues in life expectancy. If you are a male living in Europe or America, you might expect another 20 years of age, once you hit 60, but in Africa it is only 40 years total. This is also another major issue across countries around the equity dimension.

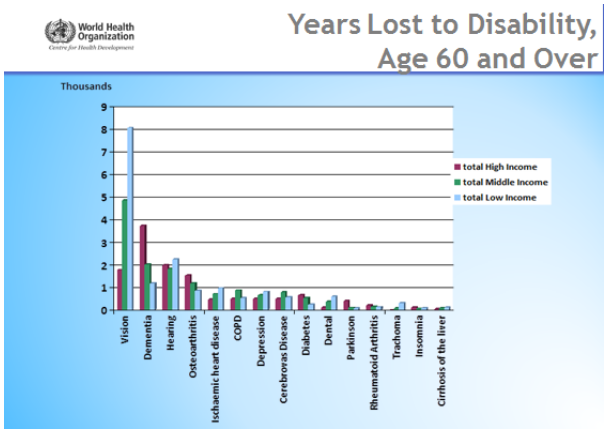
Now, the analysis that each country must do is to begin to understand the dynamics of what are the burdens of disease. What is leading years of life lost? Is it a heart disease or cardiovascular disease? Is it much higher in low-income countries than in higher-income countries? When looking at the slides, one can start to understand some of the patterns; whether are greater both opportunities; but it is to understand first what is causing illness and ultimately disability. Here, hearing is major types of problems affecting more of the developing countries. Others are heart diseases and a little bit on depression. It is interesting to see from country to country.

From looking now at income, one can certainly look at it in 1945 when U.K. passed National Health Service and in 1960 when Japan passed the Universal Health Coverage. They all did these when their countries were not at the highest levels of GDP that they are now. This is a key message of Universal Health Coverage, which is that you could be low-income country or middle income country and it is time to act actually right now. It has a huge burden on for later populations. There have been a lot of discussions looking about the number of workers who are supporting retirement. Let us look at health promotion or health care system. Universal Health Coverage, mentioned by Senator Takemi, is actually about three things. (1) It is very broad continuum of services, rehabilitation and care, and promotion. These are key to supporting the aging population. (2) It is also about the protection against the financial catastrophe for the family. (3) Fundamentally, it is about universal coverage, meaning that everyone in society. How this is applied for aging population have to be tailored to each of your countries.

There are examples about why it is so important to look at some health issues. You heard this morning about hypertension. By just looking at South Africa, there is a huge percentage of the population, mainly adult population, hypertensive, but very few are aware of their hypertension and even fewer are treated. We say this in English *low*

hanging fruit meaning that it is very easy disease, in principle, to monitor and treat, but it is about the political will and desire to actually do it. It is a common trend throughout world that is actually quite under reported and undertreated.

This, repeating earlier slides, shows the differences, for example, in the burden of diseases from some of the major causes of impediment that are potential opportunities for every country to address, whether it is visual or hearing loss, arthritis, heart diseases and dementia, to mention some of the key ones.



We talked about the feminization of poverty before. Also, tobacco use, particularly of all other factors of chronic diseases, is one major thing you can do to have a huge dividend later for both prevention and promotion for aging population, their functions, and their health care expenses for the country. And it has got much higher in lower income countries than it is in the developed nations. This is a pattern we see across age groups, whereas for physical activity, there are similar patterns across the countries,. One of the slides earlier had to do with the increase in percentage or at least the difference across countries about who is living alone. And this is a key risk factor for the ability to create your housing plans, cohousing, and opportunity to get people to be socially participatory. It is very important and it is one of the key risk factors that I mentioned for further long functional decline.

We are living in great deal of technology, which is a tool. This is something WHO is now looking at more aggressively. We have medical devices, information, and communication. Everyone has cell phones these days. Furthermore, some of the medicines can be used, transformed for low-income emerging economies to use, to support the aging population.

We are having a meeting coming up in Kobe, in December, that is going to start to look into this issue to much great detail with the governments, industry, NGOs and academia, to chart a course on how WHO can help countries.

I mentioned earlier the disability world. A number of different basic assistive devices, like wheelchair, can really make a huge difference in people's life, and this is something that can be perhaps developed into programmes of assistance. In Japan they developed something called Kaigo Yogo, which was a package of preventive services that were funded from the national government down to implementation at the prefectural level to prevent falls. The key factor is that it can really prevent a further degradation in function and illness.

Social innovation is as important. At WHO, you heard about active aging earlier this morning, there is another major movement, that we created the idea of age friendly city, which is a set of criteria for ideas and solution based about what you can do to create outdoor space, transportation, communication, housing, respective social inclusion. You can see it is not just a health issue, but it is really looking at many determinants and opportunities to create that age friendly environment.

There are 130 cities now in 18 countries that are members of this network. This is a network to share information. There is one city here in Japan,

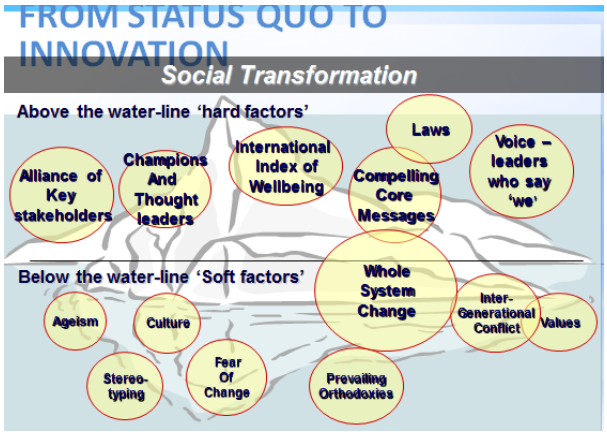
but it is a movement that will grow. In our center in Kobe, we are developing a core set of indicators that help cities monitor this age friendliness. For us it is a stand point of helping accountability. If you are a decision maker, if you are parliamentarians and you are providing funding, what are the results?

This is something still being developed. We will have it finished by next year. We piloted it in a number of countries. It is looking across a number of different areas, again determinants of health, for which is the basis of our work, such as physical environment as well as the social environment. A number of cities have begun to look at levels of indicators to narrow them down to core set of indicators that are usually easily obtained at the city level. And we will finish it in 2015.

To give you a picture, this is also from Prof. Kondo here in Japan, from JA's studies, this is the power of using maps and geographic information systems. You can see at the very neighborhood level and sub-level at what is happening with population surveys, about who are receiving checkups, how is the pressure linked to a number of people having sports hobbies for examples, and falls occurrence. You can also see by equity, by looking at income grading across neighborhood or slums for example. It is an example of how you package the information you can actually use for planning.

As it has been said, we need to bring together different sectors. We developed the tools that can help. Think through how do you bring cross-government sectors to work on this issue? We know this is not easy, but it is worthy some discussion to develop the program of action that comes from analysis of the data. It is looking across a number of different governments departments. And you are in a very unique position to look into this.

Finally, how do we think about aging? We had about 2 years ago an awareness campaign about positive dimension about aging. But this is a joyful time in life and it is a way families do hold together. It is how information is transmitted from generation to generation. It is a lot about being very active. But it is also another reminder that we tend to think about obvious questions, when it is very important to think about some underlining issues that can actually interfere with action here.



There are many examples of the types of actions that parliamentarians have taken: e.g. anti-discrimination laws to develop incentive for community and home-based services that will be about implementing Universal Health Coverage. There is a whole agenda around health promotion and prevention. There are areas outside of health, but it is about protection of equity, which is the key government function. It is about inter-sectorial actions as well.

There are a lot of tools and information available to you, you can contact us for more information, both my colleagues in Geneva, as well as here in Kobe. If you have questions, we certainly can support you.

Thank you.

SESSION 2

Discussion

Chair:
Thank you very much, our presenters. We might have now questions or maybe things for clarification. The floor is open.

Hon. Bhalchandra Mungekar, India:
I complement the three resource persons. But I think when we refer to Universal Health System we cannot neglect the fact that both in developed and developing countries, the major question is making resources available. For example, recently we have seen Obama Health Care System, the congress refused to accept and virtually the U.S. economy was shut down which partially resulted into effecting the entire world economy.

The question is that since globalization, as I mentioned in the morning, states are slowly withdrawing from the economy and also to some extent from their obligation of making investment in the social sector. For example, India, for in 1966 we were supposed to spend 6% of our GDP on education. Even today, despite tremendous efforts of the congress and government, we could not grow beyond 4%.

Another question is that the private sector health care system is absolutely unaffordable for the poorer people, because the premium is not payable by them, they cannot afford the premium. Therefore there are basically three models available. One model is Universal Health System by the state, but now state resources are inadequate. That's why one has to go for public sector and private sector, which is Public Private Partnership (PPP) Model. Either the state shall take the responsibility, or we should have the state and individual beneficiary's contributory system so that individual beneficiaries can contribute some amount and state government can give the matching grant and they can make resources. However, for a country like India, which has 1.25 billion population, it seems to be extremely difficult, considering we are having 30% of our population below the poverty line, with US$1.25 a day.

The contribution from stakeholder also is limited. The third option is PPP. Concerning PPP, India tried this model and India has made all infrastructure facilities available to the private health sector initiator. But the question is out 25 sophisticated most modern hospitals, we were supposed to give 25% seats free of charge to the poorer person, but not a single hospital is giving even 1% seat to the poorer persons. They enjoy the benefits of taxation, free land, infrastructure and they do not follow the obligation. We are talking about the Universal Health System, and here nobody will disagree with it, because even the pooper person, low-income group person, retired person, everybody will be requiring some sorts of help cover.

The major question is, particularly in countries such as the U.S., as we saw, from discussions the American policy-makers had in Washington, the health care system is not only politics between democratic or republican party, but also a factor that could result in shutting down the American economy. This happened in the U.S.

In Latin American countries, Asian countries, and African countries, people are just dying. That's why I would request that when we are discussing the inevitability of Universal Health System, we give some attention as to how the resources should be made available in the best possible

manner. Thank you very much.

Hon. Anarbek Kalmatov, Kyrgyz Republic:
Thank you everyone for your report. This question is for the organizers. Do you have a concrete programme that addresses demographic situation, not only for your country but in general? My second question is: when Madrid Plan of Action on Aging was signed, did each country implement the plan into their national legislation? Although it is a very actual issue, that can be contained only in papers.

Chair:
Thank you. Let me start from the far end.

Hon. Andi Yanti, Indonesia:
I really appreciate this session with very good presentations. I would to like to tell that Indonesia will implement Universal Health Coverage in January 2014 and the next year, in 2015, Indonesia will implement incentives for elderly people, called "old days", "pension incentive", "death incentive" and "accident incentive".

My concern is about dementia. I have data from Mental Health and Neural Science stating that in 2010, in the world, there were 36 million people with Alzheimer, but it will increase to 150 million by 2050. About 58% of people with dementia are spread in developing countries, including Indonesia. And it is especially females who will get more Alzheimer. In this forum we would like to work together to resolve global health issues.

I have two requests. First, I would like to invite Japan and other industrialized countries to assist, including financial assistance, in fighting dementia disease in developing countries, like Indonesia, in order to stop dementia from becoming a silent killer in developing countries. Second, I would like to ask WHO to make it possible that in head offices of insurance companies, mostly in Europe and the U.S and other industrialized countries, they widen their health coverage, including dementia diseases. In Indonesia, for instance, if we join the insurance, dementia disease will not be covered. Therefore, I think it will be good for our elderly if we could come out with a global policy for this matter. Thank you.

Chair:
On these set of questions and comments, can we finalize with Zambia?

Hon. Boniface Mutale, Zambia:
I would like to thank the three presenters on this subject. I would like to find out or maybe to be advised. We have UNFPA country representatives where we all come from. I think we can continue debating some of these issues in our countries if they take a participative role most of the time, engaging more at the local level so that knowledge or information reaches the people.

Currently, information does not reach as many people as possible. For this matter, I would like to urge UNFPA to take up a delivery policy. I would like to take some of the words my honorable members had mentioned, that information is sometimes not getting to the people. If we equip parliamentarians with knowledge, we will be able to even take these issues to our parliament so that we can debate to its full length. If all Members of Parliaments get to know what is happening globally, they will start to prepare themselves. Sooner or later, in other countries, we will be caught up with this issue that is happening currently. So I would edge the UNFPA, from where I am coming from Zambia, to take up with delivery policy, so that they engage parliamentarians that we meet more often and that we are empowered with knowledge and start planning for the future. For, if we continue business as usual, it will be more difficult to sort out matters later. So in the area we get engaged, we will be able to resolve

some of the issues and start planning for the future. Thank you.

Chair:
Thank you very much. Presenters, can you address these set of questions and comments? Although some of them were mere comments, deep down, they are asking questions.

Dr. Alex Ross, WHO, Japan:
On the comment from India, I would like to add just one comment about Universal Health Coverage. It very much is designed to be responsive to each country's situation. Whether it is level of services, how much services to cover, how to finance the system, and it is going to be grounded on the reality of that country and on the pacing of it.

It is the underlying principle that is important to make some progress. And there are a lot of technical set of issues around each of those parts of the system and a lot of lesson learned in terms of the political system, which will be very different from country to country. Nonetheless, whether it is the private sector or public sector, I think those vary enormously. I also think there has been a lot of learning for the last 20-30 years about the design.

I was not completely clear with Kyrgyzstan about improving the demographic situation. I would like clarity on that. Nevertheless, for Madrid's, it was passed in 2002, and it was not as binding as a sort of treaty. It was more of a collection of member states and they came up with the very first plan of action internationally. So that is sort of encouraging countries to think about it a little more.

And finally for Indonesia, you are really quite right. WHO released the very first Global Report on Dementia last year and documented the potential increases in dementia around the world. It was very interesting to see that the GA, led by Japan and U.K., put this as a very big issue on the GA agenda. I think we should just remind ourselves that there is no real drug available for dementia. We are trying to pay attention to different ways of non-medical strategies for maintaining cognitive functioning and community care delivery and what is the load on family is.

I think you raised a very good point about insurance. But there are some different areas where we are looking into about what to do with dementia. I think it is a relatively new issue that gained some speed. WHO has many country offices and I think we would certainly try to seek your guidance about what we can do together. It might be our agencies, UNFPA and others on a country level, to increase knowledge-based sensitivity about this.

Dr. Hideki Hashimoto, Japan:
As Dr. Ross has mentioned, Japan started Universal Health Coverage when it was still a middle-income country. I think we were lucky in two terms. First, at that time we did not have such things as a super high medicine, so we had no choice but to choose whatever we could choose. There was medication as a primary care and this was real effective. In terms of the marginal cost benefit, this primary care and availability of simple medication had quite an impact on the population health. Secondly, we were on the economic growth track before becoming an aged society.

This is, then, the difference between Japan's past situation and India's current situation. You have to make choices and make comprehensive measures. India's population is already nearing such a level of aged population. Also you have to make choices with current resources available.

There is some trick that made Japan achieve this

longevity at a lowest cost. We have very strict price control by the government. And this is very important that it may explain Japan's achievement at a lower cost. At the same time, Japanese system includes public funding and private service delivery. We heavily rely on the private sector for the entire delivery. Even under such tight price control, the private sector is strategic enough to achieve its own sustainability. They are still very eager to continue their business. In summary, this entrepreneurial spirits of the private sector and the tight control of economic resources, all put together, made Japanese achievement possible.

I would like to thank delegates from Zambia and Indonesia for outlining that information is power, mainly when it comes about dementia. Maybe our current available medicine is still linked to controlling the disabilities by dementia. Still we have the social control in informing people about dementia and its specific manifestations in patients. The point then is how to ease this through aged-friendly settings for the elderly with dementia. We also need certain level of information-sharing, which delegate from Kyrgyzstan already mentioned. Maybe we can ask WHO and the Japanese government to continue their support with information and knowledge sharing for all of us to go beyond. Thank you.

Dr. Rintaro Mori, NCCHD, Japan:
Concerning India representative's comment about global economic issues and private-public partnership, I think most of these has been covered by the two presenters. As we mentioned, the private part is related to economic growth of the country, particularly, for high-income countries. For example, for the U.S. nearly 20% of GDP is now contributed to the health-care sector, which is an important part of economic growth as a whole. At the same time, we need to think about equity and equality. The question will be quite difficult and challenging. It is really a question on how to find the proper balance. We can share the Japanese historical example about how we actually found that public-private partnership that actually was a cost-effective one. I am not sure the extent to which it can be applicable to others, but I am certain that it is one the lessons.

About the question concerning Kyrgyzstan's, I am not sure about the demographic change, but I do not think, today or tomorrow, we are having an intervention to change the demographic status as a whole. Probably you were talking about fertility and family planning. But this session is more focus on aging. The second was already been covered and I am not going to mention that.

About the comments from Indonesia, I am not sure if I am the right person to talk about dementia. Nevertheless, the first thing I would be able to say is that there are probably two issues that we need to think about. The first one is that we need to have innovations to prevent these people from having dementia and to treat them. There are certainly some promising scientific data arising.

We also need to think about the cost-effective long-term care. It could be either embedded into the health care system or separated from it. So there are different methods to be considered. I am not representing the Japanese government, so I am not talking about financial support.

About the question from Zambia, that is probably more for UNFPA to answer. Although I think it is certainly a good idea. Thank you.

Chair:
Can we take the second set of questions? Let's start with the Philippines, Ghana and Indonesia.

Hon. Luzviminda Ilagan, Philippines:
I am a Member of Parliament and represent Gabriela Women's Party. I was impacted by the very enlightening sharing from our resource persons. I have captured two ideas. The first, the feminization of aging, which was very interesting and also the idea of coming up with an age-friendly city. So far in the talks given, starting this morning, the longer life expectancy of women has been highlighted and the data have shown that there are more elderly women. Therefore we have to address this particular need.

May I bring about how WHO and other UN agencies can help us Members of Parliament to craft strategies, laws, policies that can address the needs of aging women, with the promotion of an elderly-friendly city? How best can we make an elderly women friendly city? That's why we have more programmes and strategies addressing the needs of these large sectors of our population who are aging. I am referring to the women, of course. Thank you.

Hon. Tetteh Chaie, Ghana:
My question is on budget support that Japan has for the aged. I would like to find out the quantity in terms of percentage. How much do you allocate for gender issues, especially when it comes to aging? Do you have a budget for that?

Hon. Andi Dewi Yanti, Indonesia:
We really support the idea to develop age-friendly cities all over the world, including developing countries. Nevertheless, this means that all ministries, not only Health Ministries, need to support this idea: for example Transportation Ministries or Housing.

Based on your experience in Japan, how do you make sure that other ministries also consider and coordinate with good standards to be able to give good services for the disabled and elderly?

Hon. Anarbek Kalmatov, Kyrgyz Republic:
I did not have an answer to my questions; I would like to know the reason.

Dr. Alex Ross, WHO, Japan:
For clarity sake, would you please repeat the question? Some of it might have got lost in translation.

Hon. Anarbek Kalmatov, Kyrgyz Republic:
I asked two questions. The first question is: do you have concrete plans or recommendations in order to implement to improve aging issues not only in one country, but in general? The second question is: when and by how many countries was the Madrid Acting Plan signed? How many member states implement it? Thank you.

Dr. Alex Ross, WHO, Japan:
I will try to address part of it, on your first question concerning concrete plans and recommendations. For examples, coming up at the World Health Assembly and Executive Board on 1 January, there will be a discussion on Aging. The regional Committees of WHO, including regional committees for Europe and Asia, also have been discussing aging issues with different recommendations for the countries to consider. We do not dictate to the countries, and they will consider that. There are specific recommendations in age-friendly cities, coronary disease agenda in health system and Universal Health Coverage, women's reproductive health issue, and life course issues.

All these issues are available as guidance that countries can consider for what is useful. But the way WHO and UNFPA work is not binding but releasing recommendations. There are concrete specific recommendations and we can help you specifically with what might be most helpful for Kyrgyzstan.

On the second question, the Madrid Plan of Action was passed in 2002. I do not remember how many member states, but it was not done, to my recollection, at the UN General Assembly. It was a meeting of member states getting together. They developed this plan of action, guidance. As you saw, from the slides earlier, there are a number of different types of guidance within it. But it is something that you will see referenced to it in the WHO Resolution or UN GA Resolution. But, again, it is not binding and they are very specific recommendations for countries, maybe at least 80 countries involved. We will verify the number for you.

Chair:
I hope now you have been addressed. Can our presenters now address the questions from the three different countries?

Dr. Alex Ross, WHO, Japan:
On the Philippines and aging, that is a very good question, the feminization issue. The first step is to get the data. It is to understand what is going on in the actual country. "Age-friendly cities" require you to understand the situation and start to get to solutions which are going to be different. I do not think that we have age friendly cities specifically for women that are supposed to be cohesive for the whole community. But definitely, understanding the equity and impact is absolutely critical and it is also about the impact on the family. I was speaking with somebody from Egypt where the women are being taken out from the work force, first to help care the family. What is, then, the economic impact for the family and for the nation?

But this is something WHO can help by providing tools for the sensitization. But evidence becomes first, and it comes with different strategies to work within the culture, legal systems, and interventions in the country. I think there is a lot of evidence on this. It is not just an issue like we see with a lot of equity issue, but it is action. But there is guidance which we can talk about secondarily.

For Ghana's, I cannot comment on Japan, I will let others to do that. For Indonesia's, precisely, your point about working across sectors is something we have done for coronary diseases. We have done for a lot of different conditions. You are absolutely right that the disabled population is a very important opportunity right now that is emerging very quickly. We have very specific examples from different countries, from different cities and different tactics. There are a lot of discussions about determinants of health that are not very concrete. We are trying to be very practical. So I think there are a lot of different examples. We can show you some slides from different cities. Here in Japan there is the Future Cities Project. There are some remarkable things done in New York City.

It does not have to cost a lot of money. Just by putting a bench with security lighting, you can make a huge difference and welcome the elderly persons to come out from the comfort of their apartments. That is a huge, but simple type intervention. The collection of those can be very helpful. And I think, for us, there is the question about how to support you, the national legislators. Some of this is packaging these lessons learned that will be helpful to your context. This is something we are interested in learning: what will be most useful as a priority for you.

Dr. Rintaro Mori, NCCHD, Japan:
Concerning the questions and comments from the Philippines and Ghana about gender, I am thinking about variations. Actually, variations could be wider. It means that the care for the elderly should be individually-tailored on an individual needs basis. This is actually the most important part, rather than the gender specific policy. In terms of

the Japanese policy, I do not think there is a particular policy specific to both gender and aging.

Concerning the Indonesian intervention about cross-ministerial approach, in Japan, actually this takes places at the local level where people have more face-to-face interactions. We are talking about national policies tailored at the local government level, using local government's tax revenues to tailor individual needs and also community needs. That is where we are.

Dr. Hideki Hashimoto, Japan:
Let me just respond to the gender issues from the Philippines and Ghana. I think that this is not a sex problem but a gender problem, which means that it is generated from the social context. In Japan, we share some characteristics with Asian countries. We have traditional extended families where women have gender barriers to work, for they are family care takers. Then, this becomes a new issue when these primary care takers become frail. Who takes care of them? This is one thing.

The other one is that most of the time these women have no source of income. They only depend on the household head, the male. Then this is also related to the pension system for the women. About 10 years ago, the Japanese government made some amendments in the national pension system for the security of the women. These amendments made it possible for women to have their own account in the pension system. This led to labour policy, pension policy and other related social policies and made the gender and aging issues very prominent. So, I do not think this is only a health sector issue; this is more about life and how we support women later in their life. Thank you.

Chair:
Thank you very much. I hope that our presenters have addressed all the questions. Considering the time, I would like to take this opportunity to thank you for having these presentations. Each of us was actively participating and making contributions. Please give applause to our presenters. Thank you.

SESSION 3

An Economically Vibrant Aging Society

SESSION 3

Moderator and Chair:
Hon. Florian-Dorel Bodog
MP, Romania

Curriculum Vitae:

Hon. Florian Bodog has two PhD. degrees, one in medicine and second in economy and health management. Former State Secretary for Health government; Member of senate since 2012; Secretary of the Senate Standing Committee for public health; Member of the Sub Committee for population and development; Dean of the Faculty of Medicine Oradea.

SESSION 3

"Healthcare Innovation Project in Kashiwa City: Aging in Place Redesigning Communities for 2030"

Prof. Dr. Hiroko Akiyama
Professor of Institute of Gerontology (IOG) at University of Tokyo, Japan

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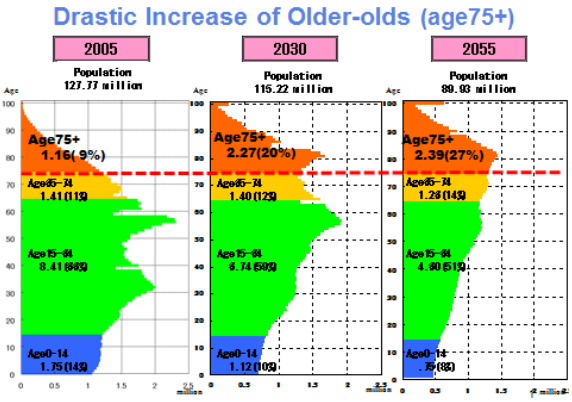
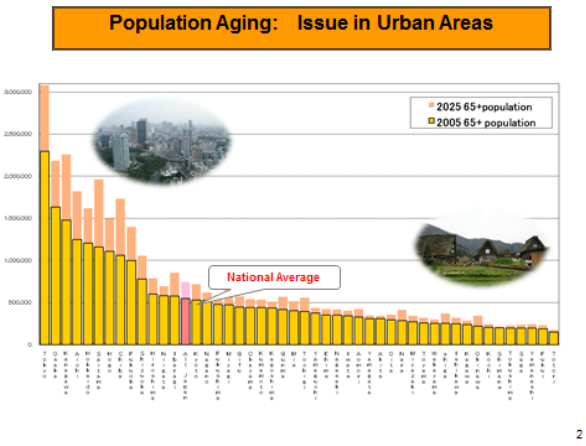
Curriculum Vitae:

Hiroko Akiyama, a social psychologist, is professor at the Institute of Gerontology, University of Tokyo and the former vice president of Science Council of Japan. Professor Akiyama has conducted a number of cross-national surveys and is widely recognized as an expert on issues of global aging. She is known for the long-running research on the elderly in Japan—tracking the aging patterns of approximately 6,000 Japanese elderly for 25 years. Recently she initiated social experiment projects that pioneer to re-design communities to meet the needs of the highly aged society and allow the elderly to successfully 'age-in-place'. She started the Institute of Gerontology at University of Tokyo in 2006. Professor Akiyama received Ph.D. in psychology from University of Illinois, the United States.

It is my great pleasure to have this opportunity to speak to such distinguished political leaders representing over 30 nations. And today I would like to talk about formidable challenges in aging society, about social experiments in communities we are working on. We are aiming at redesigning communities to meet the needs of a highly aged society. Drastic change in the age structure of the population requires the overhaul of existing social infrastructure and the creation of great deal of demand for technological and social innovation.



This graph shows the age composition of Japanese population in 2005, 2030 and 2050. And we are expecting a drastic increase of people aged 75 and older [orange part]. This segment of the population will double in the next 20 years and account for 20% of the total population in 2030. The average life expectancy of Japanese women is now 86 years, the longest in the world. And my mother is 92 and my mother-in-law is 93 and my aunt is 100.

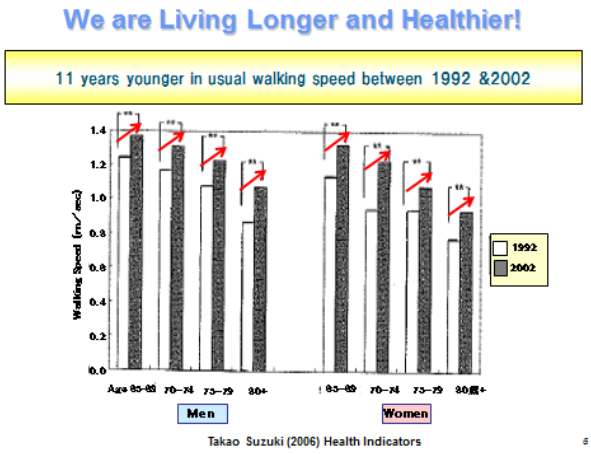


This slide shows the increase of older population by region. Population aging has been a problem in rural areas for a long time.

