

ICPD30: REGIONAL PARLIAMENTARIAN WORKSHOP ON EMERGING POPULATION TRENDS IN THE ASIA-PACIFIC REGION

10 JULY 2023 BANGKOK, THAILAND





EXECUTIVE SUMMARY

Organized by APDA with the support of UNFPA APRO, the ICPD30: Regional Parliamentarian Workshop on Emerging Population Trends in the Asia-Pacific Region was held on July 10, 2023. Attended by 37 participants comprised of parliamentarians, national committee members, resource persons and other stakeholders from 12 countries in the Asia-Pacific, the one-day workshop aimed to identify the key characteristics of emerging population trends and raise discussion of emerging issues of the region to the next level. This workshop will also intend to feed into the technical preparations for the ICPD30 regional and global processes. The workshop consisted of presentations, discussions with experts, and parliamentarians' sharing of experiences on how to address population ageing as one of the emerging population trends.

The world is currently witnessing new emerging population trends at both a global and regional level: low fertility rates, increasing life expectancy at birth, ageing of the population, and a decline in population growth. In the Asia-Pacific region, one in four people will be 60 years of age by 2050, and the majority will be women. Therefore, it is imperative that women lead healthy, meaningful, and independent lives in their mature years so that they can actively contribute to social development. Among the reasons for decreasing fertility in the Asia-Pacific are: 1) the preference for having fewer children to be able to better provide for them; 2) high private spending in per capita education costs for children; 3) high cost of child-care and raising children in general; 4) an increase in celibacy due to heavy workloads and cramped living conditions (in Japan); and 5) an increasing number of women who prefer not to marry and have children. To boost fertility, the policy response in some countries has been to remove barriers to parenthood by providing support for childcare and early education and incentives for having children and assistance for working mothers, as well as promoting the equal sharing of paid and unpaid work through parental leave, provide income maintenance for low-income families, and increase access to infertility treatment.

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A life-cycle approach to population ageing has been proposed. This approach addresses the needs of older people, the majority of whom are women, from the early years of a person's life until old age, by providing access to quality health care and education, equipping individuals with skills and knowledge that establish a foundation for a healthy life and love, providing access to appropriate family planning to ensure the safe delivery of children, thereby improving the long-term health of a woman and the health of her child, preventing violence, promoting healthy and happy relationships, and providing equal opportunities to actively contribute to society. A life-cycle approach has been adopted in Japan, New Zealand, and Australia.

The workshop proposed that the principles of the ICPD be applied (as they include human rights and reproductive rights) to current and emerging population trends, such as decisions about whether to have children, when to have them and how many must continue to be left to individuals and couples, free of coercion, and choices in addressing the ageing of the population. In addition, a life-cycle approach to population ageing might be adopted with considerations of national and sub-national conditions, as one policy does not fit all.

Table of Contents

EXECUTIVE SUMMARY			
TABLE OF CONTENT			
A. BACKGROUND			
B. OBJECTIVES			
C. PARTICIPANTS OF THE WORKSHOP			
D. PRESENTATION AND DISCUSSION			
OPENING CEREMONY			
Session 1: Population ageing, low fertility, and depopulation: overview of emerging population trends in the Asia-Pacific and the way forward			
Session 2: ICPD in the new context			
Session 3: Economic sustainability of population ageing			
Session 4: Parliamentarians' role in addressing population ageing within the context of the ICPE			
CLOSING CEREMONY			
E. CONCLUSIONS AND RECOMMENDATIONS			
F. ATTACHMENTS			

A. BACKGROUND

Life expectancy at birth is a general measure of the status of a population's health, and is often used to gauge the development of a country's health. According to OECD' Society at a Glance: Asia/Pacific 2022, life expectancy at birth continues to rise in Asia and the Pacific, averaging about 74.2 years in 2019 up from 68.6 years in 2000. Since 2000, the largest increases in life expectancy were recorded for Cambodia (11.4 years), Bhutan (10.9 years) and Timor-Leste (10.5 years). This rapid rise is related to several factors, including rising living standards, better nutrition, water and sanitation, better education, and greater access to health services. According to the same source, the total fertility rate (TFR) in Asia and Pacific fell by almost three children per woman from 1970 to 2019, and is currently 2.3 children. The TFR varies from one child in Korea, Hong Kong, China, and Singapore, to four or more children per woman in island countries such as Timor Leste, and Samoa.

Longer life expectancies and decreased fertility rates have put the Asia and Pacific region at the forefront of one of the most important global demographic trends: population ageing. According to the Asian Development Bank (ADB) and UNFPA, one in four people in Asia and the Pacific will be over 60 years of age by 2050. The ageing population will triple from 2010 to 2050, reaching 1.3 billion people, and the majority of this population will be women. Ageing populations have broad social and economic consequences in terms of the ways cities and communities are structured and organized, and the delivery and organization of health and social services, work, employment, and social security. It is imperative that older people, especially women, lead healthy, meaningful, and independent lives in their senior years so that they can actively contribute to socioeconomic development.

B. OBJECTIVES

- Identify the key characteristics of emerging population trends in the Asia-Pacific region and discuss the importance of addressing the new phase of the ICPD in the context of emerging population trends as a central consideration for achieving sustainable development.
- Reinforce the knowledge and commitment of Asia-Pacific parliamentarians on emerging trends in population ageing issues.
- Identify key issues for supporting the technical preparations for the ICPD30 regional and global processes.

