

The 24th Asian Parliamentarians' Meeting

on

Population and Development

Climate Change, Infectious Disease
& Population Issues

**April 26-27, 2008
Kuala Lumpur, Malaysia**

THE ASIAN POPULATION AND DEVELOPMENT
ASSOCIATION
(APDA)

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Programme

DAY 1: Saturday 26 April 2008

Parliament of Malaysia

08:00 *Bus departs Hotel Maya Lobby for Parliament of Malaysia*

08:30-9:00 Registration (only for those who arrive late on Friday night)

Parliament of Malaysia

OPENING CEREMONY

09:30-10:30 Address of Organizer

Ms. Kayoko Shimizu Acting Chairperson of APDA

Message

Hon. Yasuo Fukuda MP, Prime Minister of Japan & AFPPD/JFPF Chairperson

(Read by Chieko Nohno MP)

Address

Hon. Prat Boonyawongvirot MP, Secretary General of AFPPD

(Read by Dr. Puangpen Chanprasert, Senior Public Health Technical Officer,
Ministry of Public Health, Thailand)

Mr. G. Giridhar, Director of UNFPA CST for E&SE Asia & Representative in
Thailand

Address of Host Organization

Hon. Dato' Haji Ahmad Husni Mohamad Hanadzlah MP, Deputy Minister of
Finance, Chairperson of AFPPD Malaysia

Opening Address

Hon. Dato' Liow Tiong Lai MP, Minister of Health Malaysia

Presentation Ceremony

10:30-11:00 *Group Photo & Coffee Break*

11:00-12:00 Keynote Speech

Climate Change, Infectious Diseases & Population Issues

Hon. Dato' Dr. James Dawos Mamit MP, Environmental Advisor to the Sarawak
State Government Malaysia

Q&A

Chair: Hon. Dr. Tan Seng Giaw MP (Malaysia)

Lunch Reception

12:00-13:30 Hosted by Malaysian AFPPD Chairperson, *Parliament of Malaysia*

SESSION 1: Climate Change and Its Impact on Our Future Society

13:30-15:15 *Climate Change and Human Rights*

Hon. Han Myeong Sook MP, Former Prime Minister of Korea & former Minister of Environment

Climate Change and Its Impact on Our Future Society

Dr. Shuzo Nishioka, Senior Research Fellow of National Institute for Environmental Studies Japan

Discussion

Chair: Hon. Wakako Hironaka MP (Japan)

15:15-15:30 *Coffee Break*

SESSION 2: Climate Change and Infectious Diseases

15:30-17:00 *Infectious Diseases - the pending crisis and countermeasures*

Dato' Dr. Hasan Abdul Rahman, Director of Disease Control Division, Ministry of Health Malaysia

Discussion

Chair: Hon. Darlene Custodio MP (Philippines)

17:00-17:50 Drafting Committee Meeting

18:00-19:30 Dinner Reception

Hosted by AFPPD, *Parliament of Malaysia*

19:30 *Bus departs Parliament of Malaysia for Hotel Maya*

DAY 2: Sunday 27 April 2008

Ballroom, Hotel Maya

SESSION 3: Reproductive Health/Rights and Infectious Diseases

9:00-11:00 *Toward the G8 Toyako Summit: Population, Environment and Health Issues*

Mr. G. Giridhar, Director of UNFPA CST for E&SE Asia & Representative in Thailand

Reproductive Health Activities & Prevention of Infectious Diseases

Prof. Pak-Chung Ho, Regional Chairperson of IPPF-ESEAOR

Discussion

Chair: Hon. Dr. Donya Aziz MP (Pakistan)

11:00-11:30 *Coffee Break*

SESSION 4: Population Growth and Its Impact on a Sustainable Society

11:30-12:50 *Population Growth and Its Impact on a Sustainable Society*

Mr. Jose G. Rimón, Senior Program Officer of Global Health Policy & Advocacy,
Bill & Melinda Gates Foundation

Discussion

Chair: Hon. Prof. P.J. Kurien MP (India)

12:50-14:00 Lunch Reception

Hosted by APDA, *Maya Brasserie*

SESSION 5: PANEL DISCUSSION - APDA-AFPPD Statement for G8 Summit

14:00-15:45 Chair: Hon. Tolofuaivalelei Falemoe Leiatua MP (Samoa)

Panelists:

Hon. Kerry Nettle MP (Australia)

Hon. Chiaki Takahashi MP (Japan)

Mr. Jose Rimón, Bill & Melinda Gates Foundation

Hon. Tuti Indarsih Loekman Soetrisno MP (Indonesia)

Discussion for Adoption of Statement

15:45-16:00 24th APDA Meeting Evaluation Form

16:00-16:30 *Coffee Break*

16:30-16:45 Adoption of APDA-AFPPD Statement for G8 Summit

Chair: Hon. Chieko Nohno MP (Japan)

CLOSING CEREMONY

16:45-17:15 Address

Datuk Dr. Raj Karim, Regional Director of the East & South East Asia & Oceania
Region of IPPF

Hon. Wakako Hironaka MP, Acting Chairperson of JPPF

17:30-19:00 AFPPD Executive Committee Meeting (Members only)

Ballroom

19:00-20:30 Dinner Reception

Hosted by APDA, *Merbau Room, Level 2*

Opening Ceremony

Organizer's Address

by

Ms. Kayoko Shimizu

Acting Chairperson of APDA

Let me first of all thank you so much for joining us at the 24th Asian Parliamentarians' Meeting on Population and Development. Let me make a special point of thanking Malaysia for accommodating our wish to hold the meeting at this time in spite of the enormous inconveniences on your part as your parliament is meeting after the general election that took place last month. We are very much indebted to Chairperson Ahmad of AFPPD Malaysia, Executive Director Ramah Osman of the AFPPD Malaysian National Committee and all its members.

This is an important meeting as we take a new step forward following the APDA-AFPPD 25th Commemorative Meeting in Tokyo in February 2007. This new step that responds to changes taking place in Asia must be based on the *raison d'être* of AFPPD-APDA activities, as well as their 25-year legacy.

For all of us, the starting point of our activities is to build a society where all people born on this earth will live with dignity. Our activities must always be focused on the single challenge of how we will realize this principle.

Our activities rooted in this principle have been greatly successful. That does not mean we have solved all the problems. There is much more work to be done. But we can be proud of ourselves that we were able to improve the welfare of the most vulnerable in our societies while contributing to the national developments of our countries by improving the health of individual women and children and preventing unwanted pregnancies.