During the rapid economic development in the 1960s and 1970s in Japan, young people moved from rural areas to urban areas seeking good jobs, and older persons were left in rural areas. Those

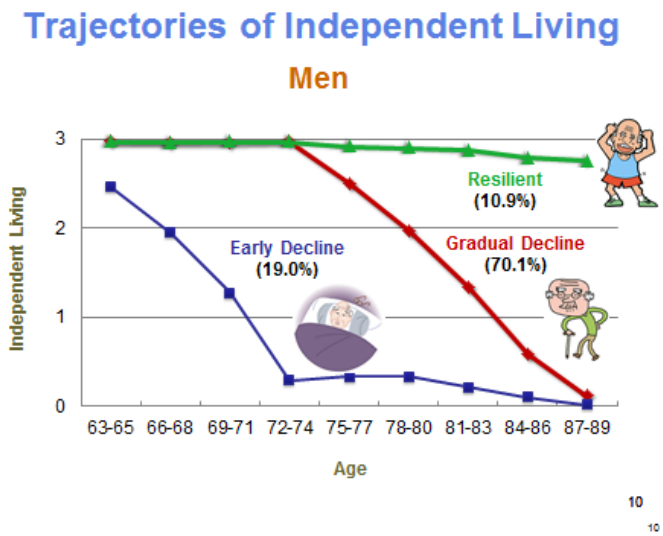
people who moved to urban areas 40-50 years ago now are reaching the retirement age in urban areas. Therefore, the population aging is now becoming an urban issue in Japan. In 2030 it is predicted that 13% of population aging 65 year and older will be demented and 45% will be living alone. So many people in their 80s and 90s will be living alone and this is a new phenomenon in Japan and in Asia in general, where most elder people traditionally were living with their children's family.

This slide shows old aged dependency ratios. In 1965, 50 years ago, there were 9.1 persons to support one old person, and now the ratio is 2.4 and we are expecting the ratio will become 1.2 in 2050. Obviously, we will not be able to sustain neither the social security system nor the national economy.



On the good news side, based on a large scale epidemiology study, we are not only living longer, but also healthier. This slide compares the usual walking speed of people in the same age group between 1992 and 2002. It shows older persons in 2002 were 11 years younger than the counterparts in 1992. In other words, a 75 year old person in 2002 was walking at the same speed as a 64 year old person in 1992.

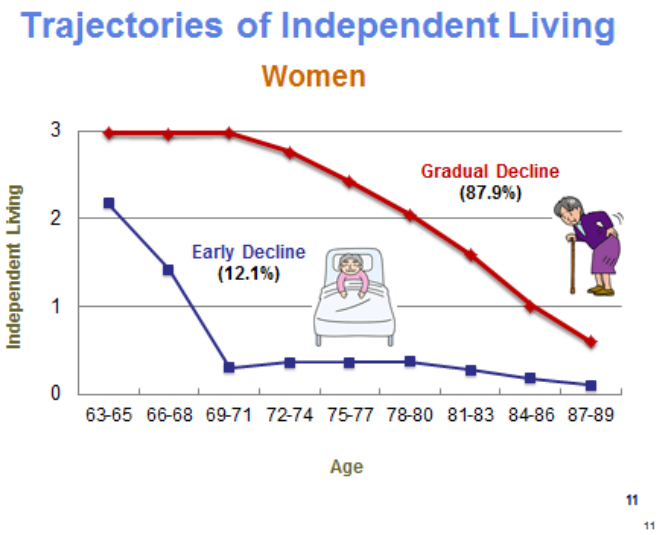
Other good news for Japan is that Japanese seniors are willing to work according to the national survey by the Cabinet Office. Seventy percent of people aged 60 plus wish to work until aged 70 years old. And almost 40% said they wished to work as long as they are capable to so.
We are conducting a panel survey following about 6000 Japanese aged 60 and older every three years since 1987 looking at changes in major domains of lives, such health, economic status and social relation.



So far we have conducted the survey eight times following the same people for 25 years. Analyzing functional health data, many of you must be familiar with *Activities of Daily Living* (ADL) and *Instrumental Activity of Daily Living(IADL),* scales for assessing independent living. Analyzing those data, we found three typical trajectories of health change among men. For about 20% of men, their health deteriorated and many of them died before aged 70. In contrast 10% of men stayed healthy and independent until very old age. However 70%, the majority stayed independent until mid-70s and then their health gradually declined and required some assistance.

This is a similar graph for women. The loss of independence of these 70% of men and 90% of women, altogether 80% of Japanese older persons, is largely due to frailty caused by the decline in muscle mass and bone density. As you remember,

this segment of the population, aged 75 years and older will double in the next 20 years in Japan and account for 20% of the total population in 2030. This is a kind of great problem.



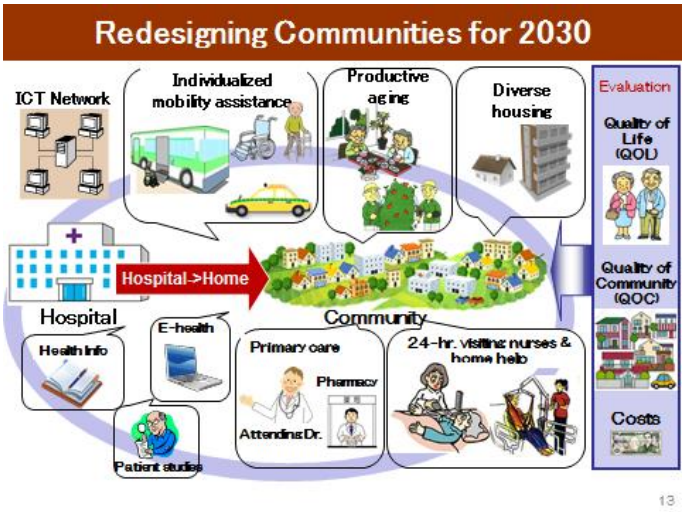
These statistics suggest us 3 priority issues we have to address:
We need to make individual and collective efforts to shift the red line point, to start declining, to move this way, 2-3 years. So far 80% of Japanese older persons stay healthy until their mid-70s, but we would like to move this point to their 80s. Our goal is that most of Japanese older persons stay healthy until 80.

Even if we could add several years of life without disability, the majority of people will still require some level of assistance. Therefore we need to create an environment where these people stay safe, comfortable and active.
We need strategies for forming and maintaining human bonds. National statistics shows that human bonds are weakening in Japan.

To address these issues, we launched a social experiment in a community. The existing infrastructure of communities was built when population was much younger in the pyramid-shaped population. We need to redesign both hard and soft infrastructure of communities. We are trying to redesign communities for meeting the needs of a highly aged society. We would like to build a community where people stay healthy and active and live with a sense of security and dignity. This is an overview of our project.

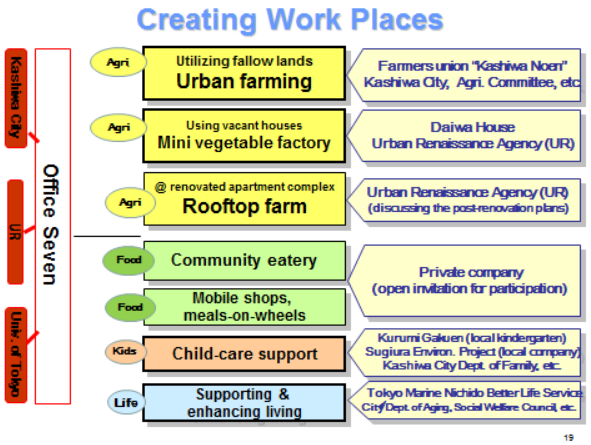
Several projects are going on the same time: housing, transportation, health care system, active aging and ICT.

This is a social experiment, actually intervening directly communities. We are evaluating the intervention at the individual and community levels, as well as the costs. We have two experiment sites: one in the metropolitan area, 30 km away from the metropolitan Tokyo, in the suburbs of Tokyo, and the other in a rural area.



This is an image of the same community in 2030. We are building in various components to meet the needs of a highly aged society. The following slide illustrates major projects we are now working on.

A huge number of baby boomers, who are working in Tokyo in this urban community will soon retire and come back to this community. We are creating age-friendly work places and flexible scheme of employment for those retirees.



The slide shows seven work places, but now we have nine work places: three in agriculture and also child and elderly care. National and local level business people operate these work places. There a lot jobs matching and scheduling. We are going to introduce ICT and cloud system. We are developing software with IBM and also training senior workers using IPad.

We evaluate the effects of work in second life at the individual level and society level. We take blood drops, assess bone density, muscles mass and cognitive ability, and also social interaction.

Although data analysis is still at the preliminary stage, it is already showing a positive impact of work, after retirement. We assess physical conditions and social abilities before they start working and 6, 12 and 18 months after they start working.

The community will offer housing for people at various life stages. This is remodeling of community. So they can move to places which meet their needs best throughout life course, that makes aging in the place possible.

The primary concern of older people is health care. We are creating home based healthcare system, which provides health care services for 24 hours. This building is under construction, it starts operating next March. On the first floor there will be various services: physicians, 24- hour visiting nurses and helpers, dentists and physical therapists and many other day-care items. These services not only will serve the people who live in the building, but also other members of the entire community.

Transportation is a big issue for older person to stay safe and active. We are working on alternative means of transportation in the community. We maximally utilize existing ICT to reach old people to stay safe and connected, and we also pursue technological innovation and test new technology in the community.

In 2011, Japan Science and Technology Agency (JST), a major government research funding agency created two programmes which support social experiments for solving problems in this aging society.

This kind of social experiment requires not only collaboration of researchers in different disciplines, but also full collaboration with local governments and the business community.

We formed the University-Industry Consortium on Gerontology in 2009. The Consortium provides a platform for academic and business ideas joining together to produce new values and solutions for the formidable challenges we face in the next 20 years.

Now 65 Japanese and international enterprises participate in the Consortium. Our ultimate goal is to make contributions to make linkages between longevity, health and wealth, which I believe is the utmost challenge in this rapidly aging world. Thank you for your attention.

SESSION 3

"National Transfer Accounts (NTA) and Aging: Its Significance on the Economy"

Dr. Naohiro Ogawa
Professor at Advanced Research Institute for the Science and Humanities (ARISH),
Nihon University, Japan

Curriculum Vitae:

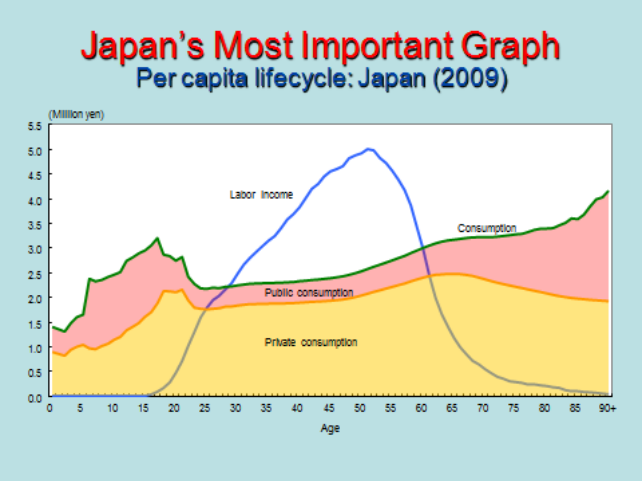
Dr. Naohiro Ogawa is Professor of population economics at the Nihon University College of Economics and Director of the Nihon University Population Research Institute.
Over the past thirty years he has written extensively on population and development in Japan and other Asian countries. More specifically, his research has focused on issues such as socioeconomic impacts of low fertility and rapid aging, modeling demographic and social security-related variables, as well as policies related to fertility, employment, marriage, child care, retirement and care for the elderly. His recent work includes measuring intergenerational transfers.
He has published numerous academic papers in internationally recognized journals such as American Economic Review, Journal of Labor Economics, Demography, and Population and Development Review. In collaboration with other scholars he has also edited several journals and books among which the most recent one is Ageing in Advanced Industrial States: Riding the Age Waves - Volume 3 (2010).
He has served on a number of councils, committees and advisory boards set up by the Japanese government and international organizations such as the Asian Population Association, the IUSSP and the WHO.

From the past to a few decades now the population aging has been a major, I would say, global trend. Japan has been leading this trend with a number of problems in this country. One of the problems is that taxation threatens public pension systems. A few years ago, some of the economists calculated the rate of return of Japanese pension scheme. They found out that those who were born after 1955 have negative return and, if that is the case, who wants to make a contribution, particularly among young people? As a consequence, we have to be aware that the proportion of those who made payments to the national pension scheme has been declining in the recent past, because the return is so bad.

This is one of the two core components of Japanese pension scheme, which is called national pension scheme, but so many people have stopped making contribution to this system. It is a big problem. Besides that, in Asia, there are a bunch of countries that have problems related to aging, like China, India, Thailand and many other countries, which are now trying to come up with at least a set of social security system in preparation for population aging. There is a big challenge for these countries. Also Korea and Taiwan need a lot of care givers, because they have so many elderly persons who need very intensive care at home.

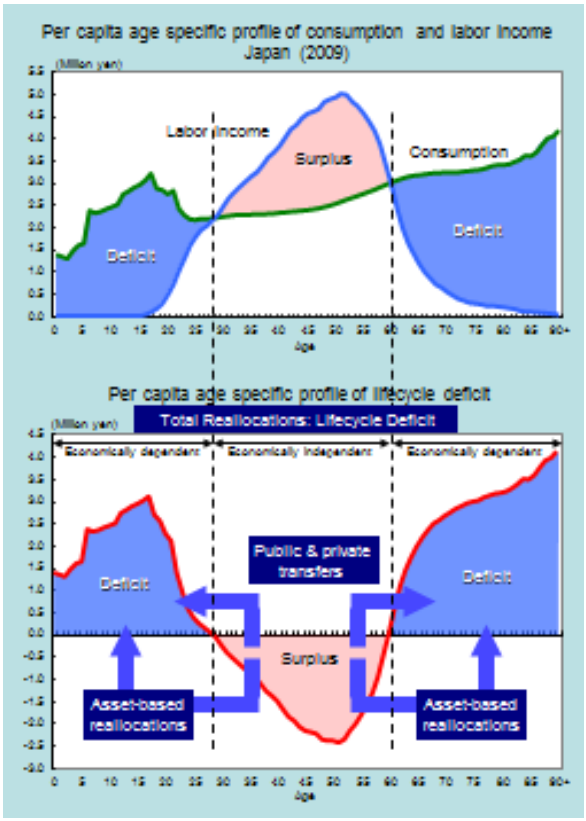
To address these issues on Population Aging in the recent past, the innovative approach, called National Transfer Account (NTA), has been developed. Back in 2003 the University of California, Berkley, invited seven economies to attend the conference, where they decided to work on a new task to set up a creative approach to solve the problem of population aging. That was in 2003 and ten years later we have 44

countries participating in this global project. Amazing! It is a very rapid growth in the project, and you can see that each region has a leader. ECLAC is leading Latin America, in Europe the Institute of Future studies, and Africa has its own institution coordinating research activity. In Asia, the East West Center is leading, so we are helping to coordinate research activities on NTA.



Virtually, all the participating countries must have the country's most important graph. This is the Japanese most important graph. Why do we call it the most important graph? Because it is powerful. You can get a lot of information out of a simple graph. This is based on micro-level data, also national economy data. This is labour income plus consumption both combined. And in the horizontal axe we have age; vertically we have monetary unit; and within the consumption category we have private consumption, which is household basically, and also the government consumption. We combined both of them.

Here is public education. This is private education. This is public health programme and then this is private, long-term care insurance. In this simple graph, there are millions of ideas. It is a very useful piece of graph. That is why I said Japan's most important graph. By looking at it by age, everything is described. When there is change in age structure, you can trace the change structure on each of these components. That is beauty advantage of this approach, National Transfer Account. Nobody has done that yet.

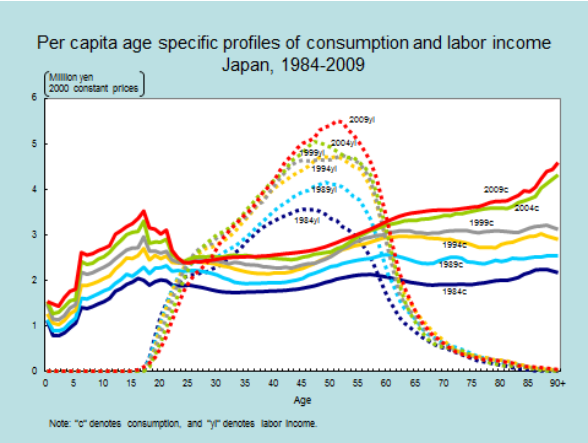


Once you have this, we make a little trick and then from this Japan's most important graph, we are trying to come with these lower ones, the rates of deficits and how they are related.

This is deficit because children do not have enough money to cover the consumption and the same situation for the elderly, they also have deficits. The middle-age working group has surplus. The bottom is the graph of life-time deficit. When you have deficits, somehow these two deficits should be financed through the public transfers, in this case government or by private transfer, households, maybe parents. If transfers are not enough, then we use savings, called asset based reallocations.

We estimated Japan's case over the last 25 years. It is very interesting. Japan's labour income and consumption have changed dramatically over the last 25 years. This is in real term in 1984, 1989,

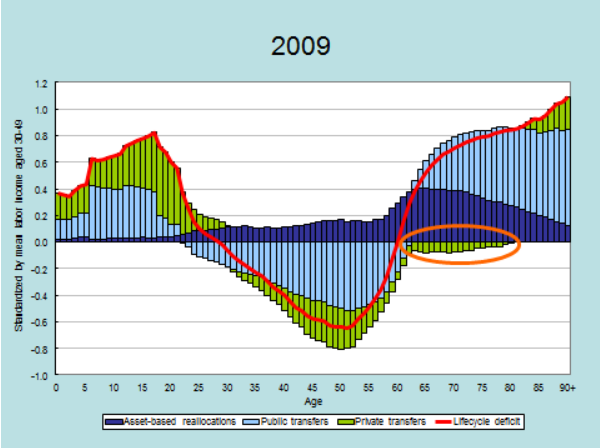
1994, 1999, 2004 and 2009. I was shocked when I got this graph. The red one, labour income among young people in this country, aged 20s-30s, is going down. We have income problems among young people. They cannot get a full-time job. They get irregular par-time jobs. That is the reason why their income has been going down and it creates a lot of problems in this country.



This is life-time deficits in 1984, 1989, 1994, 1999, 2004 and 2009. We have to fill in. Over the last 25 years the deficits have been increasing on both sides. The question is how these life-time deficits are financed, in what way? By looking at this graph, in 1984, we can see this is the way they financed [the red one]. The line is actually a life-time deficit. This green one is family, parents. Parents cover the cost of the children. At the age 15, they need, around 2 million yen a year. This is annual cost.

The blue one is government. The government also pays. Also in the case of the elderly (dark blue line), they have assets. Japanese elderly persons are quite wealthy, and they have their own assets. Also the government gives transfers. So does family. If that is not enough, then they use their own savings. This is 1984, 1989, 1994, 1999, 2004 and 2009. Amazing! It has been going up and the deficits have been going up both sides the elderly's as well as children's. This is per capita basis.

Here it is more surprising. In Japan elderly persons in the 70s and early 80s actually finance their children as well as their grandchildren. Money comes from elderly persons. In this country, the elderly have latent assets. They finance young cohorts when they need help.



In Japan, the elderly is playing the role of society's safety net. The reason is that public pension system is highly dependable source of income for elderly. Employment for the middle-aged sons and daughters is unstable since the beginning of Japanese "lost decade". Here you can see the pension transfer has been increasing. The red line is the most years of pension scheme. Amount of pension going to elderly is increasing compared to 25 years ago.

I am talking about per capita basis. If you put everybody, the entire population in one picture, in 1994, the elderly component is very small, because we did not have many elderly persons at that time. They were not expensive as a group, but it is going to go up very fast. 1984, 1989, 19 94, 1999, 2004, 2009, it is going up very fast.

This is probably the first time you see the picture or graph in which you can see the impact of population aging. The number has been increasing and it has been causing a rapid increase in costs. You can also see, children get money from parents and the age 27, they start paying taxes and then once they reach age 64, they start getting

government and family support again. Up to age 22, they get money from government. At the age 23, they graduate from university, then they start paying taxes and at their 60s they start getting pension.

But it is going to change. Remember, this is key at the age 64 Japanese elderly used to get support from families. But in 2009, it is 81. In this country, we call people older than 65 years elderly person, but in reality they are quite wealthy and they are independent. So I think in this country not many people pay attention to the changing of age, particularly the definition of elderly person. I think the age of the elderly should be changed depending on the economic situation so on and so forth.

I think 60 or 65 is too young right now. I think it is worth thinking about it. They become financially independent from the government at the age 22 and then it is stable. The elderly get the support from the government at the beginning of the 60s, 63. Three years increase because of different times of retirement. But public sector tends to be slow in responding to Japan's rapidly changing structure and social needs. You will be shocked. The private sector response is more rapidly.

Japanese children used to become financially independent from their parents at the age 27, now it is 31. This is quite late. In terms of government transfers, the cutting of age has not changed that much. But private transfers have been changing dramatically. In other words, the private sector is much more flexible than the government sector in coping with family structure and population aging at micro and macro levels.

Then here, in 1994, when you look at the cost of children and the cost of the elderly, there is a deficit. Of course, we take into consideration survivorship. You know some children die; some elderly person may live longer than this. Then, to raise Japanese children from the time of birth to the time when they become financially independent, you need 10 years of mean income of prime age workers. Ten years' income is needed to raise one child. Then, for the elderly, they need 8 years income to support their retirement. It is big money, but that was in 1984. Twenty-five years later, it is different, like this: the 10 years becomes 14, and the 8 years 15.

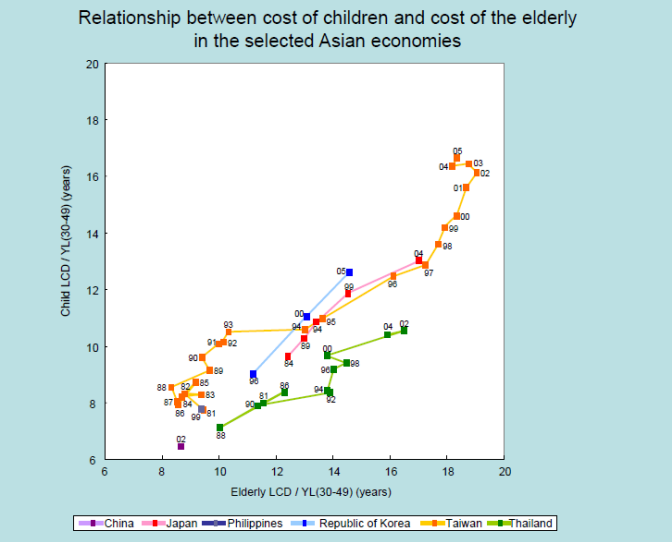
Children as well as elderly persons are expensive. They are a big burden to the Japanese economic system. Then the question is that the government has its own budgetary limit, so does the family. If that is the case, if more resources needed for the children and for elderly, are they competing for resources within household? How about the government? The both are getting more and more resources. Are they competing with each other? The question is so-called *crowding out effect*. I calculated it for Asian countries. I will show you the most important graphs of various countries in Europe, Japan and the rest of Asia.

Europe as well as Japan have high cost. The rest of the graph is Asia. This is one important commonality in Asia; the cost of elderly is flat. In Asia the cost of the elderly almost does not increase with age. Why is this happening? Because of co-residence, which is quite common among the elderly people. They are living with children or adult children. In other words, the cost of the elderly is internalized within the family. This feature is different from Europe.

This is the way, in these countries, they finance: life time transfers, public transfers, private transfers. In Europe, they have huge public transfers. But in contrast, in Thailand, they do not have well developed social security system yet. That is why most of the resources come from the family. In summary, depending on the country,

the source of financing retirement or childhood is very different.

Now the question is what is happening to the cost of children and the cost of elderly? This axis measures the cost for retirement for the elderly. This is the cost for children from the time of birth until children become financially independent.



Taiwan, Thailand, Japan, Korea, the Philippines, and China, all these countries show a raising trend, the cost of children is going up, the cost of elderly going up, both are getting higher and higher. There is no crowding out effect in Asia. Both are getting more and more, who suffers? Primary age workers, parents actually have to finance it. This is why parents in Asia are called Sandwich or Panini generation.

It is interesting. It is shocking to me, but in Asia both are going up, but in Europe, it is completely different, horizontal. So Europe and Asia are completely different. Perhaps this reflects the differences of evaluation process and social security system between Asia and Europe.
I would like you to take back home one important lesson: the abrupt value shift when you talk about aging. You would like to develop social security system? That is fine. But changes in social security system or programmes and policies might cause some problems, and here is some example based on country data.

According to Mainichi newspaper, from between the 1950s to the 2000s, women at reproductive age below 50 were surveyed. The first question was: are you going to rely on children when you are at retirement age? Back in the 1950s and 2000s mothers replied: “yes, I will depend on children”. Then this started falling. Another question was asked to the same respondents: how about taking care of your parents? Eighty percent of Japanese women at reproductive age said: “yes it is good custom or natural duty”. They were very positive, but this is declining.

This is the lesson I would like you to learn. That is the time when the Japanese government introduced the Universal Pension Schemes, back in 1986. Then, the government said: “do not count on government in terms of monetary assistance, we have financial problems”. So they shifted the responsibility back to the families, not to the government.

Many Japanese people, including myself, thought that the government would take care of our parents. But all of a sudden, the government said that you families had to take care of your family members, because the government would not be the one due to financial problems.

This is exactly the point I am trying to get you to. The financial structure of social security system is extremely important for the economy system to keep on going. Good and careful planning is very important when you introduce the social security system, because population aging is too fast. As a consequence, the proportion of elderly people living with the children has been declining, so everything is changing.

Thank you.

SESSION 3

"National Responses to the Aging Society: Institutional Reform in Japan"

Dr. Atsushi Seike
President of Keio University

Curriculum Vitae:

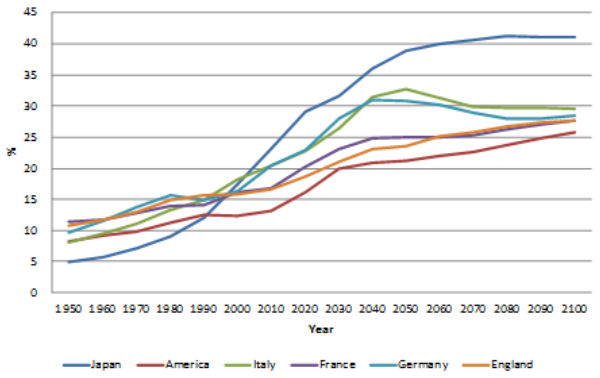
Dr. Atsushi Seike is President of Keio University, Honorary President of Economic and Social Research Institute (ESRI), Cabinet Office, President of the Japan Association of Private Universities and Colleges (JAPUC). He is also former Chairman of Policy Studies Group for the Aged Society, Cabinet Office, former member of Board of Directors, Japanese Economic Association, former chairman of National Council on Social Security System Reform, Cabinet Office, and former Vice President of Japan Society of Human Resource Management. Dr. Seike received Ph.D. in Labor Economics at Graduate School of Business and Commerce, Keio University. His field of Specialization is Labor Economics.

Thank you very much Hon. Bodog for your kind introduction and thank you very much for inviting me to such a marvelous meeting. Professor Ogawa is my old good friend, but I am thinking that I am at significant disadvantage as a speaker after Professor Ogawa's impressive speech.

As Hon. Bodog kindly introduced me, I happen to be a university president now, but my original background is labour economics, and I have been doing empirical analysis on the impact of aging population, this is, the increasing in proportion of older people on the labour market. Partly, because of that, I have been playing a role as a Chair of the National Council on Social Security System Reform, Cabinet Office, in the past years, actually from November 2012 to this August. I am very glad to talk about the impact of aging population on the labour market and social security reform. Let me start with the Japanese aging population itself.