05

C. PARTICPANTS OF THE WORKSHOP

The ICPD30: Regional Parliamentarian Workshop on Emerging Population Trends in the Asia-Pacific Region was attended by 37 participants comprised of parliamentarians, national committee officers and other stakeholders from 13 countries in the Asia-Pacific region (Bhutan, China, India, Indonesia, Iran, Japan, Lao PDR, Maldives, Malaysia, Philippines, Sri Lanka, Thailand, and Vietnam), and UNFPA APRO and other country offices.

A complete list of participants can be found in Attachment 2.





D. PRESENTATION AND DISCUSSIONS

Opening Ceremony

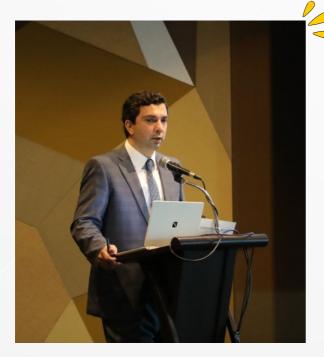
Opening Speeches: Hon. Professor Keizo Takemi, MP Japan and Chair of AFPPD, Hon. Dr. Jetn Sirathranont, MP Thailand and Secretary General of AFPPD, and Mr. Klaus Beck, Deputy Regional Director, a. i. of UNFPA APRO.





- The phenomena of rapid population ageing, very low fertility rates, and depopulation have captured our attention and made us aware of the need for us to focus on these. Population ageing and low fertility are mega global trends, and the Asia-Pacific is at the forefront of these trends. Hardly a day goes by without news about these, and concerns and anxieties abound.
- The announcement of the world's population reaching eight billion last year spurred the urgency of understanding and addressing the evolving dynamics. In Asia and the Pacific, there has been a profound shift in demographics and in 2050, one in four people will be above the age of 60 with majority of them being women. It is imperative that women lead healthy, meaningful, and independent lives in their senior years so that they can actively contribute to the development of society.

- The fact that the world population has surpassed eight billion people indicates that our human family is now larger than ever before. China and India have the largest populations, and their combined population is more than 2.8 billion. Nine of the 20 countries with the world's largest populations are in the Asia-Pacific region. These are China, India, Indonesia, Pakistan, Bangladesh, Japan, the Philippines, Vietnam and Thailand, and their combined population is 4.145 billion, more than half of the world's population.
- To promote happy and healthy ageing, efforts have been made to deepen the understanding of countries in terms of how to address issues related to emerging population trends, including promoting a life-cycle approach to ageing, which focuses on every stage of life, particularly of women.
- · It is critical, however, that in the context of population ageing and low fertility, decisions about whether to have children, when to have them and how many must continue to be in hands of individuals and couples. Limiting access to family planning may result in more women dying during childbirth, and a rise in the number of abortions, legally or illegally. Thus, it is important instead to consider additional initiatives to prepare for and address population ageing and low fertility.
- Early investments in social security, education, health and well-being, gender equality and women's empowerment, and social networks for later life will be important. Responsible and ethical use of medical and technological advances is also important.
- · Although some countries have existing specific population policies and programmes to address population ageing, new approaches need to be considered as the population situation has changed dramatically.



- The parliamentarians' workshop took place in the context of the ICPD30 review process, and in advance of the preparations for the Summit for the Future, which is likely to initiate discussions on the post-2030 development agenda.
 - We will engage in thoughtful deliberation for sharing the expertise knowledge and and collectively identify strategies that can drive the progress in addressing challenges posed by the emerging trends.



SESSION 1:

POPULATION AGEING, LOW FERTILITY, AND
DEPOPULATION: OVERVIEW OF
EMERGING POPULATION TRENDS IN THE ASIA-PACIFIC
AND THE WAY FORWARD

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MAIN SPEAKER: DR. RINTARO MORI, UNFPA APRO

SESSION CHAIR: HON. HECTOR APPUHAMY, MP SRI LANKA





The following are the main points presented and discussed during Session 1:

In Asia and the Pacific, one in four people will be above the age of 60 in 2050 and the majority of these will be women. But the question is are these people empowered to and supported in improving their health and well-being so that they can actively participate in social development?

- The ageing population in 2050 will be a consequence of women having fewer children and people living longer, but is the region growing older before it grows richer?
- To bridge the income gap, we need to bridge the gender gap by providing every girl access to quality healthcare and education. Every girl should be equipped with skills and knowledge that establish the foundation for her life and love. She should have access to appropriate family planning. She must be able to deliver her baby safely, improve her long-term health, and maintain the health of her children. She needs to be safe from violence and in healthy and happy relationships. She needs to be given opportunities to actively contribute to society. A life-cycle approach paves the way for a healthy and prosperous life. We need to start early, and we need to start now. There is little time to lose.