The theme chosen for our meeting is "Climate Change, Infectious Diseases and Population Issues" targeting the G8 Hokkaido Toyako Summit that will take place in July in Japan.

The G8 Summit this year gives us an unprecedented opportunity as it will be chaired by Mr. Yasuo Fukuda, our AFPPD Chairman and JFPF Chairman. As we all know, the G8 addresses global challenges including the world economy and African issues but this time the

environmental challenges will be focused by highlighting climate change and its implications.

One of the first decisions Chairman Fukuda made in taking office as prime minister was to add population and health issues on the G8 agenda. Without the resolution of population issues there can be no sustainable development or environmental conservation. One cannot be certain, however, that the international community fully understands this reality. Following Chairman Fukuda's decision, we believe it is important for us to reconfirm that population issues are inseparably linked to climate change, which is a central theme of this Meeting and the Toyako Summit.

Then there is the challenge of infectious diseases which are major threats to global health. At present, for example, it is feared that avian flu may transmigrate into potent influenza attacking humankind. In addition, global warming will expand the habitat of tropical mosquitoes that transmit malaria and dengue fever. And that is not all. We have before us an imminent threat of HIV/AIDS and multi-drug resistant tuberculosis as newly emerging and re-emerging pandemics.

There is no time to be lost. It is urgent that we build a coordinated international cooperation scheme to address these pressing issues. We would, therefore, like to have an Asian consensus at today's meeting for that purpose to present these conclusions as the basis of discussion at the G8 International Parliamentarians' Conference on Population and Sustainable Development to be held in Tokyo on 2nd and 3rd of July.

The G8 Parliamentarians' Conference will take place immediately prior to the G8 Summit in order to have a direct impact on the G8 regarding the importance of population issues through our parliamentary members of the G8 countries. APDA is committed to maximizing our wonderful opportunity at the G8 Summit which will be chaired by our Chairman Fukuda.

There are numerous challenging issues before us but there are also bright omens in coping with all these global issues. For instance, has there been ever a time in the past where we shared common objectives, frequently met and exchanged views and joined forces in building a global cooperative scheme? We are fortunate to live at a time when we can grapple with difficult problems with hope.

There is no doubt, that as elected representatives of your people you will have ever important roles to play to fulfil their expectations.

Lastly, may I on behalf of all of us express our appreciation to UNFPA and IPPF for your constant and loyal support. I am confident that all of you will share your wisdom so that we may have inspiring perspectives and outcomes that we may be able to present to the G8 Summit. Thank you for your attention.

Message

by

**Hon. Yasuo Fukuda MP, Prime Minister of Japan
Prime Minister of Japan & AFPPD/JFPF Chairperson**

Read by Ms. Chieko Nohno MP (Japan)

I congratulate you on the opening of the 24th Asian Parliamentarians' Meeting on Population and Development.

Today, humankind faces pressing challenges toward our future: starting with global warming, climate change, eradication of extreme poverty, HIV/AIDS multi-drug resistant Tuberculosis, malaria, dengue fever and the threat of new and re-emerging pandemics, and these are by no means exhaustive.

While globalization proceeds, and the world population continues to grow even further, international efforts and collaboration are essential, beyond national efforts, if we are to overcome these tasks and create a society in which every person can live in dignity.

I am committed, as Prime Minister of Japan, to host the Fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Summit and to advance further the framework for cooperation on solving global issues.

If we are to successfully overcome the global challenges confronting humankind we must bring together our wisdom and advance international cooperation and solidarity. I am confident that all of you participating at the meeting will adopt a declaration sending a clear message to the G8 Summit as well as taking the leadership to realize its goals in action.

Due to my public duties I must apologize for having to excuse myself from relevant parliamentary activities on population and development for the time being. To all of the delegates from respective countries I wish you great success in your active endeavours. Thank you.

Address

by

Hon. Prat Boonyawongvirot MP (Thailand)

Secretary General of AFPPD & Permanent Secretary, Ministry of Public Health

Read by Dr. Puangpen Chanprasert, Senior Public Health Technical Officer,

Ministry of Public Health, Thailand

I am very pleased to congratulate AFPPD on the selection of these up-to-date important topics to be discussed in this forum. As all of us are aware, this year the World Health Organization selected the theme “Protecting Health from Climate Change” for the World Health Day to raise awareness of all countries on climate change and its effect and called for policy implementation.

The world population has increased dramatically since 1950 in parallel with the rise of global temperature and atmospheric carbon dioxide and green house gases.

As the population increased from 2.5 billion in 1950 to 6.2 billion in 2002 the Intergovernmental Panel on Climate Change concluded that most of the warming over the past 50 years is likely to have been due to the increase of atmospheric concentration of carbon dioxide by more than 30% and of other greenhouse gases. Scientists projected that the average surface temperature will rise by 1.1 to 6.4 degree Celsius over the 21st century.

Evidence shows that human activities are affecting the global climate, with serious implications for public health. Catastrophic weather events - such as heavy rains, floods, and disasters like Hurricane Katrina that devastated New Orleans, USA in August 2005 - endanger health as well as destroy property and livelihoods. Approximately 600,000 deaths occurred worldwide as a result of weather-related natural disasters in the 1990s, some 95% of which took place in developing countries. Variable climates that affect food and water supplies, new patterns of infectious disease outbreaks, and emerging diseases linked to ecosystem changes, are all associated with global warming and pose health risks.

Climate change affects health in various ways. Rift Valley fever in Africa and other major outbreaks are associated with rains, which are expected to be more frequent as the climate changes. Intense short-term fluctuations in temperature can cause heat stress (hyperthermia) or extreme cold (hypothermia) - and lead to increased death rates from heart and respiratory diseases. Recent studies suggest that the record high temperatures in Western Europe in the

summer of 2003 were associated with an estimated 70,000 more deaths.

Increasing global temperatures affect levels and seasonal patterns of both man-made and natural air-borne particles, such as plant pollen, which can trigger asthma. About 300 million people suffer from asthma, and 255,000 people died of the disease in 2005. Asthma deaths are also expected to increase by almost 20% in the next 10 years.

Climate change causes water scarcity and reduced food production, increasing the risk of diarrhoea and malnutrition. It affects diseases transmitted through water, and via vectors such as mosquitoes. Climate-sensitive diseases are among the largest global killers. Diarrheal diseases, malaria and protein-energy malnutrition together kill more than 3 million persons globally each year. Dengue hemorrhagic fever, a vector borne disease, is on the rise and incidence is much greater in Asia, especially in South-East Asian countries. It is estimated that up to 80 million persons become infected annually.