As you can see in Figure 1 in your handout, the Japanese elderly population now is globally unprecedented, both in its level and its speed. The proportion of older people aged 65 years and over is now one-quarter of the total population of Japan, making it already the largest proportion of older people in the world. And it is going to be one-third of the total population in around 2035 when newborn babies graduate from college.

〔Figure 1〕 Proportion of older population aged 65 and over in major developed countries

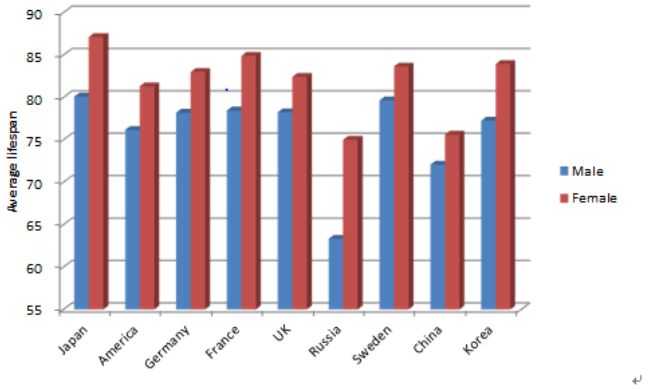


(Source) Based on data from the *Demographic Statistics Data Book* (2013), National Institute of Population and Social Security Research

As for the speed, Japan's aging has been more than four times faster than that of France and almost two times faster than that of Germany, both of which are known as aged countries. Japan's aging population, I would say, is deep. I mean, very old people like aged 75 years old and over are even rapidly increasing among older population. Now the proportion of very old people aged 75 years old and over is almost 13%.

But it is going to be 20% around 2035. The population is one of the most predictable socio-economic variables. Adequate measures to cope with an aging population can be taken. It is the responsibility of our generation. I think there are basically two kinds of measures.

〔Figure 2〕 Average lifespans in the major developed countries, by gender



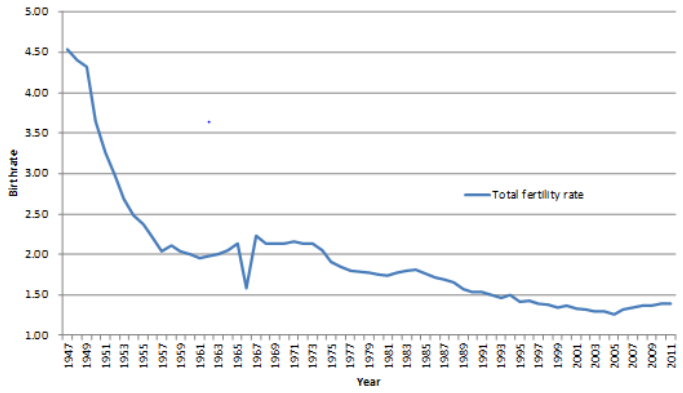
(Source) Based on data from the *Demographic Statistics Data Book* (2013), National Institute of Population and Social Security Research

One measure is to stop or at least moderate population itself. As you know there are two reasons for an aging population. One is of course increasing life expectancy as shown in Figure 2 in your handout. This figure shows that Japan's life expectancy is almost number one in the world. The other reason for an aging population is decreasing fertility rate as shown in the figure in your handout. Of course, we should not stop the trend of increasing life expectancy. So the measure we should take is to reverse the trend of fertility rate or reverse the policy of lowering the trend of fertility rate.

Another kind of measures to cope with aging population is to minimize the negative impact or negative effects of aging population. One is to maintain the labour force, even with the shrinking population, by increasing the labour force participation rate particularly of women and older people. And the other measure is to improve the sustainability of social security system and therefore of the fiscal situation even with an aging population by devising the social security system fundamentally. These two kinds of measures should be taken. So let me briefly talk about them.

In the late 1970s, when the fertility rate started to decline, the Japanese government should have been concerned about the fact that the population would be declining from one generation ahead, 20-30 years ahead. And at last, the Japanese government started thinking seriously about it in 1990 when it was known that the fertility rate was as low as 1.7, which was lower than the historically recorded rate 1.85, which occurred in a very special year of the so-called "Hinoe uma". I am not quite sure to what extent you were informed about this superstition. This is, I think, a Chinese superstition: if girls born in this year were raised up to get married, they will exploit husbands and husbands would suffer from hardships. Parents worried that their potential baby would have hardships in marital market if they were girls. Quite impressively, this superstition had significant negative impact on the behavior of the parents at that year.

〔Figure 3〕 Trends in the fertility (birth) rate in postwar Japan (1947-2011)



(Source) Based on data from the *Demographic Statistics Data Book* (2013), National Institute of Population and Social Security Research

People were shocked to see the low fertility rate of 1.7 even in the normal years in 1990. So we call it the "1.57 Shock". The 1.57 shock made Japanese people more conscious of the role of fertility rate. And the Japanese government introduced the so-called "Angel Plan", which was a package of policies to promote comprehensive

childcare support. But at that time, these measures could not be too aggressive because there were actually no measures to promote an increase in fertility rate since the year 1945. That is partly because of stigma, bad image attached to policies to population expansion, which were linked to wartime population policies.

Another unfortunate thing with the policies for supporting childcare is that it has not had any permanent revenue sources unlike pension benefit and medical care benefit of which revenue had been guaranteed by social insurance system. Since we have had serious economic crises and budget cuts after early 1990s, they prevented us from improving childcare policy substantially. So I believe that now this maybe the last chance to bring about the recovering in the fertility rate. Maybe it is a little bit late. But we definitely have to take some significant actions.

So in the report of the National Council on Social Security System Reform, which I chaired, we have proposed that social security resources be paid more for younger people including substantial improvement of childcare services. And now we reserve 0.7 trillion yen of consumption tax based revenue as the permanent income, permanent revenue for childcare to make the so-called "No Waiting Kids for Child Care Policy" possible.

In order to cope with an aging population, it is extremely important for us to promote the employment of older people. If more elderly people continue working beyond the current retirement age, the average per capita burden of social security in the aging society will be substantially reduced. Increasing number of active workers and consumers in the older age will also be driving forces for economic growth, both on supply side and demand side of macro economy. In this respect Japan has been basically consistent comparing to EU countries, because the Japanese government has kept promoting the employment of elder people. As a result, the labour force participation of older people in Japan has become significantly higher in comparison with the case of other developed countries.

〔Table 1〕 The labor force participation rate of older people in major countries (2009)

(Units: %)

	Japan	U.S.	Germany	France	Korea
Males aged 60-64	76.3	60.9	50.8	20.3	68.8
Females aged 60-64	44.6	49.9	32.9	15.9	42.0
Males aged 65 and above	29.4	21.9	5.9	2.7	41.5
Females aged 65 and above	13.1	13.6	2.7	1.0	22.2

(Source) Based on data from the *Ageing Society Statistics Data Book* (2011), Japan Organization for Employment of the Elderly, Persons with Disabilities and Job Seekers

Taking advantage of this relatively strong, high motivation of older people to continue working, Japan has a chance to establish a life-long active society in which the role and ability of older people can be fully utilized. Japan has been on the right track towards life-long active society. If Japan is able to establish this, it will be a good reference for other countries which are facing the same aging population problem. On the other hand, unfortunately, the policies for promoting female employment have not been successful so far. As a result, the female labour force participation rate still forms the so-called "M" shaped curve. Women's participation in labour force participation significantly drops in their 30's. So the measures to promote female labour force participation are the same measures as those for reversing the declining trend of the fertility rate: measures to support working mothers will encourage women in their 30's to continue working. We have to make every effort to increase fertility rate and labour force participation. However, it seems to be unavoidable for us to see the aging population and few of workforces at least for a while. So it is urgent for us to have social security system reform to cope with an aging population.

I have already talked about childcare policy. So let

me now concentrate on the aspects of reforms of public pension, medical care and long-term care. The total expenditure of social security is now almost 110 trillion yen in fiscal year 2012, which is almost 23% of the GDP. And roughly half of them are public pension expenditure and one-third of them are medical care and long-term care expenditures. When we think about the reforms of pension and the medical care and long-term care, it is important for us to recognize the fact that the nature of problems of public pension and medical care and long-term care are quite different. They are problems different in their nature.

〔Table 2〕 Prospect for the Social Security Benefit Expenditure

Unit: trillion yen
(% to GDP)

	FY2012	FY2025	FY2025/FY2012
Social Security Benefit Expenditure	109.5 (22.8%)	148.9 (24.4%)	1.36
Public Pension	53.8 (11.2%)	60.4 (9.9%)	1.12
Medical Care	35.1 (7.3%)	54.0 (8.9%)	1.54
Long-term Care	8.4 (1.8%)	19.8 (3.2%)	2.34
Child and Child-Raising	4.8 (1.0%)	5.6 (0.9%)	1.17
Others	7.4 (1.5%)	9.0 (1.5%)	1.22
GDP	479.6 (100%)	610.6 (100%)	1.27

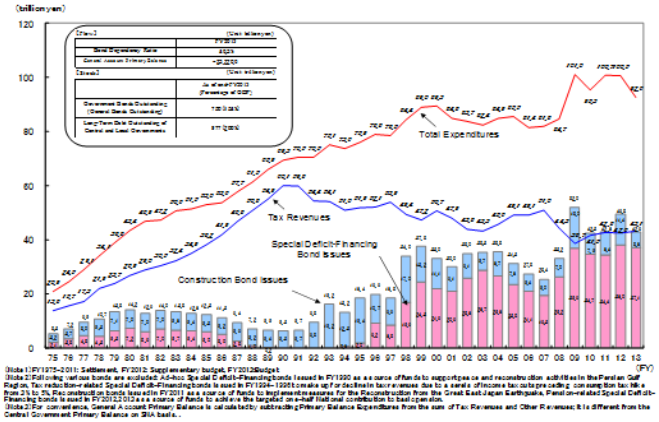
Source: Ministry of Health, Labour, and Welfare

In other words, the problem with public pension is rather simple and linear. On the other hand, the problem with medical and long-term care is non-linear and much more complicated. As you can see in the Table 2, the expenditure of public pension benefit will increase at the same pace as the pension eligible population increases by 1.12 times in 2025 compared to its level in 2012.

Also the matter of public pension is such a simple problem of money. Technically, we can reform the public pension system only by changing revenue and expenditure scheme. On the other hand, the expenditure on medical care and long-term care will increase faster than the increase of the older population. Because it will increase the proportion of the very old people aged 75 years old and over among the older population, and also it combined with the increase in the quality and cost of medical care. So as you can see in the Table 2, they will increase by 1.54 times, 2.34 times respectively in 2025 compared to their level in 2012.

When you think of the reform of medical and long-term care, it would not be just a matter of money, but you also have to pay much attention to the service providers. Because without their cooperation effective policy will not be able to be accomplish.

〔Figure 4〕 Trends in General Account Tax Revenues, Total Expenditures and Government Bond Issues



Social security payment is rapidly increasing and 60% of it is paid by social security insurance payment and the other 40% is paid by tax. As you know, we do not have enough tax revenue for that. Mainly because of the increase in social security expenditure, the gap between total government expenditure and tax revenue have been widening in the past decades as you can see in the Figure 4. We can call it widening mouth of an alligator. Most of the expenditures transfer to future generations in the form of national debt, which I think make social security reform badly needed.

For the public pension system it is a rather simple problem. My understanding is that necessary reform was basically completed in 2004 as far as its physical sustainability is concerned. I mean this reform involved a system of setting ceiling of the pension premiums in the future to control the

burden of payment and introducing the macroeconomic indexation system to restrict the amount of real term pension benefit paid out in order to prevent from exceeding the amount of paid.

More difficult task is the reform of medical care and long-term care system. We need to make our medical care supplier system more efficiently to cope with the increasing number of older patients. We need to shift the medical care system through the full treatment within a hospital to full treatment both in hospital and at home by which local community as a whole will support the older patients. By doing this, on one hand the older people will be able to live in the region and the houses that they are settled in while receiving treatment. And more medical resources can be used in the emergency treatment for younger patient on the other hand.

In order to do this, it is essential for us to establish the comprehensive regional care system that provides care and support to the older patients while they live at home. These reforms may face some political conflicts between beneficiaries and services providers but we have to accomplish these reforms; otherwise we will not be able to transfer our social security system, which made our country world's number one longevity to the future generations. The report of National Council on Social Security System Reform includes my own message to the Japanese people, quoting Yukichi Fukuzawa, the founder of University of Keio, so in closing let me read it.

Fukuzawa urges that just as the guardian goose clans its neck watch for danger while the rest of folks pick their food intentionally. Scholars must calmly analyze the development of the present and consider what needs to be done for the future. In fact this is the words that I would like to deliver for distinguished political leaders around the world.

Thank you very much for your attention.

SESSION 3

Discussion

Chair:
Thank you very much Professor. As you see, we can start to analyze, so if you have questions or comments, you have the floor.

Hon. Andi Yanti, Indonesia:
It was a very interesting presentation from Mr. Ogawa. You presented in 1984 children bigger than elderly population and its transfer in 2009. The child population is less than elderly people. So my question is how is the impact on your state budget? And do you have a suggestion how the elderly people become a significant economic driver in our countries or in your country? And for Mr. Seika, I saw your paper for labour force participation of older people in Japan, female aged 65 and above have a very low rate with only 13.1% compared to male's 29.5%. My question is why it can be like this? Do women at 64 and above prefer to stay at home? Thank you.

Dr. Atsushi Seika, Keio University, Japan:
Thank you very much for your stimulating question. My interpretation of lower labour force participation of older female people is that there are two reasons. One is our history. In their generation, many women were not working and they were basically staying at home, because at that time we still maintained the old tradition of division of work between men and women: men worked and women were at home taking care of kids. That many of those elder females did not have work experiences is the major reason why labour force participation is so low. And also this is statistical matter that women live longer. The population of women aged 65 years old and over contains more population compared to men. That is another sort of statistical, technical reason why female labour force participation rate can be lower that of men. Thank you.

Chair:
Thank you, Professor.

Dr. Naohiro Ogawa, ARISH, Japan:
The cost of children as well as cost of elderly went up during the period of 25 years. Particularly, the elder person is much greater, if you look at the public transport component. The major component of government expenditures is for the children's education. It is a very strong institution, you cannot really change much. It has been increasing, but for the elderly 25 years ago the social security system was not that strong, not very mature yet, so the cost of elderly person was not so great.

Now, you can judge from my presentation you can see the area of the public transports for the elderly is much bigger than the government transports going to the children. But per capita of both went up. It is very expensive for the government, not only children but also elderly. The magnitude of the increase of population is much more distinguished among the elderly person that is why the overall cost of resources, the government resources to the elderly persons, are much bigger than the children. Thank you.

Chair:
We can take one more question.

Hon. Andi Yanti, Indonesia:
Unfortunately, we have not received Mr. Ogawa's paper yet. Can we have?

Chair:

You will receive. I would like to thank all of your participation. Thank you very much.

SESSION 4

Global Corporations:
Roles and Strategies for Aging

SESSION 4

Chair:

Hon. Dr. Alka Balram Kshatriya

MP; India

Curricula Vitae:

Hon. Dr. Alka Balram Kshatriya

Ph.D. (A comparative analysis of Performance Appraisal of Mahila Co-Operative Banks of Gujarat State) Educated at Gujarat University, Ahmedabad and North Gujarat University, Mahesana and Saurashtra University, Rajkot.

SESSION 4

Moderator:

Mr. Hiroshi Ishida:

Executive Director of Caux Round Table Japan

Curricula Vitae:

Hiroshi Ishida is the Executive Director of the Caux Round Table-Japan. Since 2005 he has been teaching as an Associate Professor at the Institute of Business and Accounting, Kwansei Gakuin University. He is also teaching at Kyushu University, Aoyamagakuin University, Soft Bank Investment University, and BBT University. He is the co-author of "CSR Innovation: Creating CSR framework maximizing core-business" in Japanese, and author of numerous academic, newspaper articles and commentaries.

Preceding the CRT-Japan, he worked at the Industrial Bank of Japan (IBJ) for 10 years (1990 – 2000). Ishida began his career at the Bond Dealing Section and worked there for 4 years. He moved onto work at Takamatsu Branch for the following 3 years. In 1997, he was appointed and worked as a member of the Mizuho Integration Project Team at Information Technology Planning Department, Y2K and System Risk Management. After resigning from IBJ in 2000, Ishida volunteered for CRT-Japan bringing a wealth of experience. In 2001, Ishida was appointed as the Coordinator of CRT-Japan. Since 2004, he has been working as the Executive Director of CRT-Japan. In 2008, he was appointed as Global CRT Senior Advisor.

Ishida has graduated from the Seijo University in Japan with a degree in Economics. He was educated at Stonyhurst College, Lancashire UK during his childhood. (1979 - 1982) Through his background, education and business experience he has rich experience and appreciation of challenges and joys of working globally.

SESSION 4

"Healthy Longevity and Nutrition for the Elderly -Realization of the healthy longevity society though nutrition-"

Dr. Takeshi Kimura
Member of the Board and Corporate
Vice-President Research and Development, Ajinomoto Co., Inc.

Curriculum Vitae:

Dr. Takeshi Kimura studied Cell and Molecular Biology at University of London, King's College and obtained a PhD in Biochemistry from University of London in 1984.
He was Visiting Fellow and Visiting Associate at the National Institutes of Health in the U.S. from 1984 to 1989. In 1989 he joined Ajinomoto and worked at the Central Research Laboratories and External Scientific Affairs department at head office. He then served as head of the Washington DC Office from 1992 to 1997. In 1998 he started the Basic Safety Research Group at the Institute of Life Sciences. From 2005 to 2010 he served as General Manager of Quality Assurance and External Scientific Affairs Department. He became Corporate Executive Officer in 2009 and also became General Manager of R&D Planning Department in 2010. He became Member of Board and Corporate Vice President in 2013. He is also a member of the Board of Trustees for International Life Sciences Institute and its Research Foundation as well as Chief Executive Officer for the International Glutamate Technical Committee.

I would like to thank the organizers for allowing me to make a presentation at this most prestigious meeting with the distinguished members.

Today I will talk about the private industry, companies' development efforts towards aiding the healthy longevity and the nutrition for the elderly people. I will talk a little about my company to introduce to you all because many of you may not know our company. I will talk about the protein and amino acids for the elderly, and finally I will talk about biomarkers and personal nutrition.

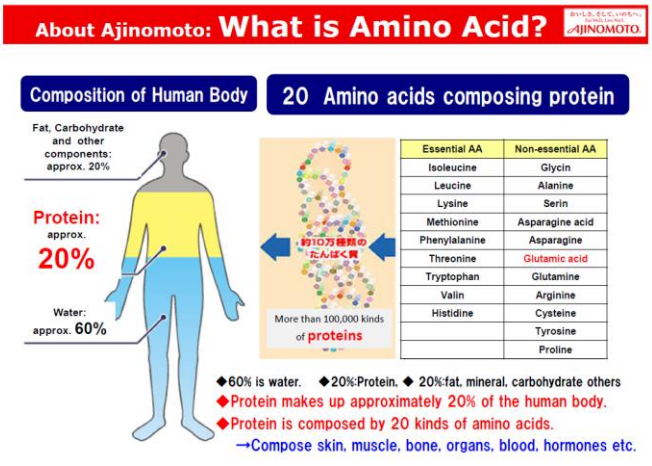
We started in 1909, so we have over 100 year's history. Basically, we started with the industry academia collaboration with Dr. Kikunae Ikeda who was at Tokyo University. He was actually a visiting scientist in Germany and at that time Japan had just opened up the country and was still very poor. At that time the Japanese height was probably 10 centimeters lower than what we are now. In Germany, he was impressed by the science but also he was shocked at how big the Germans were compared to the Japanese. So when he came back to Japan, he wanted to improve the nutritional state of the Japanese.

And he set out to find something that tastes good. He looked at the Japanese soup stock, which we make from seaweed, basically. He found that amino acid glutamate was the key component for the flavor. He took out a pattern for this process and then Mr. Suzuki who was actually making iodine from seaweed at that time for pharmaceutical use, when he found that Dr. Kikunae Ikeda had found something else from seaweed. So he went to Dr. Kikunae Ikeda and talked about it, and then they came to this business. Since then, the taste of glutamate we call umami has been recognized as the fifth basic

taste.

Since then we have spread many markets around the world, we have sales about US$10 billion. We are mainly in seasoning business, but in Japan we are also in frozen food and other areas. I think in many of the countries of the delegates, we may have some products there. As the group vision, we started with amino acids, but we are in the food business as well as biotechnology and fine chemicals business as well as pharmaceutical and health business. With regard to amino acids, we have about 40% share of the high quality amino acids to use in pharmaceutical and in food use. We produce about a million tons of amino acids, especially for the food and feed-grade sectors. Basically, our mission is to help resolve issues for the 21st century human society including global sustainability, food resources and healthy living.

So what are the amino acids? As you know, the body composed of a number of things. But the structured of the body is composed of proteins. Amino acids are basically building blocks of proteins. So we feel that amino acids are a very key to life itself. As the left hand diagram shows human being is made up of 60% of water, about 20% protein. And it is the protein that gives the structure to human being, like muscles, brain and heart. And the rest covers carbohydrates and other components.



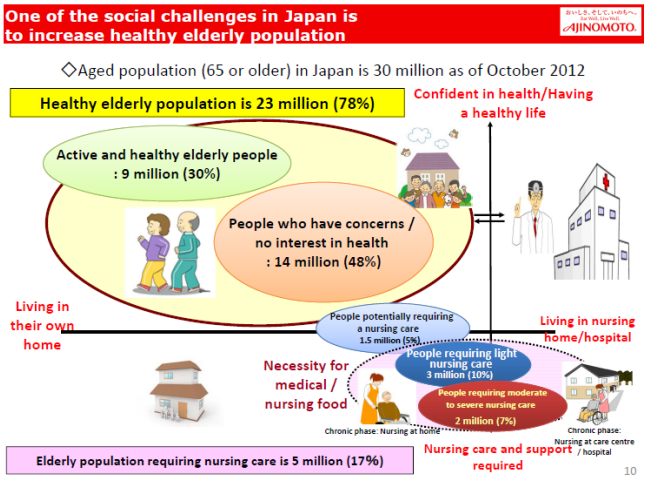
At Ajinomoto, although, we are mainly in the food business, we have a number of amino acid products for different stages of life. I will talk later about this. We have some supplement for the women, babies. Also we have a fairly strong line of sport supplements, which are used by the Olympic athletes in Japan. And also we have low-calorie sweets based in amino acids. Recently we developed supplements for the elderly to help to prevent, and to keep them healthy.

We have a program in Ghana to supplement the infant foods with the amino acids and other micro nutrients such as vitamins. This has been very much in the news, but we have a very large collaboration with the company DSM, who will be talking next, and also with the Ghanaian government, international NGOs and the Japanese government and the USAID. In fact, Prime Minister Abe was kind enough to introduce this product, Coco, which is added to children's food at the TICAD meeting in June.

Moving on to the main topic about proteins and amino acids for the elderly, as you know, Japan is becoming sort of a super aged society and the percentage was the elderly population in Japan is probably growing the fastest. However, if you look at the numbers, many other countries will catch up. We believe that by working on the aged issues in Japan, this should be relevant to the global aging issue.

As you know, life expectancy has been increasing throughout the world and this has often led to some burdens regarding the medical costs and pensions. But I think it is very important to keep in mind that it is not just the life expectancy that is important, it is the disability free life expectancy that is really important. Because basically if you become hospitalized or bedridden, then you need care and the care will cost a lot of money. Japan is suffering from this because a lot of the public

funds go into this sector. So if you can increase the healthy life expectancy, then obviously we can help mitigate the situation regarding the medical costs.



If you look at the elderly population, this is in Japan but 65 or older, about 78% still in this healthy area. However, there are many also who are in nursing homes as well as who are hospitalized. So the key point we believe is to try to keep the population in this healthy area and not allow them to go into the hospitals and keep them as healthy as possible. I think traditional medicine has been focusing on curing the sick people after being hospitalized. But I think it is really important in this area how to try to keep people healthy.

We believe that nutrition can play a very key role. Recent data has indicated that protein and amino acid nutrition is very important for the aged. This is the conclusion of recent long-term study, the epidemiological study by the Tokyo Metropolitan Institute of Gerontology. But they had found, plasma albumin and hemoglobin these are both proteins that are found in blood. The Plasma albumin is dissolved in the blood and it is the major blood protein. The Hemoglobin is in the blood cells and this carries oxygen up to the tissues. These are basically made up of proteins. But what they found is that people with low albumin and hemoglobin levels tends to die quicker. They do not live as long as the people with a higher protein level.

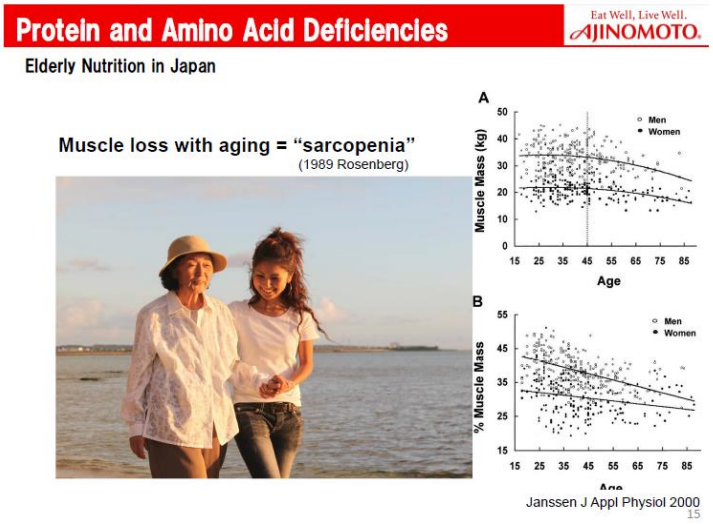
This is the direct indication that the status of protein nutrition has an impact on the longevity of the people. Also in Japan, unfortunately, the protein intake has been declining. The average protein intake for all the age groups has been declining. And there is a concern that this decline will also quicken the impact of aging. Although at the moment, the official protein requirement is shown in this red line. People are still eating more protein than it is required. However, more new data are indicating that perhaps older people may require more protein, in that because maybe they cannot absorb as well.

This is a recent data group from group in Canada with the 80 year old people, that the actual requirement is a lot higher than previously thought. If you look at the data regarding the aged people, most of the data for people under 60 basically, there is not many data for 80 years old people. Whether the 70-80 year old people have the same nutritional requirement as the younger people, it is not very well known. However, I was saying in the previous slide as I showed that there are people who are malnourished in terms of protein. Then I think we need to do more research on this area to really find out what the requirement for the aged are.

Why is protein nutrition so important? Because protein builds up muscles and so on. If you look at the cause of disability needed support and primary nursing care the majority is the problem of the locomotive organs. These are legs, hands and so on. Legs and feet, basically, if somebody falls down and break a bone and then they become hospitalized. And often in the aged they cannot recover from this. So it is found that, this form of injury is associated with the lack of

muscles and that is the major cause of people going into nursing homes and nursing care.

People know about bone and osteoarthritis, and it is easy to fracture when you have osteoarthritis. But at the same time, the bones are supported by the muscles and also the cartilage and joints. You need healthy bones, joints and muscles prevent people from falling and injuring themselves. Also it is not very well known, but people think that bone is made up calcium but in fact 50% of bone is made up of protein.



This is some data regarding muscles lost with aging. For both of males and females, there is loss of muscles with aging. I will show you a diagram. Here is the cross-section taking with an MRI over young female leg in her twenties and this is at 64 years old, you can see that the white part is fat. You can see the amount of muscles has declined a lot. So this is what is causing frailty and making people easy to fall and injure themselves. And it has been found that skeleton muscles must decline with aging and this is called Sarcopenia.

And also muscles mass decline too. This leads to physical disability and functional dependency and the U.S. has been calculated that it cost about US$18.5 billion to take care of this problem. The loss muscle mass is due to the impact of muscle protein metabolism in the elderly. There is always going to be protein degradation so the protein will be wasted but also new protein needs to be synthesized. If the rate of protein synthesis is less than protein degradation, there will be protein loss and hence of loss of muscles. So we are working on the ways to stimulate muscle protein synthesis.