- The old age dependency ratio, which is the ratio of the population aged 65 years or over to the population aged 15–64, will increase over time in the world, including in the Asia-Pacific region. The societal system we developed until now is no longer appropriate. We need to consider previous eras with different perceptions. For example, there should be a review of our educational system, and work system for accommodating the needs of women including late childbearing (as in Japan). There should be lifelong, flexible choices for education, work, childbearing, and care.
- · Promotion of healthy ageing is very important, and it should start from an early age.
- The determinants for healthy ageing include the demographic category, biological aspects including negative impacts (such as diabetes, comorbidity, respiratory diseases, heart conditions) and positive impacts (such better grip strength, high self-rated health), behavioral aspects which have both negative impacts (such as smoking) and positive impacts (such as physical activity, healthy diet), psychological aspects which have negative impacts (depression, negative life events) and positive impacts (better cognitive status, life satisfaction), and social aspects such as education level, income and economic status, which usually have positive impacts.
- · In general, healthy behaviors and good mental health lead to healthy ageing. Good relationships keep people happier and healthier. Chronological age does not matter anymore, while healthy ageing does. Therefore, the policy framework needs to be updated to match the current and future needs of the population. Thus, having flexible choices in areas such as education, childbearing, work, and care throughout life is the key.
- · Promotion of healthy and active ageing should focus more on prevention. Thus, lifelong investment in social security and in promoting health and psychological well-being (relationship) is another key.
- There must be investment and legislation for income security, healthcare and pensions across a person's lifecycle, which consider all life's milestones from birth, future childhood, education, working age and beyond. Investment should cover investment in comprehensive sexual education, eliminating harmful practices such as child marriage and GBV, fostering strong intergeneration relationships, promoting social inclusion of older persons, and tackling ageism. Investment in maternal health and addressing SRH needs should also be included.

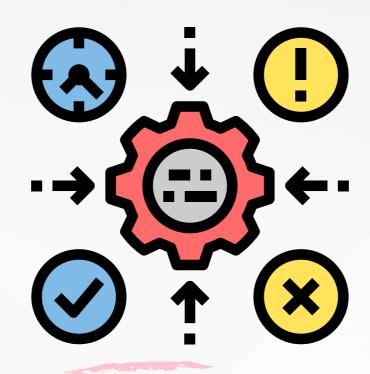




Discussions:

- · It was noted that the surrounding environment including dependency, healthcare, and social support may affect life longevity. It should be noted that personal diet may also affect life longevity.
- · A life-cycle approach has been used in Japan, New Zealand, and Australia. It should be noted, however, that other countries cannot just copy policies. There should be public policy dialogue to come up with solutions nationally and locally. Sometime the root causes of problems are different among nations, and among sub-nations; therefore, there should be flexibility in the implementation of policies, as one policy does not fit all.





SESSION 2: ICPD IN THE NEW CONTEXT

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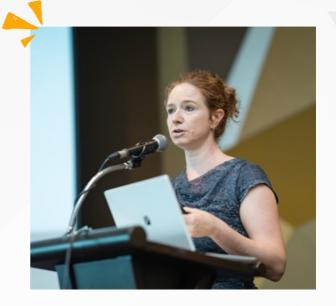
MAIN SPEAKER: DR. VICTORIA BOYDELL, UNIVERSITY OF ESSEX, UK

SESSION CHAIR: HON. KARMA LHAMO, MP BHUTAN

The following are some points presented and discussed during Session 2:

For 19 centuries, the world population was characterized by a high fertility rate, although there were some variations. There was coercion involved in decision-making in reproductive health. Coercion consisted of actions or factors that compromised an individual's autonomy, agency, or liberty in relation to reproductive decision-making through force, violence, intimidation, or manipulation. For example, to address their rates, fertility some countries implemented family planning with forced contraception and sterilization. On the other hand, some countries with low fertility rates placed restrictions on contraceptive services or provided incentives to have more children

International Conference The Development (ICPD) **Population** and Programme of Action in 1994 and its subsequent reviews have emphasized that human rights including sexual reproductive rights are fundamental to development and population concerns. This is also reflected in the CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art 12) is a legally binding promise. Health is a fundamental human right indispensable for the exercise of other human rights.



- The declining birth rates (from 2.7 in 2000 to 2.3 at present) will change the world in terms of economic fears and nationalist threats.
- self-determination Limiting includes use of fertility targets, policies to support higher children, number of restricting access to contraception abortion. and There is a worrying trend to reduce access to vital sexual and reproductive health services to increase fertility, as it could lead to an increase in abortion legally or illegally.

- · Policy responses of some countries to boost fertility include removing barriers to parenthood and limitations on self-determination. Removing barriers to parenthood includes among others:
- 1) support for early childhood development such as enrolment of children in childcare in their early years and provision of quality childcare;
- 2) compensation for the economic cost of raising children through allocation of benefits, tax exemptions, and other subsidies;
- 3) fostering employment, especially among mothers, with part-time and flexible working hours;
- 4) promoting equal sharing of paid and unpaid work by parents through shared parental leave;
- 5) income maintenance through allocation of benefits to low income families; and
- 6) increasing access to infertility treatment.
- The ICPD in the new context should consider that 1) fertility preferences of policymakers and politicians do not trample individuals' autonomy and choices; 2) given "demographic anxiety", the narrative around declining fertility should not be shifted to focus on reducing the barriers to parenthood.
- · However, there is inconsistency in gender norms at work and at home. Reducing barriers to parenthood can be seen in the public sphere in areas such as the expansion of female education formal and informal and employment. However, in the private sphere there are persistent gendered roles and expectations in the home. Both the public and private spheres might espouse different values, which sometimes creates conflict between work and family. It has been estimated that 16.4 billion hours a day are spent in unpaid care, which is equal to 9% of the global GDP. Negative narratives have focused on disease and deficits. The focus should be more on assets, especially wellbeing, freedom and the ability to control sexual and reproductive decisions to achieve optimal outcomes in accordance with one's needs and desires.



Discussions:

- · Despite socioeconomic changes, changes in social structure, and changes in gender-attitudes, ICPD principles do not change as they are based on fundamental human rights.
- Provision of incentives (including monetary incentives) for women to have more children is still valid. However, sometimes there are significant gaps between the cost of having children and the incentives offered. In addition, incentives are temporary measures that do not last long. Therefore, providing services at work and at home to encourage people to have children including support for child care and education is a much better approach than providing incentives.
- · Sometimes there is a disconnection between policies and their practice. Therefore, it is imperative that the role of parliamentarians focus on both.