In conclusion, population is the main consumer of all of what is produced and can be termed as a “major culprit”. Therefore, there is a serious need to examine the link between current size of population, which is increasingly growing, and climate change. Parliamentarians, as decision makers, have the responsibility to ensure that the population factor is taken into consideration while making policies to fight climate change.

Parliamentarians also play a vital role in mobilizing civil society to act on climate change. This is not a new role. Parliamentarians have played this role in the past – in the fight against poverty, the promotion of women’s empowerment and the importance of sustainable development. Climate change is the new social issue of our time. It threatens the well-being of all of us, but in particular, it is the poorest and most vulnerable in society who will suffer.

I hope that we continue to demonstrate our leadership on climate change. Thank you and all the best for the rest of the meeting.

Address

by

Mr. G. Giridhar

Director of UNFPA CST for E&SE Asia & Representative in Thailand

On behalf of the UNFPA, the United Nations Population Fund, I extend our warm greetings to the 24th Asian Parliamentarians' Meeting on Population and Development in this beautiful city Kuala Lumpur, Malaysia. The subject of this meeting: Climate Change, Infectious Diseases and Population, has always been important and has received much attention during the recent years. The 2008 World Health Day focuses on the subject with specific reference to the implications for health. And these are very serious implications for us to consider.

As many of you know, the concern on the environment started in 1992 with the Earth Summit held in Rio de Janeiro in response to the environment and development challenges that countries faced during that period. Two years later in 1994 the International Conference on Population and Development (ICPD) further built on this Agenda 21 of the Earth Summit and noted that demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production and consumption patterns in others, caused or exacerbated problems of environmental degradation and resource depletion and thus inhibit sustainable development.

In the year 2000, the Millennium Summit and specifically the Millennium Development Goal (MDG) 7 in particular on Environmental Sustainability adopted four specific targets, including halving by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation and to achieve a significant improvement in the lives of at least 100 million slum dwellers living in the cities. MDG-7 aims at specific reduction of 1) carbon dioxide emissions, 2) consumption of ozone-depleting substances and 3) proportion of urban population living in slums.

After 8 years, in 2008 in July this year, the G8 Summit will meet in Japan and will focus on this issue of climate change. This is evidence of the attention this particular subject has been receiving over the last 15 years.

In all these efforts, we cannot ignore the numbers. The fact that world population has reached

6.7 billion and continues to grow by 78 million additional people every year, this is unquestionably relevant to our issue. The latest United Nation's projection shows that the world population could reach a high of 10.8 billion or remain as low as 7.8 billion in 2050. The 3 billion difference between these two limits is certainly meaningful for the climate change debate. Furthermore, much of this future population growth will be in towns and cities, where population, economic activity and environmental issues are concentrated.

In this debate, it is important to recognize that countries with high poverty and population growth rates contribute relatively little to ecological threats but are likely to be most affected, with least resources for mitigation and adaptation. Rich industrialized countries contain less than 20 per cent of the population but consume massive amounts of natural resources and are responsible for the bulk of pollution.

Finally, may I say a few words on the responses the UN organizations and other development partners are taking in this area. A review of the performance of MDGs shows clearly that the highest proportion of off-track countries is amongst the health MDGs. These are the most poorly performing MDGs. While Africa has high rates, Asia has high numbers and therefore both are very important for us to consider.

In this context, the health partnership between 8 health-related agencies, called the H-8 initiative, is very significant. This partnership brings WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, Bill and Melinda Gates Foundation and the World Bank to stimulate a global sense of urgency for reaching health related MDGs which are lagging completely, particularly in Asia. This group has identified some important milestones for 2008 in which each member of H-8 has specific responsibilities as per their comparative advantage.

UNFPA's particular attention in this group is on MDG-5, to improve maternal health and its target to achieve universal access to reproductive health by 2015, in partnership with other agencies. Clearly the work on strengthening health systems is a priority for the H-8 initiative. It is now much more widely understood that the marker of a health system's strength is maternal mortality. As UNFPA Executive Director Dr. Thoraya Obaid says "a functioning health system is a system that can deliver to women when women are ready to deliver."

UNFPA believes that the H-8 is an excellent opportunity to improve health outcomes, including sexual and reproductive health. It is important to focus on helping countries rapidly scale up health interventions to reach poor people. In this context, H-8 will continue to support

country-led processes that align stakeholders with national health and AIDS policies, plans, budgets and national monitoring and evaluation systems.

I take this opportunity to convey to the organizers of this meeting and to all of you warm greetings from Dr. Thoraya Obaid, our Executive Director. We wish the meeting every success in its deliberations and in reaching its objectives.

Address of Host Organization

by

Hon. Dato' Haji Ahmad Husni Mohamad Hanadzlah MP, Malaysia
Deputy Minister of Finance & Chairperson of AFPPD Malaysia

First, I wish to thank Hon. Minister of Health of Malaysia for kindly agreeing to grace the opening meeting of 24th Asian Parliamentarians' Meeting on Population and Development. It is truly an honour to have you with us this morning, especially to share experience, knowledge and thoughts.

It is a great honour for Malaysia to hold this important meeting. I recall after implementation of the multilateral FTAs within ASEAN office, Malaysia is one of the member countries. And ASEAN China has the 8th office. In the year 2006, Malaysia signed its first bilateral FTA, which was with Japan. I am sure APDA made a decision for holding this meeting in Malaysia because of the strong relationship between Japan and Malaysia, and also between APDA and AFPPD Malaysia. Thank you APDA.

I am so glad to meet the Members of Parliament from Malaysia and 20 other countries of Asia. During the last 200 years, as we witnessed, humankind has exploited, to the full, world's resources, sometimes neglecting other factors that would ensure sustainability of economic growth. At the end of it, we still see many countries locked in the cycle of poverty and endemic diseases. Last week, at the meeting of IMF and World Bank in Washington which I attended, among others, we discussed the soaring price of food. Why food prices rise rapidly. Firstly, the demand factor. Demand has increased because of growth in world population, and also in some emerging countries there are people enjoying a higher income. Secondly, the supply factor. As you know, there is a shortage in supply of food due to the conversion of land from agriculture to industrial, from food items to ethanol and bio-fuel. And also climate change. Climate change has resulted in droughts, floods and avalanches in many parts of the world that are destroying food crops. So I believe it is imperative on your part for today and tomorrow to discuss all these factors to ensure balanced growth in this world to benefit all of human kind. It is on your shoulders, this daunting task, to find out the prudent and practical ways to tackle the world's stress issues in climate change, diseases and population issues. In view of the importance of this meeting, although Members of Parliament from Malaysia will be taking off this coming Monday, there is a fair representation of the members here. One of the members, Dr. James Dawos Mamit

will be sharing his views. He's an expert in environmental issues, so I believe that the discussion will be very useful for all of us, not only within the context of this meeting, but also in pursuance of our goals in our respective constituencies.