This is an example of the study we did with over 75-year old women. They are given an amino acid mixture that is known to stimulate protein synthesis. And so what was found is that after three months, the people who took amino acids had increased in body mass which is the increase in the muscles. Also, this leads to a hanging working speed, so they could walk faster meaning that this aged people are healthier. These are some research projects that we are doing now, but we feel at the same time, the other aspect that is very important is that the elderly it is not just one mass. Most old people have one type of disease or another; they are not all diabetic, for instance. Some have diabetes; some have other problems. It is very difficult to just say this one solution will be good for all aged people. We believe it is important to develop biomarkers that will allow you to distinguish between people with different needs.

We have been working on analyzing amino acid patterns because there are 20 amino acids. And by analyzing this complex pattern, we find that we can get information about the physical state. In animal model we found that we can distinguish between the animals which were given low protein and animal which were given high protein. We have developed this concept further, actually and we have used to identify the risk of cancers. And we have made that into a business at the moment. The idea is that if you have a particular type of cancer then that will impact on the total metabolism and by measuring blood amino acids; you can pick up the changes caused by the cancer.

And what we found very interesting is that this great circle is for the normal distribution of amino acids, normal levels and in each of the cancers, even the earliest stage cancers you can see differences in amino acid levels in the blood.

We have found that this is a very interesting, novel way to try to pick up the differences in the human condition. And in fact, we have offered these services and it is offered as an optional diagnostic test in over 700 medical institutions in Japan. We believe that this type of technology can be used to isolate different people with different nutritional needs. We hope that we are using this type of technology for this cancer screening and we are also doing metabolic syndrome but we will try to develop biomarkers for aging diagnostics, meaning that what type of aged people need what type of nutritional solutions.

Eventually, we feel that this can be expanded to look at the drug efficiency predications and other help. So we believe, finally, we need to have a solution of that is the personalized care and personalized nutrition coupled with personalized solutions and nutritional solutions and that would delete the way for really helping the aged people and maintain their healthy lifestyles.

In conclusion, I would like to say that Japan is most advanced aged country but others will follow as today's data shows. The increasing data for more protein amino acid intake is needed for the elderly. But more research on elderly nutritional needs requirement is needed. We believe as a company we will do our best, but these are very big issues that are certainly should be government funding in this area. Also personal nutrition and medical care to serve individual differences in the elderly will become very important in the future. And also finding nutritional solutions in the future for improving health for the elderly will lead to firstly the reduction of health costs in Japan and also because elderly mass will grow globally it will create a new business opportunity. I think a public private partnership is very important because obviously there needs to be regulations in order to aid the nutritional care aspect. Not just sort of medicine for curing diseases but also preventing diseases. And also I think that help would be needed to produce new products for the elderly nutrition.

Thank you very much for listening.

Moderator:
Thank you very much Dr. Kimura. I think it is not necessarily for me to summarize everything, but one thing I would like to make a comment is how the company, the business tries to fix with the issue of the society. And I think that is now becoming more important, because that is also gives the business itself a sustainable growth. There is a growing need of society with these elderly issues. Ajinomoto's corporate philosophy is "Eat well, live well". I think its holistic approach of this company is very unique. I think we can learn more during our discussion.

Dr. Takeshi Kimura, Ajinomoto, Japan:
May I just make one commend. In respect to societal values, we believe we have a 100-year history. We believe in order to live longer as a company, we really have to be socially relevant. Many people still think companies are just there for making money, but I think in terms of long-term survivability and sustainability of a company if you are not looking at the same direction as society is, you will not survive. I think many companies are starting to think this way and from our long history we believe that this is very important. Thank you very much.

SESSION 4

"Bright solution for aging society - Realization of the healthy longevity society by Nutrition-"

Mr. Hideyuki Sajimoto
Business Director of Human Nutrition & Health, DSM Nutrition Japan K.K.

Curriculum Vitae:

Since 2011, Mr. Sajimoto has been executive manager of the Human Nutrition Department at DSM Nutrition Japan. He graduated with a degree in Industrial Chemistry from Shizuoka University and worked for The Dow Chemical Company Japan before joining DSM Japan in 1995. From 2000, he was in charge of global purchasing at DSM headquarters in the Netherlands, before returning to Japan to become general manager in DSM Japan's Engineering Plastics department prior to assuming his current post. He has experience in a wide variety of fields where DSM's products are used, ranging from automobiles and electronic devices to pharmaceutical intermediates and food.

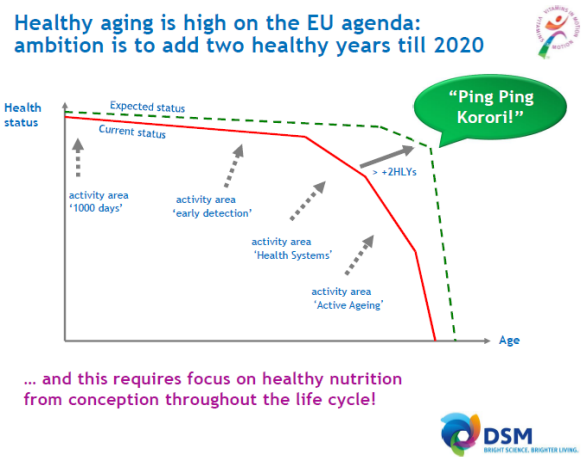
It is a very good opportunity for me to talk with all of you for the bright solution for an aging society with a good nutrition. Today I cover what DSM is, and demographics and nutrition and my proposal to Japanese government and to other governments all over the world.

What is DSM? DSM is a private company with a mission to create brighter lives for people today and generations to come. What it means? There are many global societal trends in which some issues and the concerns for which we have to cope with: for example, the increased population, energy security, food security.

We cannot solve all these issues in one company, we really need partnership with other private companies like Ajinomoto or NGOs, NPOs, World Food Program, World Visions which DSM is committed to try to solve these issues with. DSM is present in 55 countries all over the world, with more than 200 locations, factories, and application centers, research centers, also the sales offices, with employee more than 23,500 and with a turnover of around 9 billion.

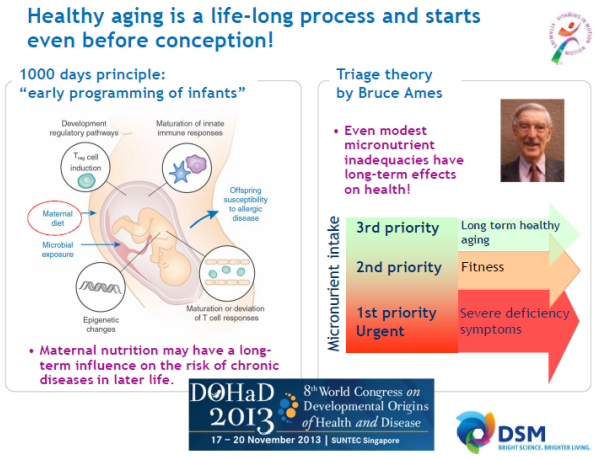
Let me touch on the topics of what we call "Silver Tsunami" just coming to Asian countries. The population percentage of people older than 55 years old is 25%. One-fourth of the Japanese population is aged over 65. Looking at the other countries in Asia, China is holding up very quickly. In 2035, 300 million of the Chinese population will become older than 65 according to recent assumption.

There are many upcoming health-related issues for the aging population. How can we cope with that? Dr. Kimura already talked about the average life expectancy and healthy life expectancy. In some of the advanced countries and already developed countries, the average age has already exceeded 70 years, including major European countries. Japan's average age is already older than 80, but the issue is that there is a 10-year gap between the average life expectancy and healthy life expectancy. There is some assumption that the number of the disabled older people going back and forth in hospitals and medical care centers will approximately triple between 2010 and 2050. So it is easy to assume that health care cost will significantly increase.



This shows you the cause of the healthy life expectancy and the average life expectancy. Red line is a very realistic with age of 40-50, we experience some diseases and go to hospital then health status gets worse. The more we get aged, the worse our body becomes, and then we eventually come to death. But ideally, we would like to experience this green dot line. We call it healthy life expectancy. "Ping-Pign Korori" that is in Japanese means we should be healthy and robust until our death.

The European Community is now trying to make this healthy life expectancy longer by two years by 2020. They are very much committed to doing this. A healthy life expectancy is not related only to food, nutrients, and age older than 50 or 60, but that started already in the conceptual in the mother. This week today DSM and the World Vision organized a conference in Singapore to talk about the health of women and children. This is



completely same concept that healthy aging starts already in conception. We call it "1000 days" principle. One year in a mother, and two years after birth. This period is a very important for our entire life of our health situation.

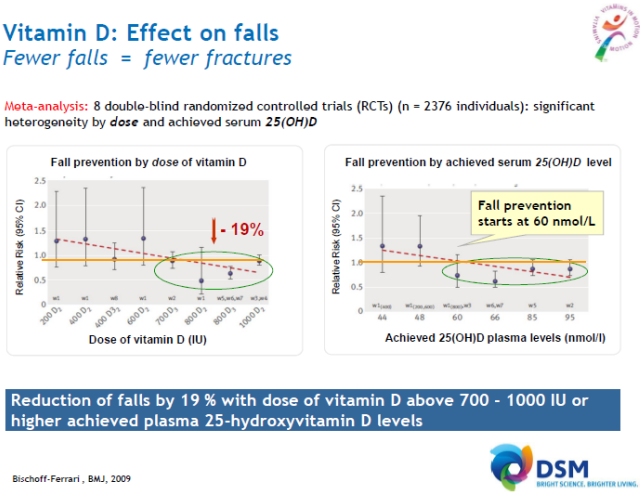
This shows you how to prevent or how to reduce the risk of becoming the non-communicable disease like cancer, dementia and hypertension. Of course, there are some other factors like regular schedule of exercise, low stress society but the importance is that like these vitamins, micro nutrients needed for contributing, reducing the risk of becoming those illnesses.

Now let's focus on our proposal on Vitamin D daily recommended intake level (DRI). As you may know, Vitamin D is good for your bone health. Calcium cannot develop bone without Vitamin D. In such a sense, Vitamin D is essential for your bone. On top of the bone health, there are many publications and researches, in total 20,000 publications recently publicized in an accumulative way. Muscle maintenance of the aging people and immune system maintenance of the people are also described a lot in the publications.

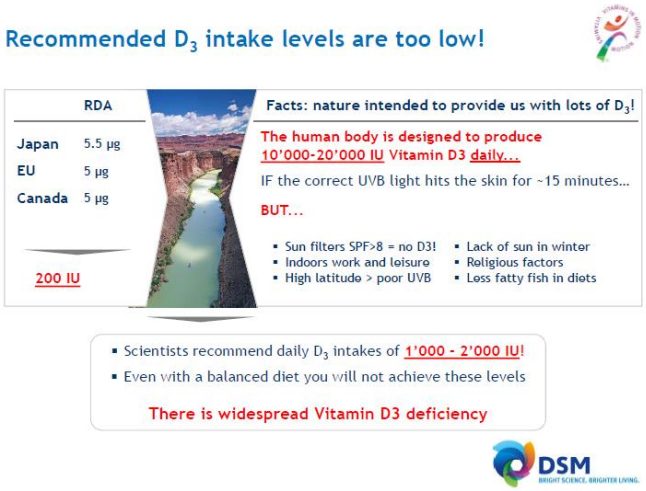
Vitamin intake quantity is 800 IU to 2000 IU. By the way 800 IU means 20 micrograms. This quantity helps us to maintain the muscle and bone health. Again people older than 60 years, in case they take 800 IU of vitamins every day, there is evidence that the risk of bone fracture and fall is reduced. European Food and Safety Agency awarded the certificate for this to DSM in 2012. It is a bit scientific data, but you can see the taking Vitamin D 700-1000 IU per day, the risk of fall and fractures was reduced by 20%.

This is the same but a different way of expression of Vitamin D content in your blood cells. In case higher than 60 nmol/l of Vitamin D in your blood,

it also can reduce risk of fall and fractures. More interesting data is here, by taking 75nmol/l of vitamin D in your blood there is some data that cancer or hypertension and some other disease risk are reduced significantly.

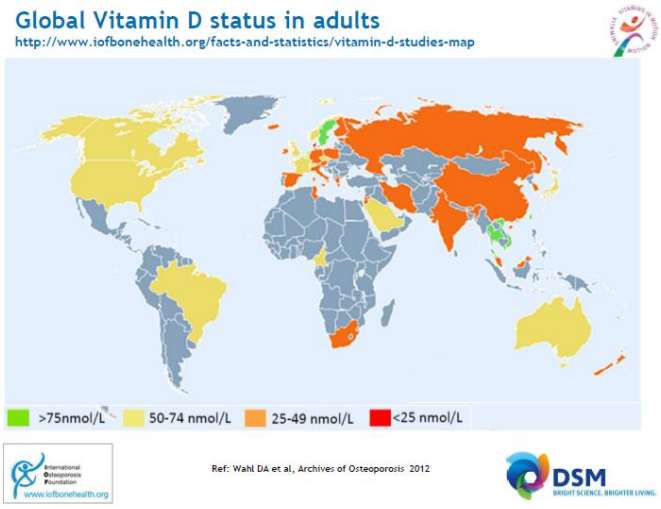


How can we get Vitamin D? You go out of this building and then expose to the sunshine, 15-30 minutes a day, the Vitamin D intake is equivalent to 10,000 IU. But recent style of our life, it is not so easy to get this kind of sunshine. Some people are working inside of the office or some people are living in high altitude, maybe there is rarely any sunshine in winter season, only snow. Then the scientists highly recommend you to take at least 1,000 IU of Vitamin D per day while Japan and some other countries recommend only 220iu.

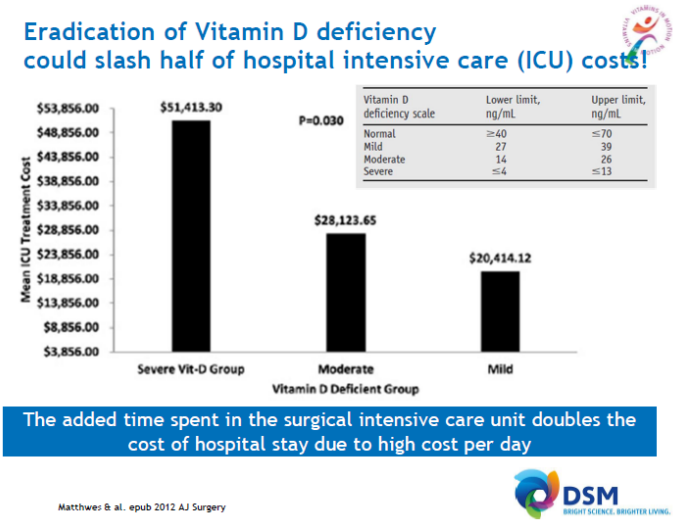


This data is shown by the International Osteoporosis Foundation in 2012, and as I said ideally we need to have Vitamin D in the blood 75 nmol/l, but almost all countries do not reach that level. Gray area unfortunately we do not have any data yet. One-third of the countries which we can get the data have a very low Vitamin D intake level. In Japan, Dr. Orimo, the previous president of the Japanese Osteoporosis Foundation clearly mentioned last year in a similar type of conference that 80% of Japanese population do not have enough Vitamin D3 levels in our blood.

Just to look at the summary of some other countries. The U.S. two years before already applied 600IU. Europe, EFSA recommends 800 IU, while Japan still 220 IU. We really would like to increase this immediately.

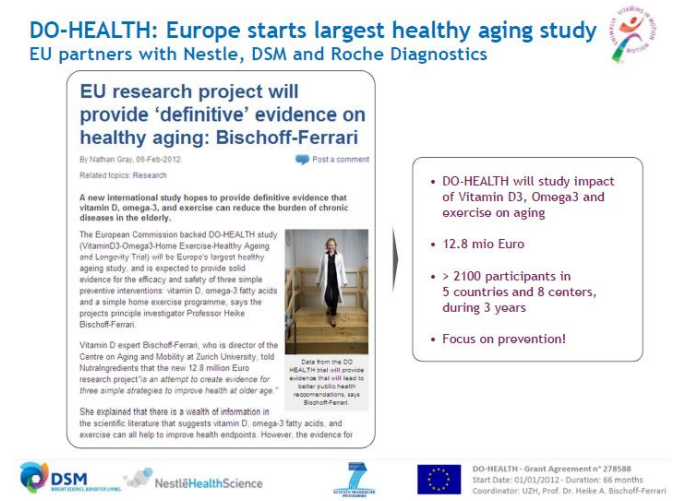


So far, we looked at the aspects of increasing the quality of life for elderly people. But the important manner is also health care cost savings. This is a data or research of EU scientists 2009. In case their population takes Vitamin D 2,000 to 3,000iu level every day, its calculated saving of the health care cost is €187 billion per year. However, it only costs them about €10 billion, which makes it 18 times of the ratio of the savings.



Other studies that have also been implemented probably from last year are interesting because here on the left side is the cost for the hospital for curing. In the case of the severely low level of Vitamin D in the patient is US$50,000 medical cost in ICU in the hospital. Mild level of Vitamin D is just half about US$20,000 of hospital cost.

World stakeholders recently strongly insisted on increasing the Vitamin D intake level all over the world. We have one large trial of clinical study in Europe sponsored by Nestle and DSM together with EU Society. What are they doing? We call it "do health study". This is for research projects.



Three interventions are: Vitamin D, Omega 3 and exercise. This is executed last year as a three-year program with 5 countries, eight cities through Europe and with the cost of 13mln euro, with more than 2,000 participants of the age older than 70s. The results will come out in the coming years. I hope we will have very positive effect of Vitamin D, Omega 3 and exercise for a healthy aging.

Last but not least, our suggestion to increase the daily required intake level (DRI) of Vitamin D, especially for Japan from 220 to 800 IU, which is the level already accepted by U.S.. By doing so, we will achieve brighter generation and eventually brighter livings, eventually savings in health care cost.

Thank you!

Moderator:

Thank you very much, Mr. Sajimoto. I think his presentation also inspired me very much that how the corporations are thinking not only in Japan but also in the European side. There is a concept that the EU also suggested, there is also the aging issue. But instead of using this kind of surgery or medicine, I think the two companies; Ajinomoto and DSM are using their own business skills. Ajinomoto recommended amino acids and proteins and DSM suggested Vitamin D.

I think this solution will help solve a greater part of this kind of issues. Perhaps in the future as well and this is not only our problem, it is for the next generations too. You mentioned time 2050, 38% of the people is over 70 years old, and I calculated I will be 79 years old.

SESSION 4

Discussion

Chair:
Thank you for very inspiring presentations. Now you can raise your questions.

Hon. Anarbek Kalmatov, Kyrgyz Republic:
I have a question regarding the nutrition improvements to Dr. Kimura. As you said, one of the main components of health longevity is a balanced food with this protein and amino acids. It is not a secret, but only the developed countries like Japan can afford it. So my question is according to the Madrid Action Plan, does this plan have a concrete programme according to which the developed countries or the international organizations could help to the less developed countries or developing countries to improve nutrition?

Dr. Takeshi Kimura, Ajinomoto, Japan:
I think it is a very relevant question. As I explained, we have a programme in Ghana to improve the nutrition for the infants. One of the issues is obviously the cost to make it affordable to everybody. And in order to do this we had to tie up with many NGOs for distribution. We need a different business model for that. It is our hope that by developing this type of new business model, we can reach more people with more affordable nutritional solutions. I think we are first in this infant area, but eventually if this model can works out, this can also be applied to elderly nutrition as well.

Chair:
Thank you. Is there any other question? Yes, please go ahead Thailand.

Hon. Kirina Sumawong, Thailand:
My question is to Dr. Takeshi Kimura about Ajinomoto, which is a very popular seasoning brand in Thailand. I heard that you have a lot of varieties of food, but we only know about your seasoning. We put a lot Ajinomoto to food and instant noodles. Actually, I was told by many doctors; please do not feel offended if I say that, that it is not really very good for your kidney. As you know, the Thai people have a lot of people who suffer from diabetes. Could you sort of confirm or do something to explain to me that this Ajinomoto seasoning when put into the instant noodles would harm our kidneys? Because I think once you put Ajinomoto in the soup, it sweetens the soup and you would really like to eat it. But if it is harmful to our body, I need your clear explanation. Thank you.

Hon. Dr. Bhalchandra Mungekar, India:
There is one connected question to this. As Hon. Representative of Thailand mentioned just now, America appears to have banned this Ajinomoto into their food delivery due to concern. Is that true?

And the second important question is, because of the fast changing lifestyle, families are depending largely on fast food. And as we know, the whole digesting system undergoes change and slowly weakening. Under this condition, since you are working in this company which is basically related to food, how these whole fast food syndromes affect metabolism, particularly relating to older people? Dr. Kimura, please.

Dr. Takeshi Kimura, Ajinomoto, Japan:
Let me take the first question regarding the safety issue because I think there is still a lot of misunderstanding. It was true that in the late 60s and the early 70s, there are a number of papers

which cast doubt on the safety of mono sodium glutamate (MSG). However, this has been doubt within the WHO/FAO's structure, the Joint Expert Committee on Food Additives Substance for about three times. In 1987, after much of the data was generated on the safety, and there are no numerical restrictions. So even in America, they have gone through gradual process and deem it "safe" for general consumption. Let me first dispel that image, because I know that was an issue on many people's minds.

The next issue is the issue with salt content. Glutamate is a natural amino acid that is part of our bodies, and is used as a nutrient as well. There is a fairly wide margin, although the seasoning is a sodium salt, so there is an issue of sodium. However, I would say that gram per gram, it is far less salty than salt. In fact, we can use the glutamate to reduce salt in cooking. So I think it is how you use it rather than what the actual characteristic of the substances itself.

Regarding the fast food issue, as I said, with respect to the effect on the aged, I do not think we have enough data at all. There is not that much data on aged nutrition, anyway per say 60s or 70s. It is very difficult to get a good data. So this is why especially in Japan, we need to make an effort to try to gain a credible data, so that we can understand some of these long term effects. And I think with regard to fast food, the issue of high fat content and over-eating, I think those are real issues.

As a food company, we are trying to work on what makes people satisfy qualitatively and also quantitative satisfaction. I think we need to move on to improve the quality so that people can be satisfied with us. That's the type of research we are interested in doing rather than making things cheap so many people can eat too much. I know, in America people love low-fat food because they can eat twice as much. And this is not the real way to do it. Because I think what we need to do is to find out what makes people really satisfied and happy so that they do not have to eat as much. Thank you.

Hon. Luzviminda Ilagan, the Philippines:
Thank you for your explanation. But I also thank you for the company. Every house keeps your instant noodles, Ajinomoto and seasoning powder. You have added more Vitamins in your instant noodles: Vitamin D, Iron, etc. Of course, it is technical strategy in doing business, but I like the way you tackle your problems because a lot of medical opinions saying "do not eat too much, it will spoil your kidney and it will spoil your health". But everybody likes Pepsi cola, just like Coke. Thank you for your explanation.

Chair:
Yes, please go ahead, Uganda.

Hon. Mathias Kasamba, Uganda:
I would also like to thank the two presenters for the very informative presentations. You are working in a number of countries including Africa, and you had said in Ghana, Ajinomoto is doing something for the Ghana people. I would like to know to what extent you are working with the scientists of those countries so that you can build their capacity for appreciate and understand how to deal with some of these important nutrients? For instance, we have a number of food and crops in Africa, are you doing a lot of local research on these local crop seeds? To what extent are you collaborating with the local universities so that some of the information can be integrated into the university curricula for training the medical doctors, the food scientists and the nutritionist? I would just like to know how you have approached on the education angle, not just business capacities.

Dr. Takeshi Kimura, Ajinomoto, Japan:
Thank you very much for the excellent question. For instance, we have a project in Ghana, but this is at the moment we would like to produce something really good implication that works. We have a joint project that we are working with the University of Ghana. And in fact, we are initially selling it under their brand. We are distributing the product and selling the product, but we are also getting the data to see if the children are really growing better. This has the collaboration of the Ghanaian Health Service. And we have also tied up with a number of universities, so we can measure the blood samples of the children. We have introduced the equipment to measure amino acid levels.

In regard to the sourcing, somebody had talked about the affordability; if we have to import everything, then it will be too expensive. At the moment we are using the Vitamins from DSM, and amino acids from ourselves. Those are imported. But the main bulk of the products are soy powder, and this is what we are making in Ghana.

We are tied up with a small Ghanaian company, who has a factory to make these things. We have introduced many of the quality assurance technologies and concepts into the local factories because we need to be satisfied with the quality level of the products. As I said, with the distribution, if we keep having our own company's people do the distribution, the cost will be too high. So we have things like NGOs as well as women's groups to distribute. We feel that to spread this type of model, we need to be creative and involve many local stakeholders in this. As you said in your question, it is vital that we involve both local scientist and businessmen. Thank you.

Mr. Hideyuki Sajimoto, DSM Nutrition, Japan:
Dr. Kimura covered a very valid point already. I would just like to add one thing about the activity of DSM for the Kenya project. DSM did it in Kenya on 45 dairy products and we called "Kenya Dairy Project", which happened from last year to this year, with the support of the local NGO by the name of AMREF. What we did was the survey on the malnutrition, like what kind of vitamins segments. This was rather a marketing commercial than a scientific one, but this gave us some hint of what kind of pre-mixed of the vitamins and other nutrients in one package put into the yogurt or milk. Again, we really use local resources of the suppliers or producers, because this should be a sustainable way rather than a one short donation. Then like Ajinomoto did, DSM is also committed to enhancing the local technology expertise. So this is just an example of our Kenya project.

Hon. Lino Walter Aguilar, Argentina:
I came on behalf of the health committee inside the parliament. I have been involved for 20 years already on this issue and attended more than 70 million people in Argentina. In Argentina, there are deficiencies of various kinds of the health systems and it is worrying for the elderly. In regard to the health issue in Argentina, I have just submitted a bill on health to tackle the content of the aliment providing vitamins. My proposal was to focus on the labeling, for example, for the product to have a clear label stating the quantity of the content. Of course, I expect the Argentinian parliament to pass my bill and make it a law, and I would like to hear whether you have any other experience. Because as all of you might know prevention is the best policy we can have. Thank you very much.

Dr. Takeshi Kimura, Ajinomoto, Japan:
We are in the retail food business in Japan. So we have to comply with many of the labeling and regulations. In Japan, there is a nutritional content labelling as well, similar to the one you are

proposing. I think as a company we will welcome this because the more information the consumer has the better choice they can make. On top of the required labelling for nutritional content like calories, fat, protein and so on, we also have allegiant labelling too because that is another issue that the consumers are interested. I think the more information the consumers can have, the better, but there is limited space within the package so that is always an issue how much information you can put on.

Chair:
Our friend from Bhutan, please go ahead.

Hon. Dupthob, Bhutan:
I would also like to thank two presenters for very insightful presentations.

I was wondering in your presentations, about your corporations focused on food, one for Vitamin D and the other for amino acids. On one hand it seems you are in business entity, on the other hand, you are doing some kind of social responsibility. I am just thinking how you balance it. What is the ratio? I know in this competitive world, it is very difficult. You have been talking about sustainability which is very important, but how do you balance it?

Dr. Takeshi Kimura, Ajinomoto, Japan:
As we are more in the retail business, so I will take this question. As I said, the company tries to shift more toward what we call the concept of creating shared value. It is one step further than the corporate social responsibility. The point is that if it is just the donation that is not sustainable. How to make a business model that would be helpful but yet be sustainable and to make money properly is very difficult, but it is a worthwhile challenge. For instance, with health issues, there are many low fat foods and low salt food, but the problem is that they do not taste good. And if something that does not taste good, people will not buy it. Similar to that, you have to make a balance; you have to make something that tastes good in terms of nutrient contents and also economical. Getting a solution to that equation is very difficult. At the same time, if you can find a good solution then the product will be very appreciated. It is very important to know what the consumers' needs are.

For the aged, the nutrient is one point, but for the young people or adult people, normally that is not an interesting issue. Although there are some data stated that they have to start quite early, if you would like to prevent aging. So we feel that there is a lot of opportunity to combine this kind of nutritional technology and taste technology. I think in the past, things have failed because even if it is good for your body, if it does not taste good, people will not eat it or buy it. We feel there is a way to make both work.