SESSION 3:

ECONOMIC SUSTAINABILITY OF POPULATION AGEING

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MAIN SPEAKER: PROFESSOR NAOHIRO OGAWA, VISITING FELLOW, ASIAN DEVELOPMENT BANK INSTITUTE (ADBI), JAPAN SESSION CHAIR: HON. ABDUL NASSER DERAKHSHAN, MP IRAN



The following are some points presented and discussed during Session 3:

- There have been some warning signs recently in Asia such as: 1) In Japan, taxpayer revolt threatens the public pension system, which in turn will affect the happiness of older persons; 2) Some Asian countries like China, India, Thailand and Malaysia are facing numerous challenges in establishing and/or improving their social protection programmes; and 3) In Korea and Taiwan there is a serious shortage of caregivers for the frail elderly.
- · National Transfer Accounts (NTA) the transfer of wealth from one to another generation is an innovative approach to analyzing some ageing-related problems. Older people make economic contributions to society. In Japan, the elderly are playing a role in society's safety net, particularly since the bursting of the bubble economy in the early 1990s. This is also true in other countries such as Korea, Taiwan, and Thailand.

18

- There is a tendency in today's world for families to opt for fewer children in a quality over quantity situation where having fewer children allows them to provide children with a better quality of life. Parents' high aspirations for their children's success have resulted in higher costs of raising children in Asia, leading to families with fewer children.
- The proportion of private spending per capita for educational costs for children varies from country to country in Asia. In China, the proportion of private spending per capita for children's education costs is very high (71.2% in 2002), compared to spending in Thailand, which is very low (12.9% in 2004). Coupled with the high costs of child-care, the high cost of private spending per capita for education in China is a significant factor in the decreasing number of births in that country.
- · Promotion of community care for the elderly in Japan is diminishing the role of young families in caring for their aged members. This is resulting in an unprecedented and abrupt change in values in regard to the bond shared between different generations. The number of ageing parents living with their children has decreased markedly. Since community care is still relatively new in Japan, a combination of community and family care services is recommended.
- · Acceptance in supporting aged parents ("good custom" and "natural duty") was very high until 1985, and declined significantly from 1986 onwards when the promotion of at-home care for the elderly was introduced in Japan. This is also in line with the decreasing proportion of persons aged 65+ living with children.
- Declining fertility is the most notable demographic cause of population ageing at an early stage, while declining mortality is increasingly important as a demographic source of population ageing at a later stage, particularly when life expectancy exceeds 70 years.
- In Japan, the historical reversal of the population (when the proportion of the population aged 65 and over exceeds the proportion of the population under age 15) occurred in 1995. In the rest of Asia, however, the historical reversal of the population will not occur until 2046, and the world as a whole will occur in 2063. Due to the increase of sexless people, which is associated with a heavy workload and cramped housing conditions, the fertility rate in Japan will continue to go down. In addition, the combination of fewer arranged marriages and increasing older age at marriage (over 50 years of age) also contributes to ongoing low fertility.

- · In Japan and some other countries such as the US, the number of pets exceeds the number of children, even though the costs of raising pets are higher than the cost of raising children.
- ·Many countries in Asia are experiencing the first demographic dividend, whereby the number of working age people (15-64) exceeds the number of 65+ and under age 15. Countries experiencing this right now should take advantage of it while they can.
- · Countries should invest in education, health, and social-economic benefits so that the ageing population remains healthy and actively working so that they can continue to contribute to social development, the condition of the second demographic dividend.
- · A new stage in human development, a third demographic dividend, will occur when the roles and responsibilities of older adults in the last third of their life bring new kinds of sustained social capital to solve major unmet societal needs and create increased societal well-being.



- The total fertility rate in Japan decreased markedly from around 4.2 in the 1940s to 1.58 around 1970, and to 1.57 in 1992. Currently, it is around 1.4. The percentage of single women aged 35–39 increased from around 6% in 1970 to around 18% in 2005. is the same phenomenon also occurred in Hong Kong and Taiwan. In addition, the proportion of unmarried women at age 50 in Japan also increased tremendously from 12.6% in 2000 to 28.2% in 2020. Unfortunately, the number of sexless couples (absence of consensual sexual intercourse between a couple for more than a month) increased from 36.3% in 2007 to 56.1% in 2018. Thus, this is also a factor contributing to the low total fertility rate in Japan.
- · To alleviate the burden of population ageing, the elderly should be considered as a source of untapped work capacity. This is because the majority of firms in Japan have a mandatory retirement age of 60 while some have a mandatory retirement age of between 61 to 64. There are even some firms with a retirement age of 66 years or over.
- The potential labor income that could be generated by additional elderly workers would be equivalent to 6% of Japan's real GDP in 2015. Thus, Japan has already reaped the silver or third demographic dividend.
- · Another new approach to mitigating the burden of population ageing is remeasuring ageing based on an age-specific cognitive score of the elderly and an assessment of their potential economic contribution. The elderly population in Japan have a high immediate recall score, similar to that of the population of continental European countries such as Belgium, Germany, and French, which is just behind the US, and northern countries such as the UK, Denmark, and Sweden.
- · Another new, more innovative approach to measuring population ageing is using the health-adjusted dependency ratio based on data from the Global Burden of Disease Project. Comparing the equivalent ages to the global average of 65, Japan, Switzerland, the Netherlands, Mexico, and the USA have a high sociodemographic index. On the other hand, Afghanistan has a very low SDI (around 53), and Papua New Guinea has the lowest SDI (around 45).