At the same time, for first timers in Malaysia, please take the opportunity to see our country. When I visit overseas, I would take time to see your country. I see what type of culture is being practiced there. With that comparative knowledge, I would use it to enhance the people in my constituency. Malaysia is a unique country. It is multiculturalism at work. The Malay culture, the Chinese culture, and the Indian culture. The culture of the various other Bumiputras and minority groups being practiced side by side and in harmony. What you will notice is, the various races display and exhibit the best of their capacity in terms of skills and knowledge in cooperative, competitive manner in pursuance of their ends. They integrate the world with all the races that make the Malaysia that we are proud. We have a population of 24 million. We are ranked as the 19th largest trading nation in the world.

I wish to take this opportunity to once again thank our Honourable Minister of Health, APDA, distinguished speakers, participants, members of parliament, members of the press, my colleague Datin Paduka Ramah Osman. I wish all of you a successful meeting and great success in your future endeavours.

Opening Address

by

Hon. Dato' Liow Tiong Lai MP, Malaysia

Minister of Health Malaysia

Firstly, I would like to thank the organizers for giving me the honour to officiate at your meeting today, and for choosing Malaysia to be the host for this important and significant event. On behalf of the people and the Government of Malaysia, I would like to extend a warm welcome to all our Honourable Members of Parliament from the Asian countries. “*Selamat Datang ke Malaysia*”. Welcome to Malaysia.

The presence of all of you here today shows the strong commitment and political will of our countries in combating the effects of climate change, an important phenomenon both regionally and globally. This meeting is indeed a very timely response to the current global concerns on matters related to climate change. The Intergovernmental Panel on Climate Change (IPCC) Fourth Assessment Report 2007, under the World Meteorological Organization (WMO), refers to climate change as any change in the climate over time, whether due to natural variability or as a result of human activity.

The United Nations, through the WHO, has announced that this year's World Health Day theme will focus on climate change. In his message for World Health Day 2008, the United Nations Secretary General stresses that climate change is real; it is accelerating in its progress, and is a threat to the global population. He also emphasizes that greater efforts must be made to protect our planet and its population. Similarly, the WHO Director-General expresses the hope that the World Health Day theme this year will prompt policy-makers to turn their attention to, and take urgent actions on, mitigating the health impacts of climate change.

The fundamental determinants of the health of our populations are the availability of safe food and clean water globally, and these are now endangered by the global climate change. WHO has identified five major health consequences of climate change. So I would like to deliberate on those five consequences here.

Firstly, the agricultural sector is extremely sensitive to climate variability. Rising temperatures and more frequent droughts as well as floods can compromise food security. Increases in

malnutrition are expected to be especially severe in countries where large populations depend on rain-fed subsistence farming. Malnutrition, much of it caused by periodic droughts, is already responsible for an estimated 3.5 million deaths each year.

Second, more frequent extreme weather events mean more potential deaths and injuries caused by storms and floods. In addition, flooding can be followed by outbreaks of diseases such as cholera, especially when water and sanitation services are damaged or destroyed. Storms and floods are already among the most frequent and deadly forms of natural disasters.

Third, both scarcities of water, which is essential for hygiene, and excess water due to more frequent and torrential rainfall will increase the burden of diarrhoeal diseases, which are spread through contaminated food and water. Diarrhoeal diseases are already the second leading infectious cause of childhood mortality and account for a total of approximately 1.8 million deaths each year.

Fourth, heat waves, especially in urban “heat islands”, can directly increase morbidity and mortality, mainly in elderly people with cardiovascular or respiratory diseases. Apart from heat waves, higher temperatures can increase ground-level ozone and hasten the onset of the pollen season, contributing to asthma attacks.

Finally, changing temperatures and patterns of rainfall are expected to alter the geographical distribution of insect vectors that spread infectious diseases. Of these diseases, malaria and dengue are of greatest public health concern.

Vulnerable populations who are at greater risks include the very young, the elderly and the medically infirm. Countries with low incomes, poor education level, weak infrastructures and where malnutrition is still widespread will have more difficulty adapting to climate change and the related hazards. The vulnerability is also affected by geographical location. Vulnerability is higher in areas with high endemicity of diseases sensitive to climate change, areas that have problems with water supplies and low food production, and isolated populations with poor access to healthcare infrastructures.

Better systems for the surveillance and forecasting of communicable diseases, and stronger basic health services with good healthcare infrastructures can offer health protection against the effects of climate change. Strong political will and commitment by countries globally towards mitigation efforts, as shown by your presence today in this meeting, are equally important. Our efforts should be tailored not only towards minimizing the effects of climate change in our own

countries but also towards helping other countries strengthen their mitigation and adaptive efforts through the sharing of experiences and cross-boundary actions. As John F. Kennedy once said, “We seek not the ... victory of one nation or system, but the worldwide victory of Man.”

Malaysia is not spared from the effects of climate change. Flood is a natural disaster that we face annually. However, in 2006, Malaysia was affected by abnormal flood episodes that were prolonged and occurred severely not only in the usual low-lying regions but also in areas that were almost free of floods for three decades.

The Malaysian government has taken firm steps in mitigation and adaptive measures through various governmental ministries, agencies and local non-governmental organizations, with full community participation. These collective and comprehensive efforts at all levels will enable Malaysia to mobilize adequate food supplies, provide timely temporary shelters, and reduce morbidity and mortality due to natural disasters and accompanying diseases.

Dengue is one of the diseases sensitive to climate change that is faced not only by Malaysia but also other countries in the South East Asian region. Research and development on this disease is on-going and, through research centres like our Institute for Medical Research, we are continuously on the look out for new initiatives and measures to combat dengue.

Serious efforts, in particular by the developed countries, to hasten the development of effective tools to control diseases like dengue are most welcomed. Each individual country should also look into their own capacity and resources in utilizing and implementing these tools for disease control. In this context, underprivileged countries with weak infrastructures and inadequate skilled personnel may require assistance in capacity building.