Mr. Hideyuki Sajimoto, DSM Nutrition, Japan:
Let me comment. The BoP (Base of Pyramid) business is that we need to deliver the nutrition to the person who daily's income is less than US$2 or maybe US$1 per day. How can they survive? Back to our corporate mission to create a brighter lives for people today and the generations to come. For example, we see African countries as a big market, maybe in two decades from now, after China and Indonesia, they are following. That's why companies are ready to commit to support the BOP business, but it will be our major pillar of the business.

Our company's €10 Billion is very open to you; the contribution of the revenue of the BoP is this much today. Other good people are now learning about DSM which is doing this BOP business. Also from the World Visions, we got a couple of people in Singapore and DSM is committed to doing this BOP business. As I said, today in Singapore we

have another big session to talk about women and babies. Doing business is important, but focusing on our policy and mission is also very important.

Chair:
Thank you. Our friend from Ghana, please go ahead with your question.

Hon. Tetteh Chaie, Ghana:
First of all, let me commend your group for the good work that you are doing in Ghana. We have problems with our infants in terms of lack of food. You see very young children with heart disease and stomach disorders, and your supplements have really helped reduce that trend. So we need to commend you for the good work.

But there is a problem that you need to address: the issue of your seasoning products. Lately, your instant noodle are used in Ghana greatly, it is a very good diet, as a result of your achievement. But there is negative perception that is going on concerning some of the side effects and as a company you really need to work on that advice. Thank you.

Chair:
Is there any other question?

Hon. Dr. Halimeh A'ali, Iran:
I have questions to Dr. Kimura and Dr. Sajimoto.
Firstly, Dr. Kimura, would you please explain a little more about cancer and the effects of using amino acids on it.

And the other question is for Dr. Sajimoto. Is using Vitamin D for prohibiting from strop rose or for just the recovery of the patient? Isn't it better to use it with Alendronate?

Chair:
Please Mongolia.

Hon. Baasankhuu Oktyabri, Monglia:
Could I add two more questions because they are correlated? Could you also explain about the cancer and diabetic related to the amino acid? Because in Mongolia, we take a lot of salt, but seasoning at the same time related to the amino acid. And on the lack of vitamins, do you have any researches on Mongolia? I think Mongolia is the most sunshine country in the world because we have 270 days of sunshine per year, but still we have a loss of so many people. Thank you.

Dr. Takeshi Kimura, Ajinomoto, Japan:
First, let me take the questions about amino acids. I am sorry if I did not make myself clear during the presentation. We are not using amino acids to treat cancer, we are using the blood amino acid profile level; we measure the amino acids in the blood to detect cancer. We are not saying that amino acids can cure cancer or anything like that. The cancer is affecting the body and changing the metabolism, and we can see that in the changes in the amino acids in the blood. This is something more a diagnostic tool. As I said, not enough work has been done for amino acids whether they will work on improving cancers or not.

The next point is that seasoning has a lot of salt. But the point is that maybe I need to explain a bit more. The taste of the amino acid glutamate is called "umami" and it has been shown to be the fifth basic taste, the same rank as being sweet, salty, bitter and sour and umami. It has been found that for the deliciousness or the satiety of a product, you can reduce the salt by increasing the umami for instance. There are ways for keeping the food tasty by reducing salt. We are doing a lot of research on this trying to reduce salt levels as well. Thank you.

Mr. Hideyuki Sajimoto, DSM Nutrition, Japan:
I would like to answer back on the possibility of using Vitamin D to cure the cancer. I clearly deny

that. We only talk about, today, that Vitamin D is one of the major contributors together with exercise and other low stress society. Then combining it all becomes a kind of prevention not curing at all. Some of the data I have shown today by the European scientists are still in the progress and we will see some correlation. But clearly they do not talk about the cure, only prevention.

And for Mongolia, if I understood correctly, it was about whether there is any data on the Vitamin D intake in Mongolia. Unfortunately, the International Osteoporosis Foundation did not get enough data to show it on the map today yet. Sunshine is the major source on generating the Vitamin D3. But some recent lifestyle prevents us from taking enough sunshine, that's why we recommend Vitamin D supplement.

Chair:
Thank you. Is there any other question?

Hon. James Murgor, Kenya:
My question basically is on the costing. What would be the comparison between costing and provision of required protein through diet? And vis-à-vis provision of amino acids and vitamin supplements to the individuals? Of course, taking into account the question of Vitamin D, which you cannot provide fully through diet?

The other one is the question on Kenyan project. Whom are you targeting? And have you done any research? What is the percentage of people who take yogurt in Kenya? Thank you.

Dr. Takeshi Kimura, Ajinomoto, Japan:
I will first start on the question of costing. I think this very much depends on the protein quality. For instance, egg protein is a very good quality. You do not have to add any amino acids but if you are using corn, that has a very poor amino acid profile that means that certain essential amino acids are lacking. So if you are using corn, then you will have this protein deficiency. That's why in the Ghana project, we are adding the lysine which is the one deficiency of the amino acids.

Regarding the cost, obviously, egg is very much more expensive than corn protein. If you are using the corn protein, then by adding amino acids, it can be under the cost of using egg. But there are maybe other combinations of combining other proteins sources such as soy and others. This is why at the moment in the Ghana project, we are using a soy based but with supplementing it with a little bit of lysine to complete the picture. I think it all depends on what is the major source of the proteins and how good the quality of protein is.

Mr. Hideyuki Sajimoto, DSM Nutrition, Japan:
Looking at the different angle of the cost of Vitamin D to the entire benefit, how much do you think one capsule of Vitamin D will be? Again, as I said 5 micron-grams, even if it provides a high impact equal to kilograms. But the content in it is 0.000005 gram means 0.000 cent per capsule, apparently it costs nothing. So then you can get the benefits, as I explained already of the researches by the European. Please rethink of the cost and benefit relation.

One more question on the target group of the Kenya yogurt project. Again, this is really a marketing activity of our local company Kinangop. We highly recommend yogurts to kids and women. This is our DSM's target group.

Chair:
Due to the timing, we will have the last question from Sri Lanka. Please go ahead.

Hon. Upeksha Swarnamalini, Sri Lanka:
It is just the question related to that of the parliamentarian from Ghana had asked. And I can

see you have not provided response on the negative effect. We do have cases of allergies; I just would like to know if its meat or bones weakened?

Dr. Takeshi Kimura, Ajinomoto, Japan:
I think it is a good opportunity. So let me dispel some of the myths. Much science researches have been done; others said in the 60s, they said it did a little damage to the brain and makes allergic reactions and so on. Within the last 30 years, many studies have been done. For instance, study has been done with the UCLA, Harvard and the North Western Medical School trying to recruit people who believe they are sensitive to MSG, but basically they did not claimed reactions.

So the point is that there are many myths out there, and I know that because once you have this type safety issue, then there are always lots of stories and myths. There are many science writers who like to propagate this type of myth. But I can assure you that the basic science has been looked at by WHO and even most of the governments. All the data are there. We are very confident about the data. But we are aware that we have an image problem, shall we say. I think I take your point that we need to do much more with regard to disseminating the correct information. Thank you for your advice.

Chair:
Thank you very much Dr. Kimura and Mr. Sajimoto and also Mr. Ishida. I think it was a very useful and interesting session. We enjoyed it. Once again thank you, all of you.

SESSION 5

Synergies for an Aging Society

SESSION 5

Moderator and Chair:
Hon. Valentina Leskaj
MP, Albania

Curriculum Vitae:

Valentina Leskaj is a Member of Parliament of Albania since 2002;
Former Minister of labor and social affairs;
Former Professor of University's economic faculty;
Founder of Center for population and development in Albania and Executive Director until 2002;
Vice-President of UNESCO Center for Women and Peace in Balkans;
Member of UNECE – working group for population ageing in Europe;
Active in Cairo Process, Cairo and Beijing +5; +10; +15

SESSION 5

"Propositions for Aging and Social Security Reform in Japan"

Prof. Hisakazu Kato
Professor, The School of Political Science and Economics, Meiji University

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Curriculum Vitae:

1981 B.A.(Economics), Department of Economics, Keio University
1988 M.A.(Economics), Master's Program in Business Administration and Public Policy, University of Tsukuba
1993 Senior Researcher, Central Research Institute of Electric Power Industry.
2000 Senior Research Fellow, National Institute of Population and Social Security Research.
2001 Doctor in Economics (Chuo University)
2005 Associate Professor, The School of Political Science and Economics, Meiji University.
2006- Professor, The School of Political Science and Economics, Meiji University.

I am honoured to be here and to talk about the propositions for aging and social security reform in Japan.

Firstly, this is a very shocking figure. These are the indicators on age structure of the total population. The ratio of elderly (proportion of people over 65 years old to total population) reached 7% in 1970. In the following 25 years, Japan's rate of aging accelerated sharply to 14%. No other developed country has experienced such a rapid increase. In the present, the ratio of elder was 23.0% in 2010 and 24.1% in 2012. And the Mean Age is at 45 years old now in Japan.

Indicators on Age Structures of Total Population

- The ratio of elderly (proportion of people over 65 years old to total population) reached 7% in 1970.
- In the following 25 years, Japan's rate of aging accelerated sharply to 14%. No other developed country has experienced such a rapid increase.
- In the present, the ratio of elder was 23.0% in 2010 and 24.1% in 2012.

year	0-14 years old	15-64 years old	over 65 years old	Mean age (years old)
1950	35.4%	59.7%	4.9%	26.6
1960	30.0%	64.2%	5.7%	29.1
1970	24.0%	68.9%	7.1%	31.5
1980	23.5%	67.3%	9.1%	33.9
1990	18.2%	69.5%	12.0%	37.6
2000	14.6%	67.9%	17.3%	41.4
2005	13.8%	66.1%	20.2%	43.3
2010	13.1%	63.8%	23.0%	45.0

This is an international comparison of elderly ratio. Japan is the most aging country in the world. And this is the population pyramid in 1950. The younger people are greater than the older people but this was 60 years ago.

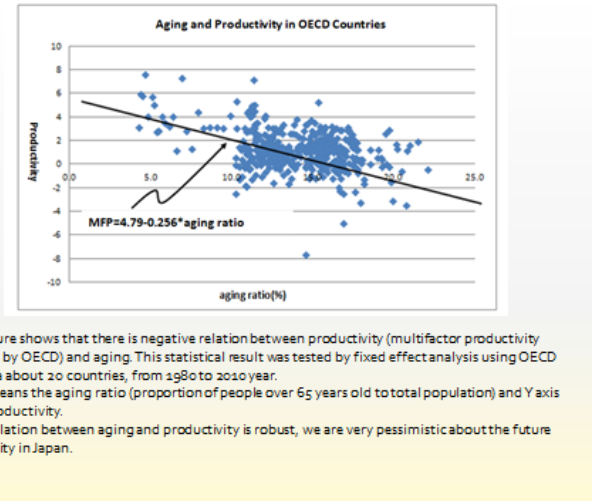
But in 2010, this is the Japanese population pyramid, with a very ugly shape. You can see the younger people are less than the older people. We have very few babies in recent years. So this shape is very ugly and will be worst in the future. I will show the future pyramid in 2060. But in 2010, we have a very low fertility and life expectancy is very long. So aging is proceeding.

Our population will be decreasing. This is the forecast by the government in 2012. Based on the results of the population projection by Government in 2012, the total population is expected to enter a long period of depopulation from 128 million in 2010 to 117 million in 2030, and to 87 million by 2060. According to this projection, the decline of child population will continue to decrease from 17 million in 2010 to below 10 million in 2046, and to around eight million by 2060. The elderly age group will grow from 29 million in 2010 to 37 million in 2030. It

will continue to increase and reach to 39 million in 2042 at its peak. The aging ratio is expected to grow from 23.0% in 2010 to 30% in 2024 and to 39.9% in 2060, which means that one out of 2.5 persons will be in the aged category.

This is the forecast population pyramid in 2060, 50 years from now. So this is the reversed triangle compared to the previous one. However, if our fertility rate increases to about 2.0 or 2.1, this means at 41.2% our fertility is continued to be very low. So our aging ratio is stable about 40% in the future. But our fertility rate increased to 2 or 2.1, the aging ratio improved to 26 or 30%. It is very important for us to increase the fertility to face the aging problem in Japan.

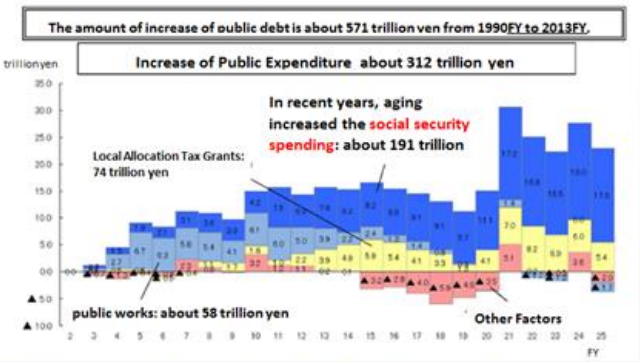
Let me present about these issues of depopulation and aging society. Firstly, for the Economic Growth and Labour Market, if there is a decrease in the labour force, savings rate declines, thus the technological progress slowed etc. For the sustainability of the Social Security System, if there is an increase in social security benefits, it could help the securing financial resources and leads intergenerational fairness; it is very severe for us. We will also lose the social diversity, this lead to the loss of the maintenance of our communities and social vitality. It could also lead to the changes in regional structure with a rapid aging in local area with limited villages where they are facing depopulation and isolated economy. And the fifth is the changes in family structure.
This is the summary of population decline and their relationship to the economic growth. If the population (those who are from 15-64 years old) decreases and then the labour force also decreases. The second effect of the depopulation is there is a change of saving behaviour. If the saving rate falls and it affects the capital accumulation. And the third effect of depopulation and aging are related to the loss of creativity; which in turn related to slow technological progress. Then we face decline potential productivity.



- This figure shows that there is negative relation between productivity (multifactor productivity published by OECD) and aging. This statistical result was tested by fixed effect analysis using OECD panel data about 20 countries, from 1980 to 2010 year.
- X axis means the aging ratio (proportion of people over 65 years old to total population) and Y axis means productivity.
- If this relation between aging and productivity is robust, we are very pessimistic about the future productivity in Japan.

So this is the evidence of the aging and productivity. This figure shows the negative relation between the productivity and aging. This statistical result was tested by fixed effect analysis using OECD panel data from 20 countries, from 1980 to 2010 years. X axis means the aging ratio (proportion of people over 65 years old to the total population) and Y axis represents the productivity. If this relation between aging and productivity is robust, we are very pessimistic about the future productivity in Japan.

Next is the forecast of the social security benefit and contribution. This is my forecast using the econometric model and the forecasting of the social security benefit expenditure from 2010 to 2050. In 2050 about 165.2 trillion yen will be spent on social expenditure. But the payroll tax is only 74.2 trillion yen in 2050. This is a big difference between the benefits expenditure and the contribution. We should be aware that the finance in this difference is from the government. So the social security expenditures in recent years are the main reasons of our financial deficit.



- The amount of increase of public debt is about 571 trillion yen from 1990FY to 2013FY.
- The increase deficit is mainly due to increase of expenditure, and the amounts of increase of expenditure are decomposed to social security expenditure and public works. In recent years, aging increased the social security spending.

This figure shows the amount of increase of public debt. The public debt is about 571 trillion yen from 1990 to 2013 years. The increase of deficit is mainly is due to the increase of expenditure, and the amounts of increase of expenditure are decomposed to social security expenditure and public works. In recent years, aging increased the social security spending.

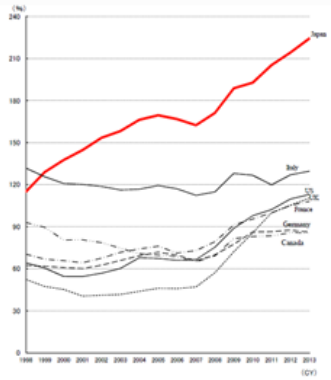
The amount of increase of public debt is about 571 trillion yen from FY1990 to FY 2013. The increase of deficit is mainly due to the increase of expenditure, and the amounts of increase of the expenditure are decomposed to social security expenditure and public works. In recent years, aging increased the social security spending.

General Government Gross Debt (International Comparison)

CY	1998	1999	2000	2001	2002	2003	2004	2005
Japan	114.9	129.0	137.6	144.7	153.5	158.3	166.3	169.5
U.S.	64.2	60.5	54.5	54.4	56.8	60.2	67.8	67.4
U.K.	52.3	47.4	45.2	40.5	41.1	41.6	43.9	46.1
Germany	62.3	61.8	60.8	60.1	62.5	65.9	69.3	71.8
France	70.4	66.8	65.7	64.2	67.5	71.7	74.1	76.0
Italy	131.8	125.7	120.8	120.1	118.8	116.3	116.8	119.4
Canada	92.9	89.6	80.5	80.7	78.6	74.7	70.8	69.7

CY	2006	2007	2008	2009	2010	2011	2012	2013
Japan	166.8	162.4	171.1	188.7	192.7	205.3	214.3	224.3
U.S.	66.1	66.5	75.4	88.8	97.8	102.2	109.8	113.0
U.K.	45.9	47.0	57.1	72.0	85.6	99.9	105.3	110.4
Germany	69.8	65.6	69.9	77.5	86.3	86.4	87.6	86.2
France	71.2	73.0	79.3	91.2	95.5	100.0	105.1	108.2
Italy	117.0	112.4	114.9	128.0	126.7	119.8	127.0	129.6
Canada	68.6	65.0	69.2	81.5	83.0	83.4	85.8	85.5

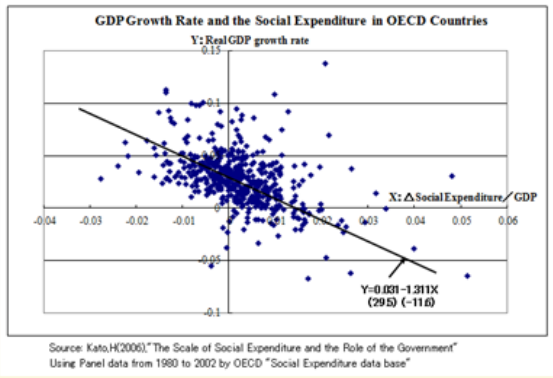
(Source) OECD "Economic Outlook 92" (December, 2012)
(Note1) Figures represent the general government-based data (including the central/local governments and the social security funds).
(Note 2) FY2013 draft budget is not reflected in the above data.



This is the general government gross debt. This red line shows Japan's deficit to GDP ratio. This is a very high ratio compared to other OECD countries.

This is another evidence of GDP growth rate and the social expenditure in OECD countries. GDP growth rate and social expenditure is negatively correlated. This is econometric anarchy using panel data in OECD countries from 1980 to 2002 by 20 countries in the OECD.

GDP Growth Rate and the Social Expenditure in OECD Countries



Source: Kato,H(2006),"The Scale of Social Expenditure and the Role of the Government"
Using Panel data from 1980 to 2002 by OECD "Social Expenditure data base"

Economic growth and social security expenditure are negatively correlated. Why is there a negative relationship? One of the reasons is consumption decreased due to increase of social insurance premiums. Second the investment is reduced by increase of social insurance premiums by firms. Third, labour participation rate has decreased by accepting social security benefits. Fourth, private savings decreased by substitution effect of the public pension, and this affects the capital accumulation. Fifth, the social security induced the income redistribution, but it needs a trading cost of government, and if government is inefficient economic actor, then the total economy become more inefficient. And the last, sixth factor is the increase of social security expenditure induces the public deficit, and then rises long-term interest rate.

The basic concepts of social security reform from now in Japan. Aging (elderly population growth) increases the social security spending further in future. Increase in social security spending has negative impacts on the economic growth and is the largest factors in financial deficits. On the other hand, because of social security system is a very important for our daily life; it is not good solution to reduce unilaterally. From the above discussions, we should consider on "targeting" more strongly.

Now I would like to propose about the basic concepts of the social security reform. Let's talk about pension. First, the basic pension is financed by the consumption tax the full amount. Second, targeting beneficiary excludes aged persons who have a high income and the assets. Third, to increase the pension age increases from 65 year to 67-68 years old, because we have the longest life expectancy in the world.

About the medical expense and long term care, according to which insured more high risk persons, and the low risk persons should pay cost more. Insurance deductible (low-risk individuals) will be introduced. And the third, free access restriction to medical institutions and introduce the family physicians. Another concept is public assistance, which consists of workfare and introduce voucher.

I would now focus on targeting vs. universalism. Universalism means that the entire population is the beneficiary of social security as a human right. On the other hand, targeting means eligibility of social security, which is determined by the "truly deserving". Targeting does not mean the means-testing or income-testing directly.

Finally, I would like to introduce Dutch King Willem-Alexander, who declared the end of the welfare state. First point, in its place a "participating society" is emerging in which people must take responsibility for their own future and create their own social and financial safety nets, with less help from the national government. The second point is that the classic welfare state of the second half of the 20th century in these areas in particular brought forth arrangements that are unsustainable in their current form.

Thank you very much.

Chair:
Thank you Prof. Kato. Thank you for a very interesting, important and unique experience that come from Japan for two reasons because of the rapid growth and from the way how it addressed and a very good linking of population aging with the productivity and economic growth from one side and on the other side with the social security. Due to some other obligations of Professor Kato, we will start with questions to Professor Kato. Let's give ten minutes he has to leave the room unfortunately.

Hon. Kirina Sumawong, Thailand:
I do agree with him with the basic concept of social security reform but the pension you mentioned by excluding age and targeting beneficiary, excluding aged persons who have high income and assets. Now how you found out who have high income levels, you must have criteria for that. Have you already worked on that?

Prof. Hisakazu Kato:
Thank you for your question. Under the Japanese pension system you cannot pay or unpaid because of your income but the physical situation becoming very difficult. People who have a lot of income or who have assets should be excluded. In the Canadian Pension System, those who have high income they have to return their pension benefits later. For people with high income, we may need a system for them to repay their

pension. So how do we find high-income people? In Japan, we are trying to introduce my number system, trying to find out people's income. So we could use that system, the numbering system, ID system and we could take various measures to understand who the high-income people are.

Hon. Dr. Bhalchandra Mungekar, India:
Prof. Kato, I appreciate your economic model. But I do not know that because it is so technical.

But let me bring your attention to the fact that you are given one column; the negative relationship between economic growth and social security expenditure. Since you used the econometric model, these are the conclusions of your econometric model or is it a generalization? Strictly speaking, if you are bringing econometric model, then you have to give level of the significance of your conclusions. These are generalizations.

Second point is you gave Dutch King Willem-Alexander's quotations on the end of the welfare state. In fact, as you as everybody here is aware or most them, that during the days of Adam Smith Ricardo, there were not building econometric model at all. But the whole history of human society has developed towards an evolving welfare state, where if the responsible of the state is to take care of people, those who will not able to defend themselves on poverty, starvation, malnutrition, unemployment and etc.

Third, it is quite understandable that people who have a relatively good financial savings, even those people were not need to be taken care of, but in whole world each and every country, between the country and within a country there is a clear economic inequality. About 10, 15, or 20% of population in every country controls nearly 50, 60, 70% of the income. Inequality within the last 25, 30 years is increasing.

You may have read a book "The price of inequality", it mentioned about the entire Europe including America, and you must have read news on Japanese Times or New York Tribunes that the Obama's proposed bill failed and the Obama's rating is going down. There is a tremendous unrest in the European Union. The Asian and African, they are struggling against poverty, nearly 50% of the total poor in every country, they are mostly in Asia and Africa. Under these conditions, if the state is not obliged to take care of the at least the aged people, trough social security schemes, I do not consider any solution under condition of your econometric model could lead us anywhere.

And particularly, the end of the welfare would be a disaster. In fact, after globalization and privatization, inequality, in almost any report of UNDP, World Bank and IMF they are pointing the benefit of globalization today during the last 25 or 30 years have been largely pocketed by the relatively richest of the society. Under these conditions how do you justify the end of the welfare state, in fact the importance of welfare state today than much more in any other time in the human society? Thank you.

Prof. Hisakazu Kato:
Thank you for your question. This model describes the past experience, so I am not saying this is valid for the future. However, in the past in the advanced countries we can plot this kind of negative correlation. I do not know whether it will continue into the future, however, it is the problem that we face now.

And the end of the welfare state, maybe this terminology will invite misunderstanding, of course assistance should be provided to those who need them. Like people who cannot have a

minimum level of living. However, in Japan we are facing a physical deficit of the government. So we cannot provide a nice assistance to all the people. Of course, in Japan we have poverty, we have the disparity of wealth, and we need to solve that. And we have abundant roles for the government. However, we need to select whom to help. That's my intention. We need to select those who need assistance.

Chair:
Thank you. Yes, please go ahead Uganda.

Hon. Kasamba Mathias, Uganda:
I would like to thank Professor Kato for the submission. He mentioned in his paper about the time between 1950 and 1970, when there was a very high aging factor, the percentage of aging people were the fastest growing. What are some of the reasons which contributed to be the fastest aging age brackets in that period? Then knowing that by 2060 the population will be decreased from 128 to 80 million, and that will cost a very serious adverse effect to the economy, the growth and the sustenance of the welfare state.

What issues knowing through increasing fertility rate of the replacement level, when we can have a better population level? What programmes or campaigns or policies are being done to convince the young generation of the Japanese to increase the number of children so that replacement level will be regained, so that it would be balanced in the population structure?

Prof. Hisakazu Kato:
Thank you very much. One of the main reasons for Japan's rapid aging between 1950 and 1970 is the decline in the birth rate. It is normally seen in the developed countries the birth rate declining with economic development. I think the demographic transition had a strong effect on Japan's population.

As you said, we need to push up our low birth rate. Japan has adopted a variety of policies for boosting birth rate for the past 20 to 30 years, such as child allowance, improvement of education environment for children, and better working environment for women. But they are not working very well for now. If there are some good measures for boosting birth rate, I would like to know. Under the current situation, we have to find the way but it is not so easy.

Chair:
Thank you Professor Kato. I am back to the panellist. And I will turn the floor to Professor Campbell, Director for Policy Planning and Employment in ILO.

SESSION 5

"Promoting longer working life and maintaining work ability"

Mr. Duncan Campbell
Director of Policy Planning in Employment, ILO

Curriculum Vitae:

Mr. Duncan Campbell is Director for Policy Planning in Employment at the International Labour Office and a Fellow of the Institute for the Study of Labour, IZA. He joined the ILO in 1990 from the Wharton School of the University of Pennsylvania where he had been a member of the Management Department faculty and Associate Director of the Center for Human Resources. His work and publications have focused on industrial organization, labour markets and employment, the economics of labour standards, and policy coherence and policy choices relative to productive employment as a central macroeconomic variable, and, most recently, behavioural economics approaches to the non-material dimensions of work. He has worked extensively in South and Southeast Asia and was based at the ILO's Bangkok office for four years. At headquarters, he was responsible for World Employment Report 2001 on information and communication technologies and the world of work, as well as, World Employment Report 2004-05: Employment, Productivity, and Poverty Reduction. He is a citizen of the U.S., has an A.B. from Bowdoin College, an M.A., M.B.A., and a PhD (with distinction) from the Applied Economics Graduate Group, The Wharton School, University of Pennsylvania.

Good morning distinguished parliamentarians. I am delighted to be here and thank you for the invitation.

I unfortunately have two problems. First problem is that you have already heard much of my presentation, because you have already seen the slides and what is happening in the demographic trends in the world. The second problem I have is the unique situation of Japan and I think it is a unique situation in Japan both population pyramids do not look like that in other countries of the world. We heard yesterday that global population is going to be 9.6 billion people in 37 years. That's a 2.6 billion increase from today. In short, it is the largest growth of human kind in human history.

So I think what we have to relativize is that when we talk about aging society with which I nonetheless agree there is an aging society problem. We have heard about Vitamin D, I would like to center my talk on Vitamin E, where "E" stands for Employment.

These are the things that we are already familiar with: the growth of the population of the elderly, we should be proud that now we are living longer. It does pose problems that we have been talking about so far. Certainly, as Prof. Kato insisted on quite rightly, the old age dependency ratio becomes an issue. The old age dependency ratio were automatically lower the economic growth rates, because there are fewer people in the labour market to support the older workers.