Discussions:

- · Population ageing is not inevitable. It can be changed by planning from early life.
- · Sometimes money is no longer a problem. There are indications that many children no longer respect the elderly. This is also one of the reasons for not having children.







SESSION 4:

PARLIAMENTARIANS' ROLE IN ADDRESSING
POPULATION AGEING WITHIN THE
CONTEXT OF THE ICPD

SESSION 4: PARLIAMENTARIANS' ROLE IN ADDRESSING POPULATION AGEING WITHIN THE CONTEXT OF THE ICPD

MAIN SPEAKERS: HON. GU XIAOYU, MP CHINA, HON. WILLIE MONGIN, MP MALAYSIA, AND HON. CHALERMCHAI KRUANGAM, MP THAILAND. SESSION CHAIR: HON YASIR ABDUL LATHEEF, MP MALDIVES





Hon. Gu Xiaoyu, MP China

- · According to the latest statistics, as of the end of 2022, the total population in China reached 1,411.75 million (1.41 billion), of which 280 million were over 60 years old, or 19.8% of the total population. China has the largest elderly population in the world.
- People aged 60+ increased by 5.44 % while those aged 65+ increased 4.63% from the period 2010 to 2020.

- The quality of the elderly population in China is constantly improving, and life expectancy continues to rise. In 2020, there were 35.8 million people over the age of 80, accounting for 2.54% of the total population. It is more difficult to maintain social security. The problems of ageing that have emerged gradually in stages in many countries, such as providing for the elderly, medical care for the elderly, and special care for the disabled elderly, have emerged in a concentrated and synchronized manner in a short time in China, which makes addressing these problems difficult.
- The National People's Congress (NPC) has always attached great importance to the issue of population ageing. In the face of the increasingly severe situation of population ageing, the NPC has promptly enacted or amended relevant laws, and strengthened supervision over the enforcement of laws and the work of government departments.
- As early as 1996, the NPC deliberated on and passed the Law on the Protection of the Rights and Interests of the Elderly and made three amendments that take into consideration the development of population ageing. Based on China's national conditions, the law stipulates maintenance and support by families, social security, social services, social preferential treatment, the living environment of the elderly, and the participation of the elderly in social development. The law gives prominence to the protection of the rights and interests of the elderly and lays a solid legal foundation for actively addressing the issue of population ageing.
- In 2023, the NPC deliberated on and passed the Law on Construction of a Barrier-free **Environment.** The provides legal guarantees for the elderly to leave their families and enter the employment market, and to participate in and integrate into social sufficiently, life equally, and conveniently. It is not only important manifestation of adhering to people-oriented principles and respecting and safeguarding human inevitable also rights, but an requirement for actively responding to population ageing.
- · In 2010, the NPC deliberated on and adopted the Social Insurance Law. The law guarantees citizens' the right to receive material assistance from the state and society in the event of old age and illness in accordance with the law, which builds a solid foundation of social security for the elderly. By the end of 2021, the number of people participating in basic endowment insurance had exceeded one billion.

- The Standing Committee has also actively exercised its supervisory duties entrusted by the Constitution. All governments are urged to implement relevant laws comprehensively and effectively, and promote ageing business by cooperating with economic and social development. The Standing Committee also conducted a study on "implementing the national strategy to actively cope with population ageing and promoting the high-quality development of the cause of the elderly".
- Although population ageing brings about a decrease in labor supply and increases both the burden of the family pension and the pressure on the supply of basic public services, it also promotes the development of the "silver economy", expands the consumption of products and services for the elderly, and helps promote technological innovation, which will bring new opportunities for economic development.



Hon. Willie Mongin, MP Malaysia

Longer life expectancy and lower fertility rates have become more apparent in Malaysia. The proportion of people aged 65+ rose from 3.6% to 7.3% from 1990 to 2022. It is projected to reach 17% in 2050, and Malaysia will become an aged society before 2035. Malaysia's fertility rate has decreased from 3.6 to 1.7 children.

- · Malaysia established 153 Activity Centers for Older Persons called Rumah Sri Kenangan, a community-based concept, allowing older persons to socialize with peers and carry out activities including recreation, health screening and lifelong learning.
- The government is also accountable for taking the lead in pushing policy in the right direction, from formulating and implementing necessary measures to ensuring that social systems are ready to meet older person's needs, and improve their lives and the wellbeina of their families and communities. Parliamentarians play a key role in empowering older person's well-being through representative, legislative, budgetary and oversight roles.
- of older persons warrants a concerted effort and a coordinated response from all entities government agencies, NGOs, and parliamentarians especially. The government of Malaysia has initiated a cash transfer programme which provides an allowance of approximately RM 500 per month to older persons, which a total of 140,778 older persons have benefitted from as of February 2023.
- · Older persons are exempted from registration charges for out-patient and specialist consultation at all government hospital and clinics.
- While negative effects of population ageing frequently garner significant media attention, longer lifespans and longer working lives present new opportunities in areas such

- automatization and artificial intelligence (AI), which can supplement and complement labor by making physical work less taxing.
- Demographic changes have become the center of debates among parliamentarians. This has led to the establishment of several parliamentary committees, such as Committees on Women, Children and Community Development, among others, aiming to establish a checks and balances mechanism in government efforts in securing the rights and well-being of older persons.
- The Parliament of Malaysia also formed caucuses and the All-Party Parliamentary Group (APPGM) on SDGs as well as the Dewan Negara Caucus of the People's Well-being, aiming to give more opportunities for Members of Parliament to represent their constituents' voices, to discuss and debate legislative proposal brought forth by the government, to fine-tune them and to draft and propose private members' bills.
- · In collaboration with the World Bank, Malaysia is formulating the National Ageing Blueprint, a strategic plan of action agenda for national ageing. The Blueprint, comprised of short, medium and long-term action plans, will help the government to address the impact of an ageing population, including on economic growth, productivity, the workforce, social protection, and healthcare for the elderly.