In Malaysia, our strength in mitigating the health effects of climate change lies in our excellent healthcare infrastructures and comprehensive healthcare delivery network which provides good access to health care services for our population. We even have the flying squad to help those deep in the villages, giving special attention to the rural people. Furthermore, with strong commitment by the Malaysian government, we will continue to improve on the implementation of various mitigation measures, through the various agencies and ministries concerned.

I am confident that each and every country participating in this meeting today has the same commitment and strong political will to combat the effects of climate change, and is ready to contribute collectively towards the well-being of the region and the world. Your efforts will not only help to protect our population today, but also ensure a safer and healthier world for the

future generations.

I would like to once again thank all member countries for coming to this meeting in Malaysia and I hope that you will enjoy your stay in Malaysia. I would also like to congratulate the organizers for the efforts made to ensure a fruitful meeting. I sincerely hope that this meeting will achieve its objectives and I wish you all the best in your deliberations. On that note, Excellencies, ladies and gentlemen, I have great pleasure in officially declaring open this 24th Asian Parliamentarians' Meeting on Population & Development, in Kuala Lumpur, Malaysia.

Keynote Speech “Climate Change, Infectious Diseases and Population Issues”

Chair: Hon. Tan Sen Giaw

by

Dr. James Dawos Mamit MP (Malaysia)

Environmental Advisor to the Sarawak State Government Malaysia

Introduction

According to IPCC (2007)¹, warming of the climate system is unequivocal, as is now evident from observations of increases in global average air and ocean temperatures, widespread melting of snow and ice and rising global average sea level. Climate is changing more rapidly than ever before. Human activity is the main cause – burning of fossil fuels has flooded the atmosphere with heat-trapping carbon dioxide gas triggering a spike in average global temperature, largely in the past 30 years. Temperatures are likely to rise by 3°C to 5°C by the end of the century.

Eleven of the last twelve years (1995 – 2006) rank among the twelve warmest years in the instrumental record of global surface temperature (since 1850). The temperature increase is widespread over the globe and is greater at higher northern latitudes. Land regions have warmed faster than the oceans.

Rising sea level is consistent with warming. Global average sea level has risen since 1961 at an average rate 1.8 mm/year and since 1993 at 3.1 mm/year, with contributions from thermal expansion, melting glaciers and ice caps, and the polar ice sheets. IPCC noted that the faster rate for 1993 to 2003, reflecting decadal variation or an increase in the longer-term trend, is unclear.

From 1900 to 2005, precipitation increased significantly in eastern parts of North and South America, northern Europe and northern and central Asia, but declined in the Sahel, the Mediterranean, southern Africa and parts of southern Asia. In Malaysia, from 1901 to 2005, precipitation increased by about three per cent per decade. Globally, the area affected by drought has likely increased since the 1970s.

IPCC observed evidence of an increase in intense tropical cyclone activity in the North Atlantic

¹ Climate Change 2007: Synthesis Report Summary for Policy Makers – An Assessment of the Intergovernmental Panel on Climate Change.

since about 1970, with limited evidence of increases elsewhere. There is no clear trend in the annual numbers of tropical cyclones. It could not ascertain longer-term trends in cyclone activity, particularly prior to 1970.

Climate change is the greatest threat facing the planet today. The effects of climate change on natural and human environments are emerging, although many are difficult to discern due to adaptation and non-climatic drivers. They include effects of temperature increases on:

- Agriculture and forestry;
- Some aspects of human health, such as heat-related mortality, changes in infectious vectors, etc.; and
- Some human activities in the Arctic and in lower-elevation alpine areas.

This paper examines the effects of climate change on infectious diseases, particularly in Malaysia.

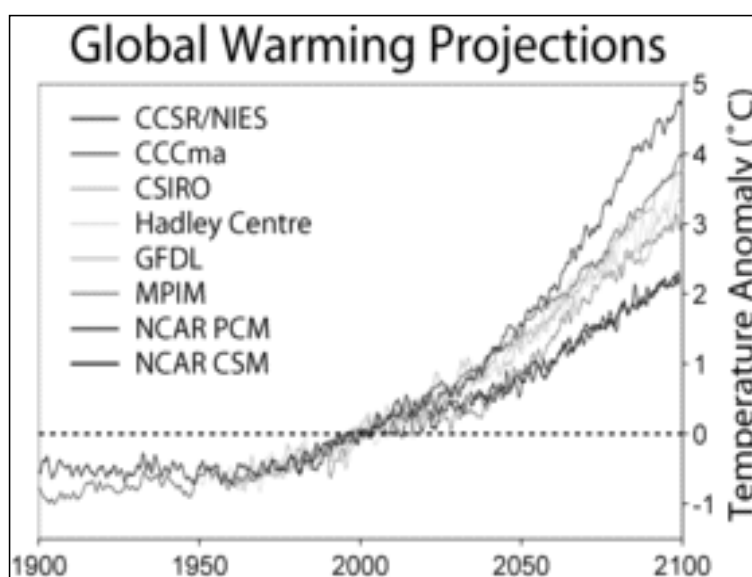


Fig.1

World Greenhouse Gas Emissions

Global Emissions

Changes in atmospheric concentrations of greenhouse gases (GHGs) and aerosols, land cover and solar radiation alter the energy balance of the climate system. Global GHG emissions due to human activities have grown since pre-industrial times, with an increase of 70 per cent between

1970 and 2004 according to IPCC. Carbon dioxide is the most important anthropogenic GHG. Its annual emissions, as estimated by IPCC, grew by about 80 per cent between 1970 and 2004. Atmospheric concentrations of carbon dioxide (379 ppm) and methane (1774 ppb) in 2005 exceeded by far the natural range over the last 650,000 years. Global increases in carbon dioxide concentrations are due primarily to fossil-fuel use, with land-use change providing another significant, but smaller contribution. IPCC pointed out that it is very likely that the observed increase in methane concentration is predominantly due to agriculture and fossil-fuel use. The increase in nitrous oxide concentration is primarily due to agriculture.