I happened to subscribe identically to the distinguished Indian parliamentarian in considering the relationship between social security and growth. It is not that clear. Certainly, India's economy was prevented from further slippage during the Great Recession. Because they have something called a National Rural Employment Guarantee Scheme among other

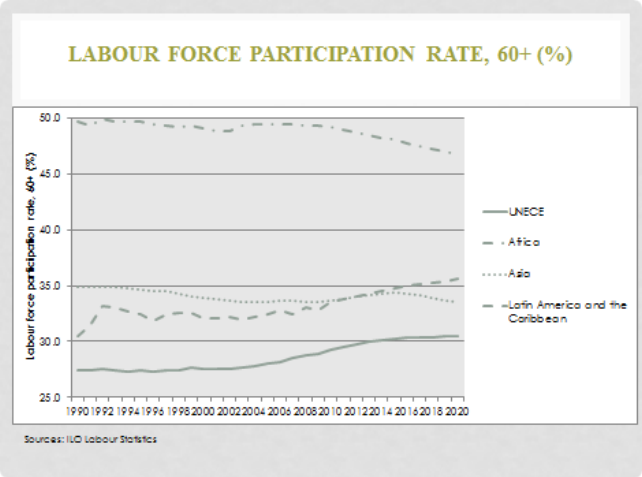
things nationwide. It is an automatic stabilizer.

The other that I comment is the socials security. That correlation between social security coverage and lower economic growth rate is a natural one, because welfare states are wealthy states, and wealthy states are typically at the technology frontier. And they tend to grow at lower rates than the developing world as a whole.

I would like to comment also on the distinguished parliamentarian from Uganda who quite rightly asked what Japan is doing to inspire growth rate. Have you been following Communist Party in China this week? What they are doing? They are getting rid of the one child policy. So there are things that can be done. In many countries with which I am familiar, I am from U.S/, but I have been living in Europe for 25 years but I am still very American, when we look around for some of the best policies for inspiring fertility growth, are policies directed to women, maternity coverage, day-cares, things like that, because women enter the labour force more and more these days. Now as we can see from this slide, there is a declining labour force participation rate in some countries of the world, but not in every country of the world. The problems with those lines at the bottom, they have to be tilted up a bit more.

When we look at the evils of social security coverage, how many people are covered by unemployment insurance in the world? That is 20% of the global population. As you can see from the colours on this chart, how many people are covered with old age pensions? The answer is just a distinct minority in terms of total population in the world. We have a long ways to go before we have coverage of this nature and it becomes particularly important in an aging global population.

Some points now. The first thing that we need to



do is to promote employment. It means to promote the increase of labour force participation of the people who are not elderly. In other words, to promote the labour force participation, if you are talking about Europe, of more women, or Japan or other countries of the world such as India, which has a very low labour force participation rate for women. The first thing we would like to do is to tackle the dependency ratio issue of almost old folk like me, so that we can retire and expecting a pension. And that means increasing the participation rate of those who are younger than we are.

The second point is an obviously controversial point: labour shortage in Japan, labour shortage in Italy, labour abundance in Africa and elsewhere in the world. Why do not we mix the two up? That is the political non-starter. I am well aware of that. Labour mobility is on the rise, but it still remains the only factor of production that hasn't been globalized. Everything else, capitals move around the world, production move around the world, labour does not move around the world, and particularly in a rather low growth these years. There is a political resistance for opening the doors to migration.

There is a well-known professor from the U.K., John Williamson, who actually did some very serious work on this. He said if there were free

mobility of labour in the world, it would add to the world growth far more than a successful Doha Round of trade talks. But again it would political non-starters. We at ILO do not would like to see the young people get the job and the old people get excluded. Prof. Akiyama, who said it is necessary to maintain and strengthen human bonds with the older generation, I could not agree more. That very simple statement but actually is a very serious finding of behavioural economics. People survive better when they are included in the society. If everyone here has a job, but you are unemployed you are miserable and face physiological and psychological risks. If half of us are unemployed, we feel a lot better. It is the same thing with the inclusion of elderly in the society.

In addition to increasing the labour force participation of those who are young enough, it is also necessary to increase labour force participation of elderly workers. That's certainly a big deal for me. I am turning 61 next month; mandatory retirement in my organization ILO is 62. I am in Geneva and Geneva is lovely place, but I would like to go back to the field. The HR director in my organization said no because you are too old. And he is right because if the mandatory retirement age is 62 in my organization, if I become director of a country office in some place, there will be zero start-up time for me to perform my job. It takes at least a year to get to know the people and the constituencies and whatever we have to work in. So in a sense he is right. But he is right only because of the regulation that holds back increase participation of the all the workers who are living longer, generally healthier than generations before and who would like to work.

I am an economist. At the ILO, we have half economists and half lawyers. We take a very strong stance on human rights and labour rights. You probably know that the ILO has one famous product line and this is called International Labour Standards. What we are worried about is the discrimination among older people. The data that I have is the discrimination against the older people is the most widespread form of discrimination. It is remarkable. Of course this is in Europe, it is not worldwide.

I am very pleased to hear that two Japanese businesses are here and talking about what they are doing in the world. Businesses have to get used to be the diversity of the labour forces including the age diversity of labour forces. I know some companies that have some kind of a mentoring program, whereby young people who come to work are assigned one of the old workers to learn to climb the ropes. I think if you run like that, in a systematic, it is a very helpful indeed. There are some countries such Austria or France which are trying to incorporate all the workers into the labour market.

Other policy responses that we have are legislative. We do have labour standards on discrimination: wage discrimination, gender based discrimination, increasingly even sexual orientation discrimination and certainly aged discrimination and we have it specific, discrimination standards directed toward older workers.

But we really have to move from having this wonderful labour promulgation standard to see it enacted. Now I told you my personal story that I have to leave my organization at the age of 62. In the U.S., where I am from, it is legally actionable. What we see in the U.S. is that retirement ages do not even exist anymore. My sister who is 70 years old is still teaching in high school. And that is not unusual. At the same time, what we see in the U.S. is the increase of retirement. But that is simply a financial phenomenon. You are not forced to retire but you have the pension or whatever to do.

So very often you retire. So we think the legal framework really has a role to play here.

We say that training is essential, my skills are out of date but I have incredible skills that are required to complete a career, so if I would like to re-enter the labour market to do something else perhaps a special initiative for retraining is called for all the workers. And I think these policies that we read about active labour market activation have generally excluded the old workers in the past but now increasingly are directed toward the older workers who are losing their jobs.

I have a good example from Denmark, which is one of the wealth-fare states in the world. It has an incredible policy for insuring that labour market participation occurs. It has unemployment benefits that are extremely generous, but time bound and conditional. In other words, you do not lose a lot of your income when you are unemployed but you better start looking for a job. And you better take the training that you need to get it. So policies like that are very important, particularly for the older workers who have difficulty re-entering the labour market.

What these numbers tell us is that we need to do a better effort to direct the training funding and training programmes to train the older workers and that in most every country's case is here, and there are ten countries and that's exactly what's happening.

What we really would like to focus on is the incentives. Let me use my case again, I have to retire in a year. It is my organization who invested in my training. That would a rational behaviour. Why would they do that? I am not going to be around to return the cost. We need to re-think of the labour market institutions toward being able to incorporate all the workers into the labour market, it has to do with working time, wages and individual's support to the older workers to re-enter the labour market.

Thanks very much.

SESSION 5

"JICA's Cooperation on Aging in Thailand"

Mr. Shintaro Nakamura
Senior Advisor on Social Security of Japan International Cooperation Agency (JICA)

Curriculum Vitae:

Mr. Shintaro Nakamura has been with JICA (Japan International Cooperation Agency) for 5 years, and has served as Senior Advisor on Social Security since 2010. Prior to his appointment to this position, he served as long-term expert on CBR (Community-Based-Rehabilitation) in Syria (2008-2010).
In 1987, Nakamura began to work at former Ministry of Health and Welfare of the Japanese Government. After working different sections including Minister's Secretariat, the former Pharmaceutical Affairs Bureau and Department of Health and Welfare for Persons with Disabilities, he was dispatched to serve as a policy advisor to Ministry of Labour and Social Welfare of Lao PDR (2004-2007). His professional experience also includes serving as Senior Planning Officer at Minister's Secretariat of Ministry of Health, Labour and Welfare, and working in such organizations as Department of Public Health and Welfare of the Kyoto Prefectural Government and Hospital Department of Federation of National Public Services and Affiliated Personnel Mutual Aid Associations.
Nakamura graduated from the University of Tokyo in 1987 with BA in law, and earned a master's degree in business administration in 1993 from Columbia University.

It is a great honour for me and for JICA as well, to have this opportunity to share our experiences on this very important issue on such a prestigious occasion.

Today I would like to talk about the project we have in Thailand for older people. But before talking about the project, let me talk about our organization, JICA, the Japan International Cooperation Agency. JICA is the agency that implements Japanese government's overseas development assistance, ODA. We implement ODA projects in many countries. We endeavour to contribute toward the resolution of various challenges encountered in developing nations under the vision of dynamic development beneficial to all. We have about 100 offices around the world and are active in 150 countries and regions worldwide.

We provide loans and grants for the building of agricultural and industrial infrastructure and other large scale infrastructure such as roads and bridges. Those are the major infrastructure projects that we use fund or grants for. We are also increasingly involved in projects to develop human resources in the fields of health care and education. But this aging issue is demanding increasing attention as a new field of cooperation for us, and there are a number of issues that lie in the background to this.

Firstly, the rate of aging in developing countries is also on the rise and this is predicted to increase rapidly in the near future. In terms of the number of older people, 80% of the elderly already live in developing countries. Therefore, issues associated with aging not only pose a challenge for developed countries, they are in fact, an extremely critical policy challenge for developing countries.

JICA implements projects at the request of the governments of developing countries, and these

governments increasingly recognize aging as a very important policy issue that they have to address. As you know, Japan is the most advanced society in terms of aging. We at JICA have come to realize that developing countries are very interested in learning more about our experience. For instance, I was in Malaysia last week. The Ministry of Health of Malaysia would have liked to hold a workshop on care services for the elderly and I was invited to speak. In September I visited Vietnam to talk about pension systems. It is very clear that the aging issue has become a very important policy issue that developing countries have to address.

Aging is not only an issue for developing countries. Aging is a serious and ongoing issue in Japan. I will say more about this later but policy in Japan is moving in the direction of providing comprehensive community based services, and I think the same applies in many developing countries. Japan and other developing countries are aligned in terms of the direction of our policies, and in that sense, we are very interested in learning from the experiences of developing countries.

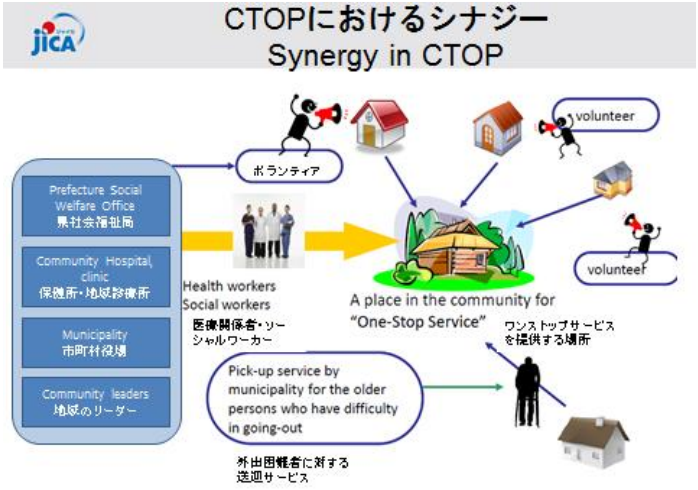
Now let me talk about our cooperation in Thailand. We have been implementing technical corporation projects on aging with the Ministry of Public Health and the Ministry of Social Development and Human Security as our main partners. To be more specific, we dispatch Japanese experts to the country and then conduct training for Thai people or we invite Thai trainees to Japan for training. The Ministry of Public Health and Ministry of Social Development and Human Security have their own respective projects and we work in partnership with them on these. This is the nature of our project.

We have engaged in two virtually consecutive projects since 2007. The first one, a project called CTOP, took place over a period of four years between 2007 and 2011. The Community Health Care and Social Welfare Services Model for Thai Older Persons is the full name of the project. And this year we began implementing a project called LTOP which will continue until 2017; the full name for this is “Project on Long-term Care Service Development for the Frail Elderly and other Vulnerable People”.

The first project starts with the letter C. The “C” stands for community, but it also embodies other meanings such as coordination and cooperation. By that I mean that this project has certain intent. In Thailand, at the time this project began, there were already many services available to elderly people. For example, the Ministry of Public Health offered health checks to the elderly and trained about a million so called health volunteers throughout Thailand. In terms of welfare schemes, they also provided elderly person allowances. The question was how to enable these policies to better serve the elderly in local communities, and what the government concluded was that providing these services in a more coordinated manner could improve the lives of elderly people in communities. The Thai government then requested our assistance and we embarked on the project together.

Now I would like to show you some photos. This is Surat Thani, a region in the south of Thailand. Here, the local health administration authority and welfare administration authority designated a one-stop service center where both health and welfare authorities could offer various services and elderly people could go for health check-ups or to complete or consult officials about procedures needed to receive allowances for the elderly, and this made it extremely easy for the elderly to use these services. The health volunteers I mentioned earlier were very heavily involved in this project.

This diagram shows the set up used for CTOP, the project illustrated in the previous photograph. First, we had communities designate places from which to offer a one-stop service. This did not necessarily have to be a new structure. For example, in Thailand there are many Buddhists and temples play a very important role in a community so one part of a temple complex could be used for offering one-stop services. Then all they had to do was decide which day they would be offering these services.



Then, on that day, relevant people from prefecture social welfare office, community hospital, clinics, municipal government officers and community leaders get together at this place to provide various health check-ups welfare and consultation to the villagers. Health volunteers notify targeted elderly people in advance as to when this one-stop service will be available. In cases where there are some disabled people who cannot get to this place, the municipality provides a pick-up service. This is the service model we came up with to make local services available to the elderly in a more coordinated manner. This was our CTOP project.

Now let me talk about our LTOP project. In the process of implementing CTOP we learned that there were many older people in municipalities who needed long-term care. As I mentioned before, public health offices provide health check-ups and other services and health volunteers check in on elderly people to see how they are managing. People like the woman you see in this picture assess the condition of elderly people in need of ongoing care and determine what services are required, but we realized that there was no system for coordinating the assessment and provision of services. In Japan we have long-term care insurance system which allows us to assess the needs of elderly people and provide a package of appropriate services. And then provide necessary care. Of course our long-term care insurance scheme could not be used in Thailand as is, but we thought some of the know-how and management techniques we have developed and acquired through this scheme in Japan could be utilized in Thailand too, and this was what led us to launch the LTOP project.

In the photograph you can see a Japanese person on the left with a PC on his knee assessing the needs of the elderly person in the middle. This is a care manager from Japan. This is what we envisaged for LTOP, so we selected six locations in Thailand as model sites for implementation.

This is one of the models we are considering for LTOP. For example, each municipality will

designate a site within the community for a model service center, and then elderly people can either visit the center, or center staff can visit elderly at home to provide the necessary services. The key point is that we provide necessary services in as coordinated a manner as possible, and the cooperation of healthcare staff at local health centers and hospitals is an essential component of this.

In the course of implementing these activities, JICA will collect as much evidence of the costs involved and the outcomes of this project as possible in the hope that such information can help the Thai government formulate appropriate policies and measures. Moreover, by sharing such information with other ASEAN countries, we hope our findings can contribute to their response to aging issues in the region.

With this I would like to conclude my presentation on our projects. Thank you.

SESSION 5

Discussion

Chair:
I would like to say three things regarding the presentation. First, it is inclusive and dynamic development. Second, it involves community participation, which is very important. I can say it is a participatory and inclusive approach. And of course, long-term service development is very good because very often project-based activities are short-term. Sustainability is very important not only to serve people but to be cost-effective as well.

Let's give applause for the three presenters and give the floor for questions and comments.

Hon. Kirina Sumawong, Thailand:
Thank you very much to JICA representative. We are working on this project also. We have a project to visit villages. We have also medical volunteers. I think that insurance for elderly people should be introduced to Thailand. I heard that a Japanese man bought an insurance company in Thailand and they are going to introduce this Thai insurance. I think it is a good start for us. I have to thank youThank you very much!

Hon. Mariany Yit, Malaysia:
My question is about medical insurance for the elderly, especially how to cover insurance for the elderly and single parent families? And what happens to the people who cannot work? Who will cover their insurance in a situation there is no pension?

Mr. Shintaro Nakamura, JICA, Japan:
Are you asking about the situation in Japan or are you asking generally?

Hon. Mariany Yit, Malaysia:
I ask about the general situation. We leave our jobs quite early except for judges. Women leave even earlier sometimes after their delivery sometimes as they need to take care of her family and in-laws.

Chair:
Maybe you would like to learn about Japanese experience.

Hon. Kirina Sumawong, Thailand:
Yes, So that we can follow.

Mr. Shintaro Nakamura, JICA, Japan:
As you may know, the social insurance system covers the medical expenses. But for the low-income households, we have a cash benefit programme or a service benefit programme, which is called life assistance. For those who have no income, they can apply to that programme and make expenses claim, which are covered by that system. I understand in Malaysia, you have a national health system. I think that system covers it and Thailand as well.

Hon. Andy Yanti, Indonesia:
Thank you for the speakers for your interesting presentations. My first question is to Mr. Campbell from ILO. I really appreciate ILO's attempts to promote employment among the aged population. But the situation in developing countries like Indonesia is also unique. Many of our elderly people are still working, but most of them are involved in informal sectors. Or they work as unpaid family workers, or work as caretakers for their grandchildren without protection and in poor conditions. So what is ILO's approach regarding this kind of employment?

In Indonesia, many young people are unemployed and they compete with the aged population for jobs. So we reduce or decrease the salary of the older people who are working in the formal sectors, because they are less productive. Is that considered as discrimination for ILO?

And about JICA project in Thailand, based on your experience in Thailand, do you have any plans to replicate this model to other countries? Do you have any attempts to adopt the experience from the local experience, and implement in all the districts in Thailand?

I would also like to give you a recommendation to support countries like Indonesia to increase access of the elderly population and to other marginalized groups to save the affordable transportation. If you have a plan to come to my country, I recommend you to come to Jakarta, with the highest proportion of the aged population and also have some innovation to promote community-based services for the aged.

Chair:
Ok, India first and then Philippines.

Hon. Bhalchandra Mungekar, India:
I have a question to Mr Campbell. I think I agree with some of the observations that Mr. Campbell made. But if we take into account the genesis of globalization and the entire world is becoming protectionist for one reason or another. It is only globalization of capital and restriction of labour. It is a partial phenomenon. That is protectionism, the strongest possible protectionism.

Second point is you mention India's Mahatma Gandhi's National Rural Employment Guarantee Scheme (NREGA). You mentioned that it was an automatic stabilizer. In 11 September 2008 there was the financial crisis and the whole world economy was limping. Not even 0.1% growth. The U.S. was having a static way of growth. And every European country was having 0.1 or 0.2% growth rate. Exceptions are just China and India.

Despite the fact that global financial crisis, India could maintain 6.7% rate of growth in 2008 and 2009. The entire statistical evidence is available in India and it proves that NREGA gave employment to nearly 420 million. There are limitations of the implementation of the scheme. I do not think 6.7% rate of growth could have been possible for India. In a much broader question, and I think you raised that question and that should be taken at the political level. Now economic growth can be secured and maintained only by the market or at certain strategic adjunctions when the market is not sustainable whether state intervention is called for.

The third point I would like to mention is the labour force participation is simply a complex phenomenon, and it is not only economic phenomenon. For example, in India, Muslims are having higher labour force participation rate. It does not mean labour force participation is really higher and it improves economic condition. Most of them are working in formal sectors, and even children above the age of 18 or 10, 11, 12, are working, so the labour force participation rate for the community as a whole is larger than the average labour force participation rate in India. The conditions for them are not better.

And the last point, since you represent ILO and I put on record on ILO's contribution toward fighting for the cause of labour. How do you react to the crisis that the U.S. is facing at present on Obama Health care? For the first time during the last 20 years the U.S. society has been facing the popularity index of Mr. Obama. The question is whether in a market-driven economy and an unequal society, whether these measures, irrespective of constraints, are justifiable or not?

Mr. Duncan Campbell, ILO:

Thank you for your questions. Let me first address the comment from the distinguished parliamentarian from Indonesia.

In Indonesia, as elsewhere in the developing countries, there is no such thing as pension over retirement and that's why for labour force participation rate, it has a cultural and sociological base as well as economic. I do not believe in the thesis that young unemployed are displacing with the older workers. I have to know much more about that. I have doubt that there is a case that is definitely not the case in EU countries. The whole notion of pre-retirement or early retirement as a means to make room for new people in the labour market is a nonsense. I would suspect that the same kind of division of labour in any country such as Indonesia is close to that. But I am saying I suspect. I do not know. I have to simply look at that question.

The other point that you raised quite appropriately is that greatest entrance into the global labour market is something called informal economy. Formal economy is not growing rapidly at all, and the share of labour in the informal economy is usually the greatest in developing countries. So it is not unusual to find older workers who are active in the informal economy. They are active in the informal economy once they actually leave their formal economy job. Or they might do both. But that in itself is not such of an issue for me. I wish we at ILO could wave the magic wand and say let it be informal economy. That's nonsense. Or wave the magic wand and make 100% secure for everyone in the world. That does not disturb me too much. We are not necessarily against the payment in kind. By our own international definition, unpaid family work counts as employment.

Do I believe that wage should be tied to productivity? The answer is yes. Can you prove that all workers are less productive? I do not know. I am not sure there is positive correlation between age, experience, and productivity. Now that positive correlation does turn out at some point. But that's an individual characteristic of the person. As a general principle, I do not believe that wage should deviate much from productivity.

I can only agree with the distinguished Indian parliamentarian that protectionist is kind of orthogonal to globalization. Protectionism is here and globalization is there. But we do not have globalization of people by any means. But certainly what we think the rise of protectionism contingent upon the bad economic climate that we have seen in many countries in the world since 2008.

Now I am well aware that China and India missed the Great Recession. I know that because I would like to give a big speech on the Great Recession in India in 2008. And I know that NREGA system has leakages. What are its attributes? We are learning that it is raising the wages in the world. Therefore, we are hearing that majority of people who are in NREGA system are women and therefore it is encouraging women's employment.

I do agree that the state needs to support the market in times of duress in the countries that were affected by the Great Recession. By the way, 77 nations and we jointly did survey with the World Bank to see what their response to the crisis was. The very biggest response was the government stepped in and paid for infrastructures and creating jobs in that way. Did they do well or poorly? That is more country-specific question. But the states certainly are coming to support market. The NREGA programme in India costs less than 1% of India's GDP and that is astonishing and it shows other countries that this is affordable. I was referring in

India's case, particularly, to the recent findings of the labour force survey.

Lastly I am very pro-Obama care. He blew it, or he did not blow it. But the people putting it on the website blew it. But I am very pro-Obama care; I think it is one historic step in taking the country since Roosevelt who created social security. In response to your question from Malaysia, we do have Medicare, which are run out of social security system, portions which are directed to older people.

Hon. Luzviminda Ilagan, Philippines:
Thank you to our resource persons for sharing. I do agree with Mr. Campbell. We do see the value of letting our elderly people be still part of the labour force. But you have answered part of this question.

In developing countries, like the Philippines, we have a high unemployment rate and there is a competition between the young people to get the job. How do we strike the happy balance keeping the elderly active in the labour force? Because we heard a lot of account about people getting sick suddenly because they retired and there is a change in the lifestyle in their routines and having these young people work and preventing them from feeling resentment against these elderly who have overstaying in their jobs.

And which leads to my second point with regard to labour mobility, which could be the answer for our unemployment problems. However, it is a dilemma also because sending countries like the Philippines, which send a lot of people abroad, also experience discrimination in terms of labour problems, such as contract substitution or gender discrimination.

Mr. Duncan Campbell, ILO:
Thank you very much for these questions. On your first point I am dubious whether older have taken the jobs from younger people. I know for a fact that is not the case in EU. I have a data on it. I do not know about the Philippines. I have to look into it. My full suspicion is that there is a division of labour that is appropriate, and it is perhaps even age-based. Now the problem in the Philippines is the problem in many other countries. You have an inadequate demand in your own economy to absorb new entrance to labour market. You have two choices. It is either work in formal economy, or you engage in migration. And the latter is certainly the case in the Philippines, which extremely well-known. One reason for this is that Pilipino labour force happens to be more highly educated, which means Philippines can get jobs elsewhere. I would like to convey my horror the recent tragedy in your country. It is horrifying. Philippines are all around the world. I think this is good. Remittances are great. I do acknowledge your comment. Most of the work done in ILO is on social protection, not on the economics of it.

Hon. Fredrick Outa, Kenya:
I would really like some clarification from the resource person in terms of the elderly versus the young people on labour issue.

In Africa, young people feel that the government needs to come up with policies to reduce even the years that people would be able to join the workforce. In Kenya, if you are 55 years old and still holding the job, you are having a pressure from the young people. They do not want you there, because the labour is limited to the young people. Have you done enough research to know or tell us the best way we could give balance to this? In the Philippines and Africa, we are in the same level in terms of labour force. It is becoming a big question to the young people in these countries to get a job. It is becoming a problem for older people.

Mr. Duncan Campbell, ILO:

The very simplest answer to your question is no. We have not done enough a research. You have mentioned it, the Philippines mentioned it and Indonesia mentioned it. It must be an issue. It is not an issue in EU. What is an issue is cutting the wages. If a country engages in a sub-minimum wage for young people, it has at the same time to be able to protect those currently working for more money. Because of you create a sub-minimum wage, the incentive that you fire the most expensive one. Again it is my assumption, not my answer. My hypothesis is that in economy such as Kenya that has large informal economy and therefore by demands inadequate to observe the people in the labour. What I can see happening more obviously is the growth of informal economy. And in Sub-Saharan Africa, 90% of all new entrants into the labour market enter the informal economy. We need to know more. I apologize to you for not being able to give you good empirical answer.

Chair:

Let's give them applause for their wonderful jobs. They gave a lot of inspiration, food for thought and actions for all of us. Thank you.

SESSION 6

Panel Discussion
Regional Aspects of Aging and Its Impact

SESSION 6

Moderator:

Dr. Kenji Shibuya

Professor and Chair of Department of Global Health Policy,
Graduate School of Medicine, University of Tokyo

Curriculum Vitae:

Dr. Shibuya is a professor of Global Health Policy at the University of Tokyo's Graduate School of Medicine. He obtained his MD at the University of Tokyo in 1991 and started his career at Teikyo University's Ichihara Hospital in Chiba, Japan. He has been a research fellow at the Harvard Center for Population and Development Studies and worked in Cambodia and Rwanda. In 1999, Dr. Shibuya earned a doctorate of public health in international health economics at Harvard University. After teaching at Teikyo University in Tokyo, he joined the WHO's Global Programme on Evidence for Health Policy in 2001 and was been chief for the Health Statistics and Evidence Unit from 2005 until 2008. Dr. Shibuya was been a regular contributor to the World Health Reports and responsible for the World Health Statistics publications at WHO. He has published widely on mortality, causes of death, burden of disease, risk factors, cost-effectiveness, priority settings, and health system performance assessment. He spearheaded the future strategic directions of the Japanese global health policy agenda after the Hokkaido Toyako G8 Summit in 2008 in collaboration with G8 countries and Bill and Melinda gates Foundation. He has led the Lancet Series on Japan published in 2011 in an effort to jump start the debates on Japanese domestic and global health policy reform. He is currently a core member of the Global Burden of Disease 2010, GBD Scientific Council, and WHO health statistics, and an organizing committee member for several Lancet series.

SESSION 6

Hon. Arpine Hovhannisyan

MP, Armenia

Curriculum Vitae:

Member of Parliament of Armenia since 2012.
She graduated in 2006 from University of Erevan, Law faculty and obtained a PhD. in Law in 2009.