- The government has also conducted a comprehensive study on specific legislation for older persons to better safeguard their rights. A draft bill has been produced, based on the study, and is currently being scrutinized by a group of experts.
- · There is a need to strengthen the culture of respect towards senior citizens, showing an understanding of and valuing one another, and avoiding stereotyping that is both hurtful and self-limiting. In addition, ageing people should be considered an important asset to both society and the country.



Hon. Chalermchai Kruangam, MP Thailand

· In 1971 there were 1.2 million births, which was the highest number of births in Thailand's history. On the other hand, the year 2021 was the first year in the history of Thailand that the number of deaths surpassed the number of births (563,650 and 544,570 respectively). This was also an indication of Thailand's low fertility rate.

- The government has also conducted a comprehensive study on specific legislation for older persons to better safeguard their rights. A draft bill has been produced, based on the study, and is currently being scrutinized by a group of experts.
- There is a need to strengthen the culture of respect towards senior citizens, showing an understanding of and valuing one another, and avoiding stereotyping that is both hurtful and self-limiting. In addition, ageing people should be considered an important asset to both society and the country.
- Long-term care for older people is a comprehensive care covering the social, health, economic, and environmental well-being of older people who suffer from chronic illness or are disabled or partially disabled and require full or partial assistance in their daily lives from medical staff members of family members. Thus, long-term care covers in-house care and care provided by the community or nursing homes for dependent older people.
- Community long-term care for population ageing in Thailand is provided in the households of older people by volunteers (who monitor, evaluate and refer), village institutions (which organize activities and healthcare, and provide equipment), community groups (which provide welfare and organize activities), and relatives and/or neighbors (who lighten the housework load, make house visits, and take older people to the doctor).
- · There are some limitations to household long-term care such as high expenses for healthcare and daily expenses as well as housework chores, with little or even no income to pay for them. Therefore, household support alone cannot meet all the needs of older people, and therefore they depend on the community support.
- · On the other hand, although the community long-term care for ageing people is social capital and can decrease external dependency, it also has its limitations such as lack of budget, insufficient knowledge of healthcare, and lack of knowledge of older people's rights, welfare, and health network.
- Long-term care for older people can greatly burden families economically because the length and level of care are unpredictable. Therefore, it is suggested that: 1) every country establish reliable long-term care systems to improve healthcare and the welfare system; 2) establish mechanisms for preventing economic distress caused by the burden of long-term care.
- · In Thailand, it is assumed that around 2% of those with severe dependency would be admitted into long-term care institutions, which cost around THB 2.8 billion in 2024.

29

Therefore, the following is recommended for the development of a long-term care model for population ageing:

- -Differentiate long-term care from acute care.
- -Encourage the government and stakeholders to support modification of living arrangements of older people.

- -Encourage the government and stakeholders to provide people with access to knowledge and training in new technologies particularly digitalization and information technology.
- -Develop the capacity of public residential homes to meet increasing demand for long-term care for older people.

-Develop a national long-term care database.



-Standardize the quality of care that older people receive.





-Strengthen home and community-based long-term care services, considering the high cost of institutional long-term care services and most clients' preference to live at home.





-Encourage local hospitals to set up special units for the care of older people and organize regular mobile home healthcare.





-Organize regular training of village health volunteers as they are the key to community long-term care.





- -Provide older people with regular health check-ups and access to exercise spaces near their homes.
- -Provide more day-care centers and home-care services.

Discussions:

- It is quite interesting that there is a long history for supporting policy responses for ageing, including a multi-sectoral approach and meaningful participation of older people, with no one left behind.
- There is a possibility a more severe situation for the aged may occur with the new phenomenon of young people preferring to go abroad to look for jobs, leaving behind the elderly with no one to care for them. Religious and/or cultural organizations should encourage children to care for their elderly relatives and establish programs whereby they automatically provide rewards to children who care for their elderly relatives.





Closing Ceremony

Closing speech: Hon. Dr. Jetn Sirathranont, MP Thailand, Secretary General of AFPPD



- Several issues were discussed including current population trends such as decreasing fertility rates and increasing life expectancy at birth, which are causing population ageing in the Asia-Pacific.
- The discussion included a life-cycle approach to population ageing, which includes investing in comprehensive sex education, eliminating harmful practices, fostering strong inter-generation relationships, promoting social inclusion of older persons, and tackling ageism. Such an approach would start early in life and continue until the end of life.
- Experiences from Japan in addressing population ageing and reaping the silver or third demographic dividend, from China in protecting the rights and interests of the elderly, and in promoting social insurance, and a barrier-free environment, from Malaysia in establishing community-centers for the aged, and the development of a blueprint, and from Thailand in improving the ecosystem of older people need to be expanded.
- The results of the day's discussions will be very important inputs for the Regional Conference on Population Ageing that will be organized by AFPPD and APDA, scheduled for April 2024.