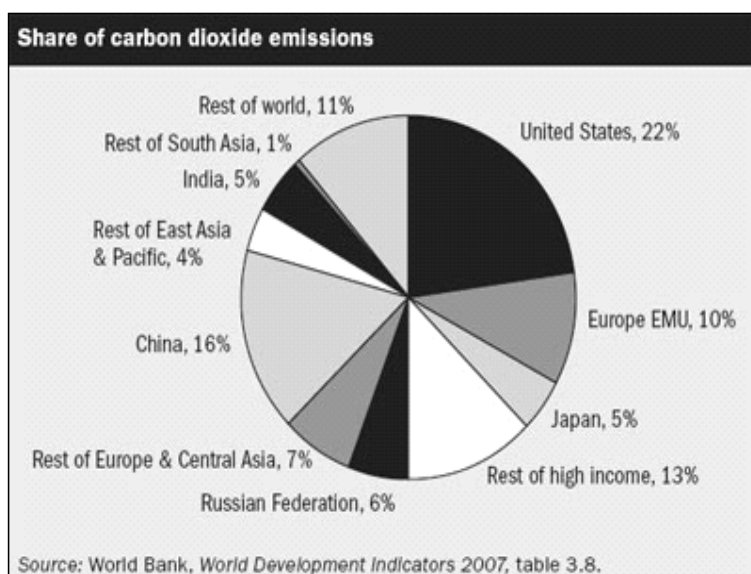


Fig.2

The Malaysian Scenario

Warming of the climate system in Malaysia is unequivocal just like what is happening elsewhere in the world. From 1901 to 2005, the ambient surface temperature had increased by an average of 0.78°C; the observed sea-level rise was 1.25 mm/year; and the annual rainfall increased by an average of three per cent per decade.

The total emissions of carbon dioxide in Malaysia averaged at 119 million metric tons during the year 2000 as observed by Pusat Tonga Malaysia. Emissions in 2000 were contributed by the following sectors:

- Power industries – 31 per cent;
- Transportation – 30 per cent;

- Manufacturing and construction – 20 per cent;
- Commercial and residential development – 4 per cent;
- Agriculture, forestry and fisheries – 1 per cent; and
- Others – 14 per cent.

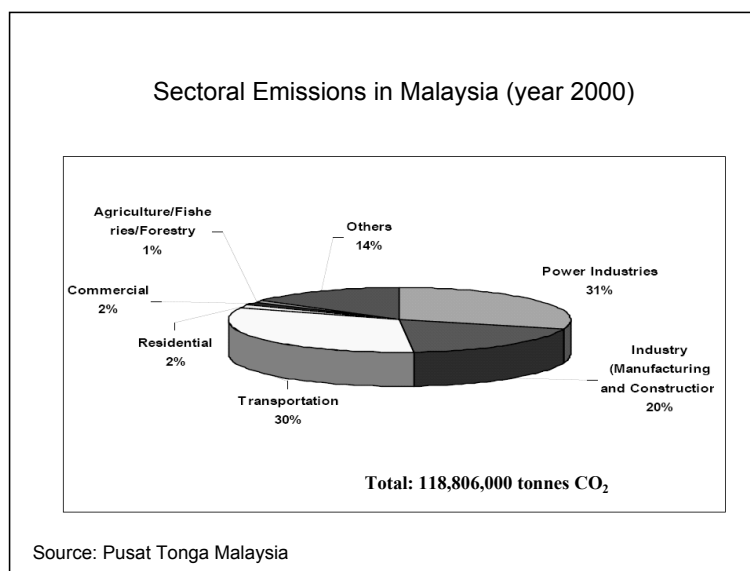


Fig.3

The effects of climate change as observed by the Meteorological Department, Malaysia has been drastic increases in precipitation. Such increase in precipitation causes extreme weather events. The following natural disasters occurred during the period 2005 to 2007, which resulted in property damages incurring losses of billions of Ringgit:

- Flood in Kelantan – 17 to 20 December 2005;
- Flood in Perlis – 18 December 2005;
- Flood in Kedah – 19 December 2005;
- Flood in Terengganu – 13 February 2006;
- Thunderstorm and extremely strong winds in Subang Jaya – 9 March 2006;
- Haze in Kuala Lumpur – October 2006;
- Flood in Johor – 29 December 2006;
- Flood in Johor – January 2007.

Adaptation and Mitigation Options

A wide array of adaptation options are available, but more extensive adaptation than is currently

occurring is required to reduce vulnerability to climate change. There are barriers, limits and costs which are not fully understood. Adaptation options include the multilateral treaty known as the *Kyoto Protocol* which binds signatories of developed countries to reduce GHG emissions by five per cent during the period 2008 to 2012 (Phase 1) to 1990 levels. As observed by Richard Black (2006)², politicians are unlikely to cut emissions sufficiently to prevent dangerous global heating.

Societies have a long record of managing the impacts of weather and climate related events. Nevertheless, additional adaptation measures will be required to reduce the adverse impacts of projected climate change and variability, regardless of the scale of mitigation undertaken over the next two to three decades. Moreover, vulnerability to climate change can be exacerbated by other stresses. These arise from, for example, current climate hazards, poverty and unequal access to resources, food insecurity, trends in economic globalization, conflict, and incidence of diseases.

Adaptive capacity is intimately connected to social and economic development, but is unevenly distributed across and within societies. A range of barriers limits the implementation of adaptation measures. The capacity to adapt is dynamic and is influenced by a society's productive base, including natural and man-made capital assets, social networks and entitlements, human capital and institutions, governance, national income, health, and technology. Even societies with high adaptive capacity remain vulnerable to climate change, especially in the prevention of infectious diseases.

Effects on Infectious Diseases

Global Scenario of Health Impacts of Climate Change

Humans have known that climatic conditions affect epidemic diseases from long before the role of infectious agents was discovered, late in the nineteenth century. Infectious agents vary in size, type and mode of transmission. There are viruses, bacteria, protozoa and multi-cellular parasites.

According to WHO (2003)³, there is much evidence of associations between climatic conditions and infectious diseases. Malaria is of great public health concern, and seems likely to be the vector-borne disease most sensitive to long-term climate change. Malaria varies seasonally in high endemic areas. The link between malaria and extreme climatic events has long been studied in India, for example. Early last century, the river-irrigated Punjab region experienced periodic

² Richard Black (2006). Climate Change 'Real and Severe' – Story from BBC News.

³ World Health Organization (2003). Climate Change and Human Health – Risk and Responses.

malaria epidemics. Excessive monsoon rainfall and high humidity was identified early as a major influence, enhancing mosquito breeding and survival. Recent analyses by WHO have shown that the malaria epidemic risk increases around five-fold in the year after an *El Nino* event.