First of all, I would like to express my gratitude to the organizers of this conference, because it gives an opportunity to be acquainted with the problems from all around the world and to look for solutions to such common problems. We know we have common problems. So in this regard, we can consider this conference as a successful one. During these two days we had the opportunity to hear about different aspects of aging, fertility and other problems we face. I will introduce to you, in two words, the situation in my country.

It is worth mentioning that in Armenia, as one of the European countries, the aging and birth rate situation it is not the same as other regions. It is not the same neither in all Europe. There are many problems, sometimes similar in nature, but specific figures differ. That is why I cannot speak on behalf of all European countries.

At the moment, in Armenia the share the population aged 65 and older is approximately 11%. The life expectancy is 74 years for women, and for men it is not that difference. According to UN classification of population, a country is considered old when that percentage does not exceed 7%. Consequently, we can say Armenia has old population. But this is not the only demographic problem in Armenia. As in many European countries, one of the demographic challenges in Armenia is the low birth rate.

According to a demographic and health survey, our fertility rate is 1.7 children per woman, while the replacement rate should be 2.1 or higher. This can be explained by a number of reasons, one of which is high infertility. This is quite an alarming data, and the cause for having to take some actions. That is why some parliamentarians, including myself, presented a new proposal to make an amendment to the law of reproductive health and rights, with the aim of improving the situation regarding such high percentage of infertility. I think the role of parliamentarians among all countries is the same. We should at least try to correct the situation by approving laws.

Currently, assisted reproductive technologies, including artificial insemination, in-vitro fertilization, and surrogacy are available in Armenia. Many couples with different types of infertility apply for those methods of medical services. However, they are quite expensive. So, not every couple can afford those services.

According to a new amendment, which we had proposed, the government will provide financial support to low-income families for using assisted reproductive technologies, except surrogacy which is too expensive. This will allow low-income couples to be assisted with artificial insemination and in vitro-fertilization are available for couples, who have low-income levels. Our hope is that accessibility to those medical services increases,

partially improving the demographic situation in our country. The amendment was approved in October 2013. There is no long-time practice yet, but it represents a new opportunity for improvement.

Thank you for your attention. I am sure that the experience we learned about here can be of use in our own countries.

SESSION 6

Hon. Hetifah Sjaifudian

MP, Indonesia

Curriculum Vitae:

Hon. Hetifah Sjaifudian is the Member of Parliament of the Republic of Indonesia, Chair of the Financial Commission.

Thank you for giving time to us, Indonesia. Indonesian population reached almost 250 million, making us the fourth populous in the world. We have less than 10% of aging population, which reached 18.1 million in 2010 or 9.6% of the total population. Older population in Indonesia will increase from 18.1 million in 2010 to approximately 36 million in 2025, and up to 80 million in 2050. According to the Indonesian Ministry of Health's projection, as for now, only 1.8% of older people are healthy. That means that there are 17.7 million who need health care. That is why the Indonesian government together with the parliament sat at the table to make the "*burden*" law. Starting from the next year, we are implementing Universal Health Care. In two years, in 2015, we will also implement insurance and pensions for older people.

One of the factors that cause the increase of older people in Indonesia is the increase of life expectancy. Furthermore, life expectancy is projected to increase from 70.6 years in 2010 to 72 years in 2014. The main health problems of older people in Indonesia are organ disorders, such as impair vision and hearing, as well as the decrease of walking ability.

Indonesia has already a Law Number 13 approved in 1998 regarding welfare for elderly people. Our demographic structure tells us that still our productive sector is the biggest and the elderly is still small in number, below 10%. Nevertheless, we prepare the social security for aging with the law. I hope we learn from Japan and other countries, so we can propose policies and legislation when we go back home. Thank you very much/

Moderator:
Thank you very much Hon. Sjaifudian. She mentioned about Indonesia's Universal Health Coverage and long-term insurance and pension system for the elderly population in 2015, which is very promising. But, at the same time, this is not the end. This is the beginning of new challenges, which Japan is facing today. I think there is more for a joint learning process in the future. Thank you very much.

SESSION 6

Hon. Boniface Mutale

MP, Zambia

Curriculum Vitae:

Vice chairman for ZAPPD in Zambia
Live President of Zambia Rugby Union.
Member of committee on education and technology

Firstly, I would like to thank the organizers of this conference for bringing us together so that we share all the different experiences, especially those of us who are coming from Africa, which is not fully developed. Coming to this forum gives us the opportunity to get the insights of what is happening in other countries so that we can even take the learning back to our countries. I will be very brief in what I talk about, because I will restrict myself to Zambia.

Zambia has a land area of 752,612 km^2 with a population of only about 13.1 million. Census from 1980, 1990, 2000 and 2010 showed steady increase of the population. Our population has increased from 5.6 million in 1982 to 13.9 million in 2010. Between 1980 and 1990, the population has increased by 30.4%; 30.9% between 1990 and 2000, and; 32.4% between 2000 and 2010.

Our interest as a country on the age composition is whether population is young or old. Various measures can be used to describe the age composition. According to successive census, Zambia has a young population. This can be seen from the large number of young ages, this is, the majority corresponds to younger ages. In line with the abovementioned, it can be deduced that the proportion of elderly, aged 65 years and above, is less than 5%. These facts confirm, then, that Zambia is young.

In 2000 the percentage of the elderly, 65 years and above, was 2.7% of the total population. That slightly declined to 2.6% in 2010. The proportion of the elderly, 65 years and above in rural areas stood at 3.5% in 2000 and then decreased to 3.2% in 2010. This was, however, higher than in urban areas which recorded 1.3% in 2000 and 1.8% in 2010, meaning that most of our population is located in the rural areas.

High fertility can lead to young population; larger population sizes and population growth, which in the case of Zambia. The number of children in the household decreased from 7.2 to 6.2 in rural areas and from 7.6 to 2.9 in urban areas.

Despite this slight decrease, young population proportion is still high. However, we may say that this decline may explain a slight aging of the population. This distribution coupled with a high mortality rate, has an effect on the total population of the country. This means that the young ones in Zambia outnumber proportionally those from countries such as Japan, which has a high proportion of old population. This poses the challenge we have been talking about in the morning and the previous day. Older people hang on to the few jobs we have, even after achieving retiring age. They are also being retained because of their experience. We have no law which forbids people to work after 55 years, which is the retiring

age. But there is a bylaw, which allows them to be given a contract up to four years, which can be extended. In summary, older people hanging on to jobs poses a challenge for the youth.

But the other experience we have in Zambia comes from those people who are working for bigger companies, such as mining ones. Once they retire and go to the villages, their lifestyle changes. Nevertheless, living conditions from urban life to rural areas change. They tend not go to the villages, staying in the urban areas. Then, they die early. Living in the urban areas goes with a cost. They cannot be able to sustain themselves. When they have working life, the companies they work for provide them with hospital fees, medication and other things. Once they retire, the life becomes miserable. Some of them do not really have insurance coverage to live after the retirement. If they never served adequately, it will be very rough out there. Some people also make wrong investments once they are retired. They do not succeed in those businesses, which makes their life very difficult. As a result, you find that they start living very unhealthy life and they cannot sustain themselves.

If you compare people who have lived in urban areas with those who have lived in rural areas, you will find that rural dwellers live much healthier lives, because they are used to eating food free from chemical supplements and things like that. They become more vegetarians. Those who live in urban areas will keep eating chickens grown in 6 weeks. In contrast, villagers live basically on local food, vegetables and fruits, which are healthier. They also use natural medicines, herbs, which may prolong their lives.

Comparatively speaking then, by observing people aging in the urban areas as opposed to those aging in the rural areas, we can tell that the ones in urban areas tend to have problems because of the after-effects of industries. If you are working underground, there are diseases you might suffer from, including tuberculosis. You will never be able to pay for medical treatment because you never have insurance to cover such costs. That is a challenge.

Nonetheless, at the same time, our being here means that we can learn how you have been tackling such various issues, concerning the after retiring life. We need, as developing countries, to come up with policies that will protect the aging people. In our local language we say you can never get rid of an old man or women, because they might assist you in the future whenever a problem strikes. For instance, you might have the "*nettangos*" around your neck and you would not know who to turn to.

In conclusion, it is important to look after the old ones. They are part of us. We should treat them with dignity they deserve, because they are part of the society and the ones who made us what we are today. If they are given that respect they deserve, we can learn a lot from them even if they are retired. I would say thank you for these few words.

Moderator:
Thank you very much Hon. Mutale, who is the Live President of Zambia Rugby Union. He is a big champion of rugby. Thank you very much.

SESSION 6

Hon. Lino Walter Aguilar

MP, Argentina

Curriculum Vitae:

Hon. Lino Walter Aguilar from Argentina was the previous manager at OSSIMRA (Argentinean-based company), provincial deputy. He also served as a social Action Secretary at "villa Mercedez" intendency, secretary of Labour, Director at Dossep (social action in san Iuis Province), National deputy (vice president of political party "compromiso federal").

When it comes to talking about Latin America, for despite the differences among countries in the region in terms of economic growth, in overall, its socio-economic situation has been improving. This, in turn, led to improving the treatment of social issues in our region.

I come from a political party founded my former president Peron in 1945, the *Peronista* Party, whose foundation is social justice. I happen to represent the working class in Argentina, which if a very politically influential faction in Argentina. I would like to know whether there is another working class representative among the presents.

There have been important events in Argentina during the last decade. One of such sound policies has been the one child subsidy. This means that those unemployed are entitled to a special allocation from the government for each child. Social policies have been implemented even at the local level, such us San Luis, which is a province from which I come. In San Luis, every worker is entitled to descend housing by contributing only US$70. For us, having a home is of the most important, a place where our parents can stay later in life. There has also been guaranteed the existence of the ministry of Sport, which will be in charge of encouraging people from all ages participate in sports.

We have a solidary health system. No matter how much your contribution is, you are entitled to the same level of treatment. Nowadays, we are engaged in preventive policies. Argentina has been blessed with such extensive territory for a population of 40 million, allowing smooth demographic accommodation in tune with economic growth, which, in turn, guarantees that every one of our grandparents is entitled to a pension.

This conference has offered me many insights. Back in my country, I will be in position to propose policies at the national and local levels.
Related to such topics, as part of my activity as a parliamentarian in Argentina, I introduced three bills, one of which has been already approved and it is the "Alzheimer's law". There are 400,000 people affected with Alzheimer in Argentina. This law will allow the creation of special centers for prevention and treatment of such patients, including their relatives.

I am an advocate against addictions, especially drugs, which, nowadays, is a threat to our youth. I hope to draw your attention on this. In this regard, I proposed a bill for general products labeling, such as cigarettes that commercially sells the idea of change of social status by consuming them. They are making our youth become addicted to

smoking.

Finally, I bring about the problem of obesity. In Argentina, it has become commonplace for the distribution of low-quality food products. In this sense, I also proposed another bill for calorie content labeling. Every food product should clearly indicate its calorie content. Once again thank you very much all.

Chair:
Thank you very much. It is time for comments from honorable members. We have diverse issues as well as common issues. Firstly, I think aging is not just a development or human issue, but it is also a security issue - individual as well as social security at the national level. I think we heard from our colleagues from Indonesia and Zambia about this. Do you have any comments as how you are you going to tackle these aging security issues? Particularly, from the viewpoint of a parliamentarian, how would you like to approach people on this?

Hon. Hetifah Sjaifudian, Indonesia:
In Indonesia, we are concerned about not only social security but also about basic needs. We also provide free education for junior high school until senior high school. During this period, the government and the parliament are sitting together concerned about such basic needs of our citizens.

Moderator:
Related to the question, any comments from Honorable Member from Zambia, Mr. Mutale? How would you approach it as a security issue?

Hon. Boniface Mutale, Zambia:
I think looking after the aged people should be everybody's concern, because abandoning them is not humane. What comes first, then, is what plans we are putting in place. As parliamentarians, we should take this to the round-table and share with the authority as how we can start looking after the old people who are going for retirement.

We are learning this from the Japanese experience. We have started already a programme for looking after the aged, to keep them actively involved and participating in day-to-day activities of their country. This is what we need to do because it is a good idea. We can pick up experiences shared in this conference so as to share them with our local colleagues in Parliament, to find out the kind of interventions to be made to start embarking in looking after the aged. Currently, some of the aged people who have retired are taken care of by their family-households, being those who have children or those who do not. In Africa we have the concept of extended families. You do not only look after your own mother or father but also your uncles, aunts and so on. It is part of the African background. The concept of bonding in African is quite large because we do not ignore other family members.

Whenever there is an opportunity, those who are in full time employment take up insurances at the starting point. We tend to ignore the insurance issue, but in Zambia we have pension scheme for those who are working. In some cases it is voluntary, either you take it or not. When it comes to government, you voluntarily join the pension scheme. Those who join the pension scheme receive money on a monthly basis, like a salary. If they die, the children will benefit up to the age of 18 or 21, I do not remember correctly.

The main idea is to start preparing for the aged group, which is very cardinal, as to the way those aged will live. We do not seem to be looking at it very seriously. Most of the people, for example, where I come from, start planning their future after they have retired. The would like to start

scale farming when they receive their pension benefits instead of investing into it, for example, while they still have the energy to prepare a piece of land. Nevertheless, they only focus on working until the last day so as to receive their pension that will be later put to investment. Unfortunately, they go broke and everything comes to a stop.

We must deliberately educate people about how to manage their lives in such a way that when they grow old, they are able to look after themselves. We also need to pay attention to medical insurance, which is of cardinal importance, but does not exist or only exists for the higher income brackets. Those who are in the low-income brackets do not have coverage.

The rural area is another area of concern. People working in this area have never had opportunity to have life insurance. How do we handle it? Again, it is a matter of sitting with policy-makers and parliamentarians, to elaborate policies concerning the way we look after people, for those who live in the villages, who can never afford to live on their own entirely. Being parliamentarians, we should take these into account and deliver policies to make possible for those aged to have medical schemes. At least, medical provision in Zambia is for free for the citizens, except for those who want specialized treatments. Moreover, those who are 65 years or older are given medication for free.

Moderator:
Thanks very much. It is a very comprehensive view of your approach to the issue of aging in Zambia. Would you like to say something?

Hon. Hetifah Sjaifudian, Indonesia:
Yes. I would like to add some information about Indonesia. As parliamentarians we have some law-making tasks. We passed a law for elderly people and social security. We have to decide whether to approve or not the budget. In Indonesia, the government and parliament sat together and decided to gradually increase our government expenditure, the state budget, for the elderly. As a developing country, we have very limited budget. Nonetheless, we are very concerned about the elderly's issue. We also have social services for aging people. We have health centers for older people, which facilitate some programmes such as the one-stop service. The elderly then do not have to switch rooms during treatment. We have our 528 health centers for elderly people spread throughout 231 districts. We also have aging-friendly city in Yogyakarta. We also have social housing, home care service, social economic and individual services and services to improve the economic condition of the elderly through crops.

Moderator:
Thank you very much. We still have 5 minutes before concluding and passing the table to Hon. Marus for Q&A.

We consistently hear about sustainability of the system, but we usually tend to focus only on the elderly population. You already mentioned about the importance of dealing with infertility and looking at younger generations as well, from a broader policy perspectives. Particularly in Japan, many parliamentarians only focus on elderly population because they are rich, and "have a say and vote". We, the younger ones, are kind of excluded from the political system. We call it a silver democracy because the majority of votes come from the elderly. It is very hard to change society.

How are we going to deal with it for sustainability? You need younger generations to generate money and maintain the economy, on one hand, but you also need to respond to the demand of the elderly population, on the other. Thus, as for sustainability, how to keep the balance? From

Armenia please.

Hon. Arpine Hovhannisyan, Armenia:
You are right. Well, I focused on the issues of the young generation. As I had said, nearly 11% of our population is elderly people. That is why we cannot say that our country is old. Every day the government tries to set some programmes for the elderly. For example, before coming to Japan, there was a budget discussion in the parliament, where we decided that from January 2014, there will be a 15% increase in financial assistance to elderly people. As my colleagues from Indonesia mentioned, as a developing country, in Armenia also the budget is limited. Nevertheless, we try our best to still create some good conditions.

I would also like to mention one specific feature of Armenian community and mentality. In most of the cases the elderly are living with young families. This is why housing for elderly people is not a commonplace. I am not saying we do not have them. Of course. there are and their conditions are being improved. Nonetheless, the fact that our old people live with young generations has a big influence in housing policies for the elderly. In summary, it is not a pressing problem in our society.

Moderator:
I see. How about Argentina? Do you have a balanced approach on aging and the younger generations?

Hon. Lino Walter Aguilar, Argentine:
First of all, there is a lot of learning, from the Japanese experience that I am taking to Argentina.

Retirees in Argentina are organized and are provided with many services, not only social security related ones, but also recreational. These last days, some reforms to the health system have been approved so as to provide support for the treatment for high-cost diseases. This is the result of our social security-biased political faction. Every single retiree in Argentina is entitled to social security. In the provincial states, those not yet retired who happen to have *pension graciable* (special type of pension scheme) benefit from a special health system scheme, called *Pro Fe,* which guarantees free access to medicines.

The lesson for me, from this conference, is the need for a multidisciplinary cross-ministerial perspective, including different levels of governments so as to create appropriate policy for the elderly and the youth to live together.

Moderator:
I need to conclude this session. I think it is very important to realize that we need to continue this kind of joint learning process. I think, under mutual respect, the pooling of experiences and knowledge from different perspectives is quite important. My colleague sitting next to me would like to say something before we conclude this session. The floor is yours.

Hon. Hetifah Sjaifudian, Indonesia:
Actually, I do not mean to conclude. I only would like to say something about our younger people. Right now the demographic structure in my country is dominated by the youth. This includes the productivity part. So younger people generate money and attract investors from developed and industrial countries to come to Indonesia. This is behind our economic growth of 6.5%, the second in the world.

Moderator:
That is great. I would like all of you to congratulate our panelists for their excellent talks. Now I would like to pass my role to Hon. Francis Marcus as the Chair of the session, which is basically an interactive discussion among honorable members.

SESSION 6
Discussion

Chair: Hon. Francis Marus
MP, Papua New Guinea

Curriculum Vitae:

Hon. Francis Marcus is a member of the Parliament of Papua New Guinea since 1997. He was Deputy of the Speaker at the National Parliament from 2007 to 2012. He obtained his Bachelor Degree in Business Management majoring in Public Policy at the University of Papua New Guinea. From 2012, he has been re-elected to the Parliament

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Chair:
Thank you very much for your warm welcome, Dr. Shibuya. I would also like to thank the four previous presenters. Yesterday's presentation about studies done in Tokyo gave us Parliamentarians an insight to digest and take home. As for me, I am really impressed for having had four speakers who really gave us an organic "amino acid". In this part, I would precisely be asking from all of you to at least give your insights or own "organic amino acid" and "modern amino acid", or at least to contribute so it will be an educational activity for all us. We can appreciate and understand each other, take back to our respective countries the differences between our own organic and modernized amino acid. So I would like to open the floor for discussion.

Hon. Chris Baryomunsi: Uganda:
I would also like to thank the four panelists for their informative presentations about the situations in their respective countries. I would like to speak as a chair of the Parliamentary Forum for the African Parliamentarians, just briefly to give a perspective of the African region, expanding on what my brother from Zambia presented.

Africa is the youngest continent in terms of population. Now we estimate our population to be 1.2 billion. Projections show that by 2050 this will double. While in other continents there could be reversal in population growth, we are not sure whether in Africa we will have that reverse growth to continue. It will depend on the decision we take as the leaders of the continent in addressing the issue of population growth.

We are witnessing the biggest segment of population being young people and children, because most of the countries in Africa are in the earliest stages of demographic transition, although the analysis we have done shows that some countries, especially in Southern Africa, have started attending fertility transition. Also, some countries in Northern Africa, for instance Tunisia, have already completed the demographic transition. So our focus right now in Africa is how to assist countries to harness demographic dividends by making the right decisions to invest in population to turn it into demographic bonus.

However, because of the declining fertility in some of the countries, together with the improvement in health care, there has been an improvement in survival rate. Therefore, the element of population aging is already been noticed. From about 3-4 decades ago life expectancy had raised up to 67 years. With the advent of HIV/AIDS, that

went down to around 20 years, 40 years, and 50 years. Nevertheless, broadly, because of improvement to access and decline of HIV rates, the life expectancy at birth is starting to grow. So an element of aging is already been observed. We have a double phenomenon: a huge population of young people and the phenomenon of aging starting to be seen in Africa.

What we must do is to address the challenge of the demographic dividend, but also, as leaders and planners in Africa, we must start planning for the aging problem. For if we wait, we might face problems like here in the western world, Japan. We must now plan for it. We might be witnessing the aging problem happening faster than in Japan and other areas.

For that purpose, we have set the African Forum of Parliamentarians on Population and Development, and we have planned a number of interventions, to which we are heading now. For one of them, we are going to develop "model legislation", which we shall give to various parliaments. One of the areas could be how to tackle the issue of aging from the legislative angle. We should also be having exchange visits of Parliaments to different countries within and outside Africa to learn about what it is happening and being done in countries such as Japan, so that we can plan for these issues earlier.

Most importantly, we have to engage our governments in reforming some of the policies and interventions at the national level, in order to address these challenges, especially aging. So, I would just like to inform this to the participants, parliamentarians in Africa. That is why we came here to keenly follow presentations. We would like to have an understanding on how we tackle this issue of population aging before it becomes a very huge problem for Africa.

Chair:
Now we have India and the Philippines.

Hon. Bhalchandra Mungekar, India:
I feel sometimes guilty to participate every time, but I am forced to do so. Please kindly bear with me. I would like to bring to your attention three things. First of all, hundreds of times we used the word "sustainability of development" without defining what exactly means. What does it mean? Sustainability of development implies the use of natural and physical resources in such a way that they are not exhausted in the immediate future. They will be exhausted in very judicious manner so that the future generations also will be able to sustain themselves. That is basically sustainability. Nevertheless, sustainability is challenged by consumerism of the affluent sections of society. For example, 35 billion liters of fresh water is consumed every day in the U.S. alone. Sustainability of development implies that the present generations control their consumerism and utilize natural resources in such a way that those resources will be adequately sufficient for future generations to live.

The second submission is that we are discussing aging population, demographic transitions, and what needs to be done for them, but it depends upon the state policies. Without discussing the model of development, you cannot solve the problems of aging population. And here I would like to bring the question of austerity measures followed by different countries. For examples, let us talk about European countries. Today the entire Europe is boiling, burning, and under unrest because states are withdrawing housing allowances for the poor, unemployment benefits, and pensions. Without discussing the consequences of the existing model of development, I do not think that our recommendations for what should be done for

the aging people should be fine, despite our intentions.

The last point concerns about taking care of the disadvantaged sections as well as the dependent sections of the society. The state cannot withdraw from their obligations, no matter if it is a market or socialist economy. Austerity measures should not be implemented at the cost of the welfare of vulnerable sections of the society.

Chair:
Thank you for your insights and thoughts. The Philippines pleases.

Hon. Luzviminda Ilagan, Philippines:
Thank you to our presenters coming from different regions. May I just share very briefly what is happening in the Philippines and then I would like to raise a question also.

In the Philippines, we have a young population because the elderly constitutes only 5.97% of the 102 million in our country as for today. The elderly people are called senior citizens. In the Philippines we have the Senior Citizens Act. It is a law that allows a person to apply for the senior citizen card as soon as he/she turns 60 years old. It is not mandatory. This card entitles a senior citizen to certain discounts when purchasing items. For example, there is 20% discount for basic medicines, 20% for grocery items already identified by the Social Service Department, 20% on fares for domestic or international airlines as long as the airline is owned by the country, 20% in restaurants, etc.

I am curious about the medical services that are provided by other countries. It has been mentioned many times that certain countries offer what is known as the one-stop service center. May I know what services are provided in these centers? I would like us to have a good look at this and hopefully to be able to craft a law that will require governments to provide such services. I do agree that the government has a big responsibility in looking after the elderly. Therefore, I think it is important that parliamentarians take a look at existing policies.

Chair:
I ask presenters to take notes from your statement so they can address them later, if there is anything to say. I cannot stop the stream, so I ask Albania's intervention.

Hon. Valentina Leskaj: Albania:
I am not going to do a presentation. I will say a couple of things which, I think, might be of importance. I am not going to provide detail insight of my country because, despite some differences among European countries, we have some commonalities to some extent. For this matter, it will suffice what my colleague offered us in her presentation. This is to say, we basically share the same problems.

The first thing I can say is that unfortunately population aging is not among my country's priorities yet. This is very important in that. It tells us the task for us, as parliamentarians, of how we push so as to make it one of the country's priorities. Firstly, of course, is the question of legal and policy framework based on the Cairo Program of Action. In the end, we have all been signatories of the Cairo document. Now it came the time to answer what we have done, and the governments should give explanations. Is the legal and policy framework, enough? I would say no. I mean, in my country, which is a country in transition as many others, the gap between good laws and practices is very deep. So the question becomes how we can close this gap between good piece of papers, laws, and policies and practices that impact people's life. As parliamentarian, I can say by working hard for good laws and policies for having

monitoring, oversight control of the executive body, of what they are doing. This is one thing.

The other thing is that we need to have more of a regional and an international perspective. Because of globalization, it is becoming more of an international issue as opposed to mere local one. Look at what happened with the Arab Spring, and look at what happened when changes came to Eastern Europe when the communist fell down. Many people have immigrated abroad and the problem today in my country, for instance, is that many elderly people who have been working for more than 20 years in Greece and in Italy cannot retire. They would not have social insurance if they decided to come back home. They will be without a pension. This means that we cannot solve these problems at the country level without any regional and international tackling of these problems. Urbanization as well has brought a lot of problems.

The other thing that I would like to emphasize is one to which I am strongly committed in the Parliament, which is the fact that the human rights approach is not yet considered. The elderly people's issue is very often seen as something to be solved by providing some services or medicines. That is all. The human rights dimension is missed. Then, age and gender discrimination continue, which means that we need to have mainstreaming policies in age and gender as well.

The last thing I would like to mention is that we have to push for public and private partnership on this issue. We need partners and work altogether. For that reason, we are committed in the Parliament. As for me, as a founder of this group, I am committed to going in this direction.

Chair:
Thanks you, Albania. I will now call Romania.

Hon. Florian-Dorel Bodog, Romania:
In accordance with your comments about amino acids, I would like to say a few words. I am a plastic surgeon. I work to prevent aging with operation, but medical stuff can make this by giving health programmes, amino acids, proteins and vitamins. Our medical stuff can help add years to their life, but I think it is more important to give life to their years. And this is our role as Parliamentarians: we can pass a law to give more life to our years.

Chair:
Thank you very much, Romania. I will call the last one, Kenya.

Hon. Fredrick Outa, Kenya:
I have two questions. One is to the presenter from Zambia. I would like to know what is the issue with the population, even after colony regime, which if growing to achieve 18 million?

The other question is to Armenia. I took from her that actually there is a lot of infertility. I would like to know what the cause of this infertility is that effects the population even after the "mono" post changes.

Maybe there are some things I can add to the discussion. In Kenya we need to encourage the aged to join medical care and insurances, because in some areas in Kenya, as you understand, the youth is in very high competition for jobs with the aged population. Without the retirement of the elderly, opportunities for the youth are very linear. Therefore, it is important to encourage the aged to retire. Then, insurance can take care of them.
Lastly, I think the government should put in place new and better policies that enable the care for the aged in terms of retirement packages, not only for those who are in the formal employment system. Not every aged is employed. Others are farmers or shepherds or those who have other

activities. Therefore, not all of them are in position to get benefits from retirement packages. It is upon the government to think about how to deal with those other sectors, in terms of retirement benefits.

I would propose that the Parliaments look in all regions or within their countries to at least come up with programmes to include the forgotten ones: those who are not in the line of retirement packages.

Chair:
Thank you very much, Kenya. I was told that we have run out of time. As parliamentarian we have to respect the time.

To sum up, I come from Papua New Guinea, which is an African country in Asia. It is located on the top of Australia, sharing land border with Indonesia. So I am African and Asian. In my country we have what we call the "relative system", whereby the younger generation looks after the older generation. Unfortunately, this is now fading away because of foreign influence and exploitation. Our country has decided to invite investors to come in, to develop our resources. The government has given a lot of incentives to developers and is forgetting the fabric of the society, our indigenous people. That now tends to be disapproved. People now feel being marginalized and as Parliamentarians they ask us for radical or incremental changes. Now we have a young generation who is more radical. They would like to see the best for my people.

For us coming to a forum like this allows us to have insights on how we can absorb and take, as was said earlier, modern amino acid to burn it with organic amino acid. As politicians and policy-makers, we should now decide what is best for our country.

As for me, I have already observed at least one result which I will take back and contribute to my country and to the parliament so that we help in the future to take care of my elderly people, but at the same time, addressing the younger generation. If we fail to address them, that would mean that disaster is waiting to happen. With that I would like to thank all my resource persons and moderator for their great talks. Thank you very much to all.

SESSION 7

Discussion for the Adoption of the Statement

SESSION 7

Chair:
Hon. Fredrick Outa
MP; Kenya

Under the Chairpersonship of Hon. Fredrick Outa, Kenya, various points of view were aired and debated to highlight the issues related to population and aging issues. The result of the session was the "***Statement***", which was unanimously adopted by the participants on 19 November 2013.

CLOSING CEREMONY

CLOSING CEREMONY

Moderator:
Hon. Yutaka Kumagai
MP, Japan

I hope you are still up in spirit for the closing ceremony. Thank you very for such an enthusiastic two-day conference, especially the last session.

I am Yutaka Kumagai, one of the youngest senators in the Japanese Diet. I will serve as an MC for the closing ceremony.

After the two-day meeting there are many outstanding suggestions from everyone in this room. Tomorrow I believe you are going to see how Japanese policies work on these issues in the real world. I deliver my best wishes for a fruitful inspection tour. I hate having to move to close the meeting, but let me start the closing ceremony.

First of all, from UNFPA, co-sponsor of this conference, we have Ms. Anne-Birgitte Albrectsen, Deputy Executive Director of UNFPA.

CLOSING CEREMONY

Address

Ms. Anne-Birgitte Albrectsen

Deputy Executive Director of UNFPA

On behalf of the UNFPA, let me congratulate all of you for your active and engaged participation over the past two days on the topic of aging societies, economies, demographic transition and a variety of topics that experts have helped to shine a light on the various aspects of this very important agenda.

I think I would like to spend three minutes talking to you about the core elements of what you have just decided, which is an element of a paradigm shift, a paradigm shift in all societies across the world where the core focus is on the rights of human being, younger or old to live in dignity and security; where the important contribution and potential of the human being, whether younger or old, man or woman, comes all the way for the forefront of the policy agenda.

Apart from an event like this and many other parliamentary gatherings, over the next 24 months, the world will decide on a new development paradigm for the world. The MDGs will come to an end, and we hope for a fruitful end, where we have achieved the goals that were set in 2000 and a new development paradigm, so to say, will be set.

Clearly the issue of aging will be part of that paradigm. Universal health coverage, which the Japanese government is championing as part of that development agenda, will be, we all hope, the part of that paradigm. Human rights, the core essence of allowing individual human beings to live without discrimination and with access to all social services, will hopefully be part of that. For us at UNFPA, we hope all of you will champion the unfinished agenda of the ICPD.

In 2014, as you all know, we will look at it as a stepping stone to development agenda. We will review the ICPD 20 years after its adoption. Already now I can assure you that the review will put on the table many new and challenging agendas, aging being one of them. But certainly also issues of the rights of the adolescence and girls, non-discrimination of all citizens, sensitive issues relating to sexual reproductive health and rights will be on the agenda in 2014.

We will need every Parliamentarian that is interested in and has championed population and development issues, to step up and engage with governments, with civil society, to help us set a new agenda for population and development 20 years after ICPD, and then to help us carry the new and important agenda into the post-2015 development agenda. So we have paradigm shifts, whether it is addressing the aging, whether it is addressing human rights, population and development as a whole.

I wish you the very best in those endeavors. In ending let me thank our host Japanese government for their support, not just on this agenda, but for the support for the UNFPA, and for everybody addressing population and development issues around the world.

Thank you very much to all of you and all of our partners!

Moderator:

Thank you very much, Ms. Anne-Birgitte Albrectsen. Next, from AFPPD, we have Honorable Dr. Bhalchandra Mungekar who will give us an address on behalf of Hon. Prof. P.J. Kurien, Vice-Chair of AFPPD, from India.

CLOSING CEREMONY

Address

Hon. Dr. Bhalchandra Mungekar
MP, India

On behalf of Hon. Prof. P.J. Kurien
MP; Vice-Chair of AFPPD, India

I would like extend to each one of you warm greetings from India.

At the very outset, I thank the organizers for inviting me to participate in this historic conference, and also doing me honor by asking me to share my views in this closing session. Friends, we have finished two days of fruitful deliberations.

Considering population as a problem at any stage of development of a country is a misnomer, because historically economic development has never been possible without the active participation of the people in the process of economic development. The extent of their participation naturally will depend upon the advancement of productivity-enhancing and labour saving technological development. Nevertheless, total absence of people in the process of development is beyond imagination.

It is for this reason that the active, productive and enlightened labour force has always been considered as a major prerequisite of economic development. The present day advanced countries have precisely succeeded in this endeavor.

Now let me come to the issue of aging population. First, we must change our mindset and stop thinking that the elderly is a burden to the society. As it is known, increasing life expectancy of the people is one and the foremost criteria and also objectives of economic development. It is for this reason that beside literacy and income, the Human Development Index contains health indicators by life expectancy as one of the criteria. This implies that a large proportion of aged population is an outcome of economic development. And it is absolutely erroneous to consider it as a problem, much less a challenge. It is therefore imperative for the countries having a relatively large size of aged population to provide them with all social-economic and cultural amenities to live a peaceful life.

Even in such cases, it is possible to use their services for nation-building through imperative methods by involving them in the social process, depending upon their likings, aptitudes and abilities. Their earned wisdom, such as that coming from ancient farming, would constitute a big asset for the nation.

In this context, let me mention the scenario in India. Since independence, India has made much more advancement with respect to social indicators such as literacy and health. For instance, in 1951, average life expectancy was about 35 years old. Today, it is average 70. And yet, in terms of the demographic profile, India is the youngest country in the world, as nearly 45% of her population belongs to the age group of 20 to 35, and as high as 62% belong to the age group of 15 to 59, which is demographically considered as active age group.

This is because India is, at present, in the third stage of the democratic transition theory where

both the birth and death rate are considerably falling. India's objective, therefore, is to provide gainful and descent employment opportunities on a sustainable basis to her growing and active labour force.

For many years, India has put in place many policies targeting at the elderly. Some of such examples are the tax exemption to those aged 65 or more, and transport fee concessions. Furthermore, besides focusing on the material satisfaction of the elderly, it is important to recognize their need for psychological sense of belonging to their families or the society.

In conclusion, I would urge upon UNFPA as also the Japan Trust Fund to enlarge and strengthen greater cooperation among the Members of Parliament to ensure that aging population should no more be treated as a problem, but a desired outcome of the process of vibrant socio-economic development. For longer and happy material and mental life is ultimately the objective of economic development. Thank you very much for your kind listening.

Moderator:
Thank you very much, Hon. Dr. Bhalchandra Mungekar. Just last month, Hon. Keizo Takemi took office as Chair of the AFPPD.

I joined the 29th Asian Parliamentarians' Meeting on Population and Development and study visit this summer in the Philippines, organized by APDA and supported by UNFPA. I have learned a lot from the study visit in Baguio. Some of you in this room went to Baguio too, which took 6-7 hours from Manila by bus. I would like to emphasize the importance of on-site learning. I would like to express my thanks to Ms. Horibe Nobuko, Director of UNFPA Asian and the Pacific Office, for supporting the meeting and study visit so that we can work together solving population issues.

The next speaker, on behalf of APFPD, is Hon. Chris Baryomunsi from Uganda.

CLOSING CEREMONY

Address

Hon. Chris Baryomunsi

MP; President of APFPD; Chair of UPFFSP&D, Uganda

First of all, on behalf of Members of Parliament from the African region, I bring you greetings from Africa. I know many of you have not been to Africa. I would like to say that there are many good things in Africa. Africa is a warm continent and continent of the future. Therefore, I would like to invite you to come to visit us in Africa. I would like to thank and congratulate all the participants for their resilience and active participation during the last two days.

I would also like to thank the resources persons for the information and knowledge they have given us in the last two days. I am sure that if you had now Members of Parliament take an exam on demography and aging, all of us would pass it because we have received a lot of useful information, which we shall take back and use to improve the situation back in our countries.

When you look at the issue of population, the biggest burden is actually carried by Africa. When you look at what is going on in Africa, we have high levels of population growth rates driven by high fertility, and we also have high levels of mortality and the burden of HIV and other diseases. Most of these are prevalent in Africa. And it is challenge being a Member of Parliament in a community that has some of these issues.

But also I would like to say that there is a lot of progress, and we appreciate the knowledge and interaction we have heard here. We do appreciate the information and learning on aging and we shall apply all the lessons and new knowledge we have acquired through this conference to improve the situation back home.

Members of Parliament in Africa have constituted themselves into a new forum, the African Parliamentary Forum on Population and Development. It has not yet marked one year and we call upon your support. Although our forum has not passed one year, we are extremely determined to handle these issues of population and other development challenges in the continent.

We would like the voice of parliamentarians of the world; we would like the participation of parliamentarians to be visible, particularly in the African continent, as we engage with our governments and other non-state actors to address the question of population growth.

We would like to thank the Government of Japan for tremendous achievements and progress which have registered. We take note that you completed the demographic transition and now have challenges of population aging. During the two days that we have spent here, we have learned a lot, and a major lesson for us in Africa is why we are grappling with the issue of high fertility and burden of huge population, particularly young and children, as we try to harvest demographic dividend.

We must also start preparing for population aging phenomenon. In other words, we must start planning for aging population, so we do not realize the challenge when we have reached the high level the way we see in some countries like Japan,

where the population is starting to go downwards.

We would like to thank UNFPA, particularly for recognizing the need to work with Members of Parliament. Some of the agencies in our countries are hesitant to work with Members of Parliament; probably for fear that working with politicians could politicize programmes, but we became Members of Parliament, elected political leaders, to make contributions towards betterment of the lives of people who voted for us. Therefore I know for a fact that UNFPA have been one of the consistent organizations that have worked with Members of Parliament. I would like to thank you for that effort.

We would like to thank Japan Parliamentarians Federation for Population (JPFP), Asian Population and Development Association (APDA) for not only hosting and organizing this conference, but also most importantly inviting us and facilitating us, to come and participate in these deliberations. Thank you very much.

As you heard from my brother from Kenya earlier on, we are organizing a meeting and a study visit. Please come and interact with us in in our meeting in Kampala in early February 2014.

We would like to invite you to come and feel the warmest of Africa. We will discuss how we can improve the quality of life of the people whom we lead. You know for us, politicians, you can speak for three hours and you see, we say a few words. So similarly I thank you very much for this opportunity of making these few remarks. Thank you very much.

Moderator:
Thank you very much Honorable Chris Baryomunsi. APFPD was founded based on FAAPPD, which was founded in 1997. Honorable Chris Baryomunsi serves as Chair of APFPD and he is an old friend of JPFP, as he joined some programmes that were organized by APDA and JPFP.

Next Speaker is Honorable Fernando Andrade Carmona, who will give us an address on behalf of IAPG.

CLOSING CEREMONY

Address

Hon. Fernando Andrade Carmona

MP, Peru

I would like to thank APDA, JPFP and also UNPFA for organizing this important conference.

Latin America has very complicated issues. Brazil has more than 200 million people and Mexico has 180 million, whereas Argentina has 40 million and Peru has 30 million. There are other countries with just 3 millions of population.

If I speak about Peru, just 9% of our population is over 60 years old. This makes us a young country with the average age of 27 years old. It reminds me of a song which right now in Peru that says: "think about a person of 27 years old", "I am single and I do what I want". The song continues like: "thinking that I am 38 years old and will be retired and thinking about funds; how much money they will have for retirement plans".

The government actually has two plans; one will give people a flat rate and for the private one you will need to deposit 10% of your income monthly and at the end you will receive money monthly.

Our neighbor Chile offers mostly private plans and there they have the last 40,000 persons in the government retirement plan. They are counting every day, how many are less and less, and then government will close the door.

This is a different issue because we heard how the governments in different countries are paying and supporting the retirement plans, while we are going in a different way.

I would like to thank the Japanese government for its commitment with UHC. For these two days we learned a lot of new point of views and new ideas.

I wish you the best for all the changes you have in your countries. Thank you very much and have a nice trip back home.

Moderator:
Thank you very much. IAPG was found in December 1982 during the session in Brazil when the former Prime Minister of Japan Takeo Fukuda was the Chair of GCCPPD. IAPG has been striving to solve population issues.

Next, Honorable Malahat Ibrahimqizi will give us an address on behalf of EPF.

CLOSING CEREMONY

Address

Hon. Malahat Ibrahimqizi

MP; Member of the EPF Executive Committee, Azerbaijan

First of all, on behalf of Executive Committee of EPF and on behalf of the All Parliament Group on Population and Development of Azerbaijani President, I would like to express our sincerely thanks to the organizers, in particular APDA, for inviting us to such an important event, which successfully took place in the beautiful and amazing city of Tokyo.

The conference was very productive and allowed us an opportunity to share our experiences.

Population aging is one of the most significant trends of the 21st century. It has important and far-reaching implications for all aspects of society. Rapidly and surely the world is getting older.

In 2000, for the first time in the history, there were more people over age 60 than children below age 5. People live longer because of improved nutrition, sanitation, medical advances, health care, education and economic well-being. Life expectancy at birth is over 80 now in 33 countries, while just five years ago, only 19 countries had reached this.

With the number of older persons growing faster than any other age group and in an increasing range of countries, there are concerns about the capacities of societies to address the challenges associated with this demographic shift. To face the challenges and also take advantage of the opportunities resulting from population aging is the best recipe for success in an aging world.

Dear Friends, this two-day conference has given us new ideas. We listened very informative presentations and speeches. We expressed our concerns. The conference emphasized once again the increasing role of the parliamentarians and policy-makers on the implementation of the international obligations and commitments.

We discussed where we were and where we are. We discussed where we are going and what we can do. We adopted a very useful statement of this conference, which reflects our concerns, challenges and proposals.

I am sure that this document will be sent to all parliamentary groups that have been conducting advocacy activities for many years in these fields.

Dear Participants, in the conclusion, I would like to deliver our deep thanks to our Japanese colleagues and the Government of Japan. Thanks to all staff of APDA for their excellent conference organization and warm eastern-Asian hospitality. I wish all of you longevity and meaningful life.

Thank you very much once again.

Moderator:
Thank you very much Honorable Malahat Ibrahimqizi. The EPF was founded in 2000 under the leadership of Mr. Shin Sakurai, who was the then AFPPD Chair, during the International Forum of Parliamentarians on ICPD Review (IFP) in The Hague in 1999,. While Japanese ODA was decreasing, the EPF was taking a leading role to supply fund to address population issues. Let us appreciate their contribution. Thank you very

much.

Next speaker is from IPPF, which supports JPFP activities for many years. Mr. Mr. Sam Ntelamo, will deliver an address on behalf of Mr. Tewodros Melesse, Director-General of IPPF.

CLOSING CEREMONY

Address

Mr. Sam Ntelamo
Resident Representative to the African Union & ECA IPPF Liaison Office

On behalf of
Mr. Tewodros Melesse
Director-General of IPPF

I am grateful to be representing the IPPF Director General Mr. Tewodros Melesse, who could not make it to this important conference. He sent his sincere apologies and greetings to you all.

I should admit that we had two thrilling days of acquainting of ourselves with new knowledge on population and aging. Global population aging is one of the most important issues facing human societies in this 21st century. Population projections reveal that the proportion of the world population over aged 60 will double between year 2000 and 2050. And about one-third of people living in developed countries will be over 60 years old in 2050. Already there are countries in Europe and Asia where the number of people aged 60 exceeds the number of children. And by 2050 some of these countries will have twice as many old people as children.

As observed in 2002 on UN Second World Assembly on Aging report, this global trend in population aging is unprecedented in human history. It is pervasive across society and having profound implications for human beings. Demographically, population aging is an ongoing universal social process affecting not only Asia, but other part of the world, too.

To address this demographical phenomenon, there is a greater need to develop long-term political strategies that aim to build a balance of demographic development and improvement of the quality of human capital. You will agree with me that population aging has a direct impact on operation and financial stability of key social sectors, such as labour market, education, health and social care. Henceforth, it is our firm belief that governments that support families to promote male involvement in caring children and parents who support older people through public social protection systems are more likely to reap the benefits of population aging and maintain sustainable population growth.

Population aging, ladies and gentlemen, does not pose multiple challenges provided accessible policies are implemented with enough lead time to allow people and institutions to respond to them. As Members of Parliament, it is imperative that you promote an enabling and conducive environment both youth and the aged.

I can only ask you to maximize your political influence on progressive population aging policies, as well as advocating for adequate resource allocation for sexual and reproductive health and rights, and family planning programmes to favorably address this phenomenon. The IPPF affirms its commitment to working with Members of Parliament globally and our partners in coping with population and development challenges.

At this moment I would like to acknowledge and thank UNFPA for their support in cost for this event. UNFPA has been a very strategic partner of IPPF, and together we hope we can do a better for sexual and reproductive health and rights. Once

again, we would like to thank other collaborating partners APDA, AFPPD, the Government of Japan, JPFP.

Thank you very much.

Moderator:

Thank you very much. As you already know, IPPF is a global non-governmental organization with all the family planning member associations in the world. Ms. Shizue Kato, who is a very famous Japanese woman and was a member of House of Councillors, was involved in the establishment of IPPF in the beginning. So Japan was engaged in IPPF activities from the beginning. Thank you very much.

Last but not least, on behalf of JPFP, host organization, Executive Director Hon. Teruhiko Mashiko will give us an address.

CLOSING CEREMONY

Closing Address

Hon. Mashiko Teruhiko

MP; Executive Director of JPFP, Japan

Thank you for your active participation in this conference over the past two days. Aging is an issue that results from demographic transition and is something we must overcome. As Mr. Tanigaki said at the opening ceremony, in order to address the aging issue, we need to make a paradigm shift. This involves us changing our ways of thinking and our perspectives, and places us under pressure to change just about everything.

Specifically, social systems which were established on the basis of a pyramidal demographical structure need to be reorganized and rebuilt to meet the needs of an aging society. This will require us to secure the universal health insurance system established along with Japanese development after WWII, expand preventative medicine, and further nonmedical measures such as securing nutrients for the elderly in order to enhance their health.

We also must encourage senior citizens' social engagement so that they feel they are needed by society. Through these efforts, it is important that we allow senior citizens to contribute to social development.

At the same time, we need to actively encourage both the young generation's and women's full participation in order to achieve further development and innovation of the society. In other words, it is important that all members of society, irrespective of age or gender, demonstrate their respective talents and abilities.

Population ages when average life expectancy gets longer. In that sense, aging is a result of past efforts. We need to take advantage of collective wisdom and ensure this aging, result of past efforts, is rewarding to us. As politicians, we are responsible for developing policies consistent with new facts, and by implementing these policies we need to afford society hope for the future. Let us, ladies and gentlemen, work together hand in hand. I am convinced that efforts open up a way towards the future.

Once again, I would like to express my sincere gratitude for your active engagement in discussions, and I hope that tomorrow's study visit will be a fruitful one. I also wish you a safe journey home and that this conference and study visit tomorrow will contribute to policies in your respective countries.

On that note of thanks I would like to close my remarks on behalf of the JPFP, the host of this conference.

Thank you.

International Parliamentarians' Conference on Population and Aging
Statement

19 November 2013
Tokyo, Japan

1. Preamble
   Through population policies, programmes, much progress has been made in addressing population issues, with many countries proceeding through the demographic and epidemiological transition and undergoing rapid aging processes. In order to achieve sustainable development, we have to cultivate the knowledge and wisdom required to deal with this issue, which is unprecedented in human history, and build a healthy, productive and prosperous society. To this end, we, representatives of the regional fora of parliamentarians from 31 countries[1] make the following declaration.
2. Facts

(1) Efforts for the population programmes form the foundation of sustainable development and without this, sustainable development cannot be achieved;
(2) The aging of the population is an accomplishment resulting from social and economic development and our efforts to address to population issues as it is an important step towards sustainable development;
(3) Many of the countries in world that are making progress in the demographic transition will face rapid transformation of demographic structure and fast-growing aging populations. There is an urgent need to formulate policies and measures to deal with these issues;
(4) In order to encourage social participation of the elderly, it is essential to reduce the gaps between healthy life expectancy and normal life expectancy. This should be facilitated by promoting, among other things, through the universal health coverage (UHC);
(5) Promoting comprehensive social security is an investment for social stability and development.

3. Policy recommendation

With a view to addressing growing size of the aged population, we make the following policy recommendations:

1. Build a resilient society through an active role of the state by strengthening institutional and non-institutional functions and systems including strengthening family functions, community-based support and organizations and improvement of healthy lifestyles and nutrition, which are not included in the health insurance system;
2. In order to benefit from the aging population, we need to build a safe and stable society with vibrant economy through a "paradigm shift" that involves new ideas, concepts and social systems. Policies and measures are needed to promote active participation of elderly members of society, as a source of vitality and valuable asset for the society;
3. Develop employment systems that promote work-life balance, encourage senior citizens to work according to their skills, capacity, and an aptitude and ensure active youth participation;
4. Create social systems to ensure that young people's vitality and creativity can benefit the society;
5. Develop stable and sustainable social security and pension systems to achieve social stability;

[1]Albania, Argentina, Armenia, Azerbaijan, Bhutan, Cambodia, Ethiopia, Ghana, Hong Kong, India, Indonesia, Iran, Japan, Kazakhstan, Kenya, Kyrgyzstan, Lao PDR, Malawi, Malaysia, Myanmar, Mongolia, Nepal, Papua New Guinea, Peru, Philippines, Romania, Sri Lanka, Tajikistan, Thailand, Uganda and Zambia.

6. All countries, especially countries that are undergoing population growth, prioritize the implementation of the ICPD Programme of Action (PoA) in their national development plans and strategies, recognizing the long-term effects of the delay in the demographic transition;
7. Formulate policies from a broader perspective on the aging issue in the context of globalization, urbanization, and economic and health inequity;
8. Enhance real mutual partnership, a pooling of experience and knowledge, and a two-way flow between developed and developing countries to tackle global aging;
9. Adopt comprehensive policy packages by learning from good practices and lessons learned from developed and developing countries through South-South and North–South cooperation;
10. Integrate policies and measures into the national development plans and programmes to promote UHC, which is the basis of healthy aging;
11. Implement policies to expand healthy and well-educated population and reduce social costs so that the population can be utilized as the source of economic vitality and social asset. For this, strengthening investment in social development such as health and education should be a national priority.

List of Participants

	Title	Name	Country	Position Organization
MPs and National Committees				
1	Hon.	Valentina Leskaj	Albania	MP
2	Hon.	Blendi Klosi	Albania	MP
3	Hon.	Lino Walter Aguilar	Argentina	MP
4	Hon	Arpine Hovhannisyan	Armenia	MP
5	Hon.	Malahat Ibrahimgizi	Azerbaijan	MP; Chair of the All-Party Parliamentary Group; Member of EPF Executive Committee
6	Hon.	Sevinj Huseynova	Azerbaijan	MP
7	Hon.	Dupthob	Bhutan	MP
8	Hon.	Damry Ouk	Cambodia	Secretary-General of CAPPD
9	Mr.	Vannak Eng	Cambodia	Officer of CAPPD
10	Hon.	Tetteh Chaie	Ghana	MP
11	Hon. Dr.	Bhalchandra Mungekar	India	MP
12	Hon. Dr.	Alka Balram Kshatriya	India	MP
13	Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
14	Hon	Patianyala Annyili Pangerang	Indonesia	MP
15	Hon.	Hetifah Sjaifudian	Indonesia	MP
16	Hon.	Gusti Kanjeng Ratu Hemas	Indonesia	MP; Regional Representative
17	Hon.	Nurmawati Dewi Bantilan	Indonesia	MP; Regional Representative
18	Ms.	Andi Dewi Yanti	Indonesia	
19	Ms.	Lolly Suhenty	Indonesia	Assistant to MP
20	Mr.	Fery Rozak	Indonesia	Assistant to MP
21	Mr.	Siswanda Harso Sumarto	Indonesia	
22	Hon.	Halimeh Ali	Iran	MP
23	H.E.	Yasuo Fukuda	Japan	Former Prime Minister of Japan; Chair of APDA; Honorary Chair of JPFP
24	H.E.	Sadakazu Tanigaki	Japan	Chair of JPFP; Minister of Justice
25	Hon. Prof.	Keizo Takemi	Japan	Chair of AFPPD
26	H.E.	Norihisa Tamura	Japan	Minister of Health, Labour and Welfare
27	H.E.	Yoshimasa Hayashi	Japan	Minister of Agriculture, Forestry and Fisheries
28	Hon.	Nobuo Kishi	Japan	Parliamentary Senior Vice-Minister for Foreign Affairs
29	Hon.	Ichiro Aisawa	Japan	Vice-Chair of JPFP
30	Hon.	Masayosi Yoshino	Japan	Vice-Chair of JPFP
31	Hon.	Naokazu Takemoto	Japan	Vice-Chair of JPFP
32	Hon.	Hiroyuki Nagahama	Japan	Vice-Chair of JPFP
33	Hon.	Yukio Ubukata	Japan	Vice-Chair of JPFP
34	Hon.	Teruhiko Mashiko	Japan	Executive Director of JPFP
35	Hon.	Aiko Shimajiri	Japan	Deputy Secretary-General of JPFP
36	Hon.	Toshiko Abe	Japan	Chair of the JPFP Gender Issues Committee
37	Hon.	Yuriko Koike	Japan	Member of JPFP

38	Hon.	Seigo Kitamura	Japan	Member of JPFP
39	Hon.	Hitoshi Kikawada	Japan	Member of JPFP
40	Hon.	Karen Makishima	Japan	Member of JPFP
41	Hon.	Asahiko Mihara	Japan	Member of JPFP
42	Hon.	Yutaka Kumagai	Japan	Member of JPFP
43	Hon.	Akira Sato	Japan	Member of JPFP
44	Hon.	Masahiro Ishida	Japan	Member of JPFP
45	Hon.	Hiroshi Sakurai	Japan	Member of JPFP
46	Hon.	Shunsuke Mutai	Japan	MP
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59	Hon.	Daw Lei Lei Win Swe	Myanmar	Member of the Population Affairs Management Committee
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73	Hon.	Kasamba Mathias	Uganda	MP
74	Mr.	Musa Wamala Buyungo	Uganda	Coordinator of UPFFSP&D
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List of Acronyms

AFPPD ..... Asian Forum of Parliamentarians on Population and Development

APFPD ..... African Parliamentary Forum on Population and Development

ARISH ..... Advanced Research Institute for the Science and Humanities

CTOP ..... Community-based Integrated Health Care and Social Welfare Services Model for Thai Older Persons (CTOP)

ECLAC..... Economic Commission for Latin America and the Caribbean

EPF ..... European Parliamentary Forum on Population and Development

IAPG ..... Inter-American Parliamentary Group on Population and Development

ILO..... International Labour Organization

IMF..... International Monetary Fund

IOG..... Institute of Gerontology

IPPF..... International Planned Parenthood Federation

IPSS ..... National Institute of Population and Social Security Research

JICA ..... Japan International Cooperation Agency

JSTA..... Japanese Science and Technology Agency

LTOP..... Long-term Care Service Development for the Frail Elderly and Other Vulnerable People

MDG ..... Millennium Development Goals

NCDs ..... Non-communicable Diseases

NIPSSR ..... National Institute of Population and Social Security

ODA ..... Official Development Assistance

TB..... Tuberculosis

UHC..... Universal Health Coverage

UNFPA..... United Nations Population Fund

WB ..... World Bank

WHO ..... World Health Organization