E. CONCLUSIONS AND RECOMMENDATIONS

- Before the ICPD, the world was characterized by high fertility rates. After 30 years of implementing the ICPD Programme of Action, however, fertility in the world is now declining. Some parts of the world including countries in the Asia Pacific region such as Japan, China and Thailand now have fertility rates below the replacement level. These countries are now struggling to increase their fertility levels by removing barriers to parenthood and limiting self-determination. Principles of the ICPD remain valid in addressing current trends as they include human rights, and reproductive rights.
- The ICPD in the new context, however, should ensure that 1) fertility preferences of policymakers and politicians do not trump those of individuals' autonomy and choices; 2) given "demographic anxiety", the narrative around declining fertility focuses on: a) reducing the barriers to parenthood, and b) focusing on assets not deficits.
- The current population in the Asia-Pacific region is characterized by decreasing fertility rates and increasing life expectancy at birth as well as an increase in people aged 60+.
- There are several reasons for decreasing fertility in the Asia-Pacific region including: 1) preference for providing quality in childrearing rather than having a large quantity of children; 2) high private spending in per capita education costs for children; 3) high costs for childcare/high costs of raising children; 4) an increase in sexless people, due to heavy workloads and cramped housing conditions (in Japan); and 5) an increasing number of women who prefer not to marry (prefer celibacy) or have children.
- The policy response of some countries has been to boost fertility by removing barriers to parenthood by providing childcare support and early education, benefits for having children, employment support for women with children, promoting the equal sharing of paid and unpaid work through parental leave, income maintenance for low-income families, and increased access to infertility treatment. Limiting self-determination includes the use of fertility targets, policies to support a higher number of children, and limiting access to contraception and abortion.
- ·There is a worrying trend in reducing access to key sexual and reproductive health services to increase fertility, as it may increase abortion legally or illegally.
- Population ageing is a global mega trend and the Asia-Pacific region is at the forefront of this trend. It should be noted, however, that population ageing is preceded by the first demographic dividend, whereby the proportion of the working age population aged 15-64 is greater than the proportion of people aged 65+ and below 14.

E. CONCLUSIONS AND RECOMMENDATIONS (Continue)

- Countries experiencing this stage right now should take advantage of the opportunity it offers while it is available. The first demographic dividend will not last long, and is usually followed by population ageing.
- The second demographic dividend arises when individuals increase their demand for wealth to support their consumption in old age, particularly when the life span is prolonged. Thus, it happens when there is greater accumulation of wealth and an increase life expectancy.
- A new stage of human development, a third demographic dividend, occurs when the roles and responsibilities of older adults in the last third of life bring new kinds of sustained social capital to solve major unmet societal needs and create increased societal well-being.
- A life-cycle approach to population ageing is an approach that addresses the needs of older people, of which the majority are women, from people's early years until old age, by providing every girl access to quality healthcare and education, equipping them with skills and knowledge that set a foundation for life and love, and provide access to appropriate family planning.
- Investment in and legislation for income security, healthcare and pensions across the life cycle consider all life milestones from birth, future childhood, education, working age and beyond. Such investment should cover investment in comprehensive sexual education, the elimination of harmful practices such as child marriage and GBV, fostering strong intergeneration relationships, promoting social inclusion of older persons and tackling ageism, investment in maternal health, and addressing the SRH needs of older persons.
- There are some warning signs in recent Asia such as: 1) In Japan, taxpayer revolt threatens the public pension system, which in turn will affect the happiness of older persons; 2) Some Asian countries like China, India, Thailand and Malaysia are facing numerous challenges in establishing and/or improving their social protection programmes; and 3) In Korea and Taiwan there is a serious shortage of caregivers for the frail elderly.
- The burden of ageing people in Japan is currently being mitigated because the majority of the Japanese firms are still making use of the capacity of ageing people to work, by raising the mandatory retirement age from age 60, with some workers between the age of 61-64 and even older continuing employment. The labor income generated by additional elderly workers corresponds to 6% of Japan's real GDP in 2015. Thus, Japan is already reaping the benefits of the silver or third demographic dividend.

E. CONCLUSIONS AND RECOMMENDATIONS (Continue)

- There are two other approaches to mitigating the burden of population ageing. One is by measuring ageing based on an age-specific cognitive score of the elderly and an assessment of their potential economic contribution, and the other is using a health-adjusted dependency ratio, comparing the equivalent ages of the elderly to the global average of 65.
- Some parliamentarians have the role of addressing population ageing within the context of the ICPD, which the parliamentarians from China, Malaysia and Thailand shared.
- In China, the NPC has always attached great importance on the issue of population ageing. In the face of increasingly severe population ageing, the NPC has promptly enacted or amended relevant laws and strengthened supervision over the enforcement of laws and the work of government departments.
- In Malaysia, there have been some interventions by parliament and the government to address population ageing needs, including the establishment of Rumah Sri Kenangan, community-based centers for ageing people, cash transfers for needy older persons, exemptions from registration for out-patient and specialist consultation at all government hospitals and clinics, the establishment of Committees on Women, Children and Community Development, All-Party Parliamentary group on SDGs at the parliament development of its strategic plan of action or National Ageing Blueprint.
- The government of Thailand is trying to improve the ecosystem of older people to make them economically independent. In addition, the government also established community long-term care, a comprehensive care covering the social, health, economic, and environmental well-being of older people who suffer from chronic illness or who are disabled or partially disabled and require full or partial assistance in their daily lives from medical staff members of family members. Thus, long-term care covers in-house care and care provided by the community or nursing homes for dependent older people.