Early impacts of climate change that have been observed by WHO include several infectious diseases, health impacts of temperature extremes and impacts of extreme climatic and weather events. The scientifically documented relationship between climatic variables and biological parameters, for example, vector breeding, survival, biting rates and parasitic incubation rates, has revealed the configuration of climate variables affecting vector and parasite biology and, therefore, disease transmission.

Change in world climate would influence the functioning of many ecosystems and their member species. Likewise, there would be impacts on human health. Some of these impacts would be beneficial. For example, milder winters would reduce seasonal winter-time peak in deaths that occurs in temperate countries, while in currently hot regions a further increase in temperatures might reduce the viability of disease-transmitting mosquito populations (WHO, 2003)⁴.

Health Impacts of Climate Change in Malaysia

In Malaysia, changes in infectious disease transmission patterns have been observed by the Ministry of Health, Malaysia. The following observations have been made and are likely a consequence of climate change:

Climatic Factor	Vector	Pathogen	Vertebrate Hosts and Rodents
Increases in precipitation extremes	Heavy rainfall events can synchronize vector host-seeking and virus transmission. Heavy rainfall can wash away breeding sites.	No effect	Risk of contamination of flood waters/runoff with pathogens from rodents or their excrement (e.g., <i>Lepstospira</i> from rat urine)
Sea-level rise	Coastal flooding affects vector abundance for mosquitoes that breed in brackish water (e.g., <i>Anopheles subpictus</i> and <i>A. sundaicus</i> – malaria vectors in Asia)	No effect	No effect

⁴ World Health Organization (2003). Global Climate Change and Health: An Old Story Writ Large.

Decreases in precipitation	Increase in container-breeding mosquitoes. Increased abundance for vectors that breed in dried-up river beds. Prolonged droughts could reduce or eliminate snail populations.	No effect	Decreases in food availability can reduce populations. Rodents may be more likely to move into housing areas, increasing human contact.
Heavy downpours	Heavy downpours can drive rodents from burrows – risk of zoonotic diseases. Heavy downpours can create mosquito-breeding sites. Heavy downpours enhance faster fungal growth in houses.	No effect	Rodents may be more likely to move into housing areas, increasing human contact.

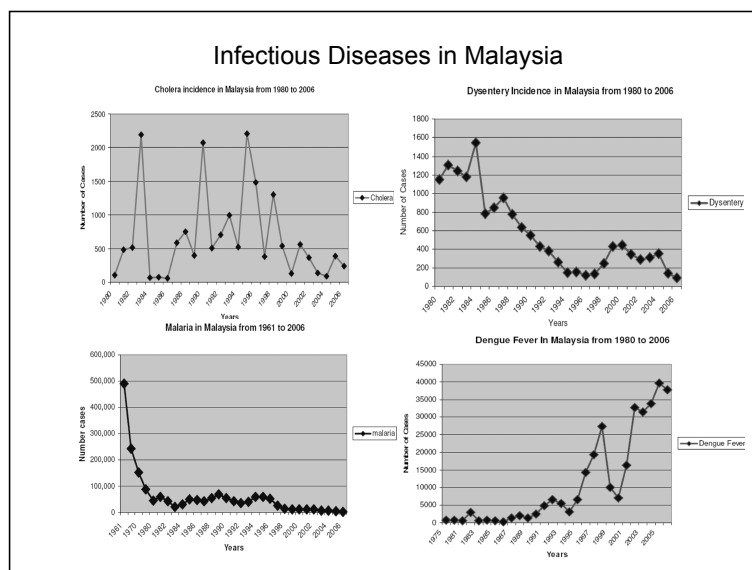


Fig.4

Conclusion

Unprecedentedly, today, the world population is encountering unfamiliar human-induced changes in the lower and middle atmospheres and world-wide depletion of various other natural systems (for example, soil fertility, aquifers, ocean fisheries, and biodiversity in general). Beyond the early recognition that such changes would affect economic activities, infrastructure

and managed ecosystems, there is now recognition that global climate change poses risks to human health.

The characteristic geographic distributions and seasonal variations of many infectious diseases are *prima facie* evidence that their occurrence is linked with weather and climate. Studies have shown that factors such as temperature, precipitation and humidity affect the life cycle of many disease pathogens and vectors (both directly and indirectly, through ecologic changes) and thus, can potentially affect timing and intensity of disease outbreaks. Changes in global climate patterns caused by long-term global warming could affect the potential geographic range of many infectious diseases.

<Discussion>

Hon. Tan Sen Giaw MP, Malaysia(Chair):

There is no doubt there is a relationship between climate change and diseases, however we need more surveillance, more data, more modelling methods, more ecological theory and empirical data to correlate the climate change and diseases, particularly because dengue is associated with population growth and urbanization.

Hon. Achara Techaritpitak MP, Thailand:

I am Dr. Techaritpitak from Thailand and a Member of Parliament. Is it true that in 1991 Mt. Pinatubo erupted in the Philippines, pouring debris into the stratosphere that chilled the earth from solar energy, which helped in interrupting the warming trend, causing the temperature to drop for two years before rising again? Is there a true link between these two things?

Hon. Dr. James Dawos Mamit MP, Malaysia:

As with any eruption, the dust that goes up to the atmosphere blocks the sunlight from reaching earth. So there is no radiation, there is irradiation. Irradiation means the sunlight cannot get out, that has gone down. So it was totally blocked because it was a heavy eruption, and therefore it cooled the surface of the atmosphere, at that particular point in time, in a specific area; not all over the world, only in a specific area. But of course eventually because of the rain, all the dust dissipated and came down to Earth. Especially particles of 10 microns and above. They get down to Earth easily, but all those smaller particles, 10 microns and below, are being spread all over the world, and that will contribute to global warming, because those small particles contain carbon as well. So it has been postulated by scientists that ash that contains carbon is even more

devastating than the actual carbon gas itself. In the atmosphere it continues to create greater global warming. Unfortunately, there isn't much ash because there haven't been many eruptions.

Hon. Lakshman Singh MP, India:

I would just like to know a few things. Because of exploitation of ground water, the level of fluoride in drinking water is increasing, mostly in developing countries, including India. This is the primary cause of a disease called fluorosis. Could you tell us what can be done to prevent this?

Secondly, you mentioned in your presentation, and we are all aware of this, that most of the diseases are waterborne diseases in developing countries. Now, there is technology called Reverse Osmosis Technology (RO) for purifying drinking water. This technology is very expensive. We are trying to do it in India, but it is turning out to be very expensive. Are there cheaper alternatives for purifying water or rather, how can we make this Reverse Osmosis Technology cheaper?

Hon. Dr. James Dawos Mamit MP, Malaysia:

OK. The first question about Fluoride in ground water: You see, many countries have exploited their ground water, and evidently fluoride. As you get deeper into the ground, some of the rocks contain fluoride, especially deep down. This fluoride will of course mix with the water. How to get rid of this, is maybe by a different process. I don't know. You see, in some countries they use a fluoride bed to filter fluoride out of the drinking water. This fluoride bed is not a very expensive process. Malaysia, I think, has developed the technology. They call it Fluoridisation. It is not as expensive as RO. But I know for a fact that ground water in some countries, especially in Bangladesh, contains a very high proportion of arsenic, 0.5ppm, whereas WHO's maximum allowance is 0.1ppm. So there are a lot of problems with our ground water. As we continue to harvest our ground water, we will encounter more and more problems. First of all salinity will creep in, and then the other problems of naturally occurring chemicals in ground water.

And then on RO: Yes, it is expensive, but there is a process to make it cheaper. There is a company in my home state that is doing exactly this. The water that they extract from the river is actually a polluted river full of sedimentation, but they undergo various filtration processes and ultimately the RO process. This has proven to be cheaper. To produce about 5,000 gallons of water a day, its about 1.5 million Ringgit. So it is much cheaper. If you can produce that much water for the population for a relatively low cost, it will be worth it.

Hon. Lakshman Singh MP, India:

I think salinization in Australia is very severe, isn't it?

Hon. Kerry Nettle, MP, Australia:

Yes. It is very severe. All their dams are 40% full of fresh water. They have no choice now but to go to the desalinization process.

Salinization is an ongoing issue and an increasingly important one in Australia, particularly in the drier parts and centre of Australia. Actually, what I wanted to say is to thank you for the mention that you made in relation to the issue of what you described as environmental refugees, in reference to Hurricane Katrina, because I think this is one of the issues we will also need to deal with, along with the mitigation and adaptation changes in relation to climate change. Some of that occurs not only on a national level, but in an international arena through events such as the Kyoto Protocol and other mechanisms. We don't currently have the same international engagement in relation to issues around climate change or environmental refugees. In Nicholas Stern's report on climate change and a number of other recent reports, the numbers of potential climate refugees are enormous, particularly in South East Asia. It is one of the issues we need to think about: Whether our existing immigration systems allow us to deal with people who need to move because of the impact of climate change. Currently the definitions used in the United Nations regarding refugee status don't include environmental refugees explicitly, so we have to deal with these issues on an ad hoc basis by defining people in another way. At present, there is no framework for doing that. It's just one of the other aspects, I think, in which climate change impacts on so many arenas. It is a local and regional population issue. There is a significant movement and migration of people as a result of rising sea levels, particularly in the Pacific, but also more generally in South East Asia.

Hon. Rodolfo G. Biazon, MP, Philippines:

I am wondering about the graph representing the trend on malaria and the trend on dengue. Both are mosquito born and transmitted diseases, and the proliferation of mosquitoes is definitely influenced by rainfall. Is there an explanation as to why the malaria trend goes down and dengue goes up? My country, the Philippines, is vulnerable to both diseases. Is the correlation a general explanation of the trend of the two diseases?

Hon. Dr. James Dawos Mamit, MP, Malaysia:

Ok. In terms of malaria - We have, in fact, been able to control malaria for a long time. Our medical breakthrough has been in monitoring malaria. We are able to control it through migration. Visitors to and from malaria-prone countries are checked immediately, upon return. They have

to be free from such diseases, especially tuberculosis, because it is a contagious diseases that can spread widely. So to that extent I think we have been able to control the spread of malaria. Dengue is a different matter. Dengue is caused by a different species of mosquito, a species different to the malarial type. Now, dengue basically is a town and city disease. There has been so much migration of people from rural areas to the towns. You see, when they lived in the villages or in the compounds, they were able to clean their own back yards and burn everything to get rid of mosquitoes. That is ok, but when they move into town they have to live with the regulations. The regulation states that there is to be no open or public burning. So what do you do? They just tip all their rubbish aside, including the empty tins and that is what contains the mosquitoes. Secondly, when they live in towns, their eating habits are different. Everybody wants to drink soda, I guess. You get a can of soda, drink it, throw it out and that's it. When it rains, the can will fill up with water and that will then be the breeding ground for dengue. Thirdly is, of course, the affluent people. The very rich people are the ones who build houses. You know, the material they use for constructing the gutter is concrete, which is not necessarily good, especially when the workmanship is mediocre. You go up there and you see grooves here and there which are small. Small enough for the water not to run, so the water will continue to remain up there. That is the breeding ground for dengue mosquitoes. One reason that can be attributed to this is probably because of the gutter. And of course in condominiums and flats, who goes up there to inspect the accumulation of water, on the rooftops which are very high? I must say that in the whole of Malaysia, Kuching is the cleanest city, which also happens to be my city. So far, there have not been any incidences of dengue so far this year.

Hon. Rodolfo G. Biazon MP, Philippines:

There is a place in the Philippines where, just east of the highway are the gated subdivisions. And to the other side of that highway are the depressed areas. I visited the hospital because there was a slight increase in the incidences of dengue. I got curious and I asked which of the two parts of the town had more cases. I was surprised when I was told the incidences of dengue come more from the plush subdivisions, and from the slums - none. I think your remark is a good one and we need to examine all of this, because I was really surprised to hear the statement that the majority of people suffering from dengue are those coming from the rich subdivisions, rather than those coming from the slums.

Hon. Dr. James Dawos Mamit MP, Malaysia:

But that brings us to the next question on environment - Recycling and Reuse. You see in the slums, they reuse and recycle many things. There are no empty cans around that might contain

water, because those things are being collected and sold, as long as there is a market for it. Recycling is also the best solution for the ridding and avoidance of dengue.

Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia:

Thank you for your excellent presentation. For the past few years Indonesia has been experiencing a series of continuous natural disasters like the Tsunami in 2004, and volcanic eruptions, landslides, earthquakes, you name it. There is one other natural phenomenon in Indonesia, which is the hot mud flow in Eastern Java. It has been going on for two years, and until now we cannot stop it. This oddity is going everywhere. They are still debating if it is human error or natural disasters. Could you give me your opinion on this? Thank you.

Hon. Dr. James Dawos