F. ATTACHMENTS

Attachment 1: Agenda of Workshop

Attachment 1 ICPD30: Regional Parliamentarian Workshop on Emerging Population Trends in the Asia-Pacific Region 10 July 2023 (Monday) Bangkok, Thailand

Agenda

	Agenda			
Day 1	9 July 2023			
	Arrival of participants			
Day 2	Workshop			
09:00-09:30	Registration (Venue: Topaz Suite, Novotel Bangkok Platinum Pratunam)			
09:30 - 09:50	Opening and Welcome			
	 MC: Dr. Usmonov Farrukh, APDA/AFPPD Hon. Prof. Keizo Takemi, MP Japan, Chair of AFPPD— video message (5 mins) Hon. Dr. Jetn Sirathranont, MP Thailand (5 mins) Klaus Beck, Deputy Regional Director a.i., UNFPA APRO (5 mins) 			
09:50-09:55	Group photo (5 mins)			
09:55 - 11:10	Session 1: Population ageing, low fertility and depopulation: Overview of the emerging population trends in the Asia-Pacific and the way forward			
	Presentation by Dr. Rintaro Mori, UNFPA APRO (30 mins) Q&A (45 mins) Chair: Hon. Hector Appuhamy, MP Sri Lanka			
44.40, 44.30				
11:10 - 11:20	Coffee -break (10 mins)			
11:20 - 12:35	Session 2: ICPD in the new context			
	Presentation by: Dr Victoria Boydell , University of Essex, UK (30 mins) Q&A (45 mins)			
	Chair: Hon. Karma Lhamo, MP Bhutan			
12:35 - 13:35	Lunch Break			

13:35 - 14:50	Session 3: Economic sustainability of population ageing			
	Presentation by Professor Naohiro Ogawa, Visiting Fellow, Asian Development Bank Institute, Japan (45 mins) Q&A (30 mins) Chair: Hon. Abdul Nasser Derakhshan, MP Iran			
14:50-15:00				
14:50-15:00	Coffee break			
15:00 - 16:20	Session 4: Parliamentarians' role in addressing population ageing within the context of the ICPD			
	Presentations by: 1. Hon. Gu Xiaoyu, MP China (10 mins) 2. Hon. Willie Mongin, MP Malaysia (10 mins) 3. Hon. Chalermchai Kruangam, MP Thailand (10 mins) Q&A (50 mis) Chair: Hon. Yasir Abdul Latheef, MP Maldives			
	Commentator/Facilitator: Dr Victoria Boydell, University of Essex, UK			
16:20	Closing			
	Hon. Dr. Jetn Sirathranont, MP Thailand (5 mins)			
Day 3	Departure of participants			

Attachment 2: List of Particpants

Attachment 2 List of Participants

	Name	Country	Position
Hon.	Karma Lhamo	Bhutan	MP
Hon.	Gu Xiaoyu	China	MP
Hon.	Li Wei	China	MP
Mr.	Chen Jialin	China	Director-General of the Population and Public Health Office
Ms.	Wen Quan	China	Director of the General Administrative Office
Mr.	Zhang Chaohui	China	Deputy Director of the Culture Office
Ms.	Tao Wenqi	China	Principal Staff Member of the Education Office
Hon.Dr.	Amee Yajnik	India	MP
Mr.	Manmohan Sharma	India	Executive Secretary of IAPPD
Hon.	Sri Wulan	Indonesia	MP
Hon.	Abdul Nasser Derakhshan	Iran	MP
Hon.Prof.	Keizo Takemi	Japan	MP, Chair of AFPPD (online)
Hon.	Keobouahome Bounelome	Lao	MP
Ms.	Homphouvong Teang Orn	Lao	Chief of Treaty and Law Division of the National Assembly
Mr.	Kedmany Zouphshefrora	Lao	Embassy officer
Hon.	Yasir Abdul Latheef	Maldives	MP
Hon.	Willie Mongin	Malaysia	MP
Mr.	Azri Norfikri	Malaysia	NC officer
Hon.	Edcel Lagman	Philippines	MP
Hon. Mr.	Hector Appuhamy	Sri Lanka	MP
Hon.Dr.	Jetn Sirathranont	Thailand	MP
Hon.	Chalermchai Kruangam	Thailand	MP
Hon.	Pham Trong Nghia	Vietnam	MP
Professor	Naohiro Ogawa	Japan	Visiting Fellow, Asian Development Bank Institute
Dr.	Victoria Boydell	UK	University of Essex (Global Public Health in the School of Health & Social Care)
Mr.	Jeffrey Cole	Cambodia	Parliamentary Centre of Asia
Mr	Klaus Beck	Thailand	Deputy Regional Director a.i.
Dr.	Rintaro Mori	Thailand	Regional Adviser (Population Ageing and Sustainable Development)
Ms.	Wassana Im-Em	Thailand	Regional Technical Specialist on Population and Development
	Name	Country	Position
Mr.	Hassan Eini Zinab	Iran	Country office
Mr.	Kambiz Karibi	Lao PDR	Country office
Ms.	Poorani Radhanishnan	Sri Lanka	Country office
Ms.	Angela Msosa	Timor Leste	Country office
Ms.	Oyunaa Lkhagvasuren	Mongolia	Country office
Dr.	Farrukh Usmonov	Japan	
Mr.	Samidjo	Indonesia	Rapporteur
Mr.	Mukesh Kumar Shah		Photographer & videographer

The report was prepared by Samidjo and designed by Mr. Sangeet Kayastha with the support of APDA and other Organisers. The materials of the meeting can be accessed by requesting to APDA as well as images and highlights can be read on website and social media of APDA.

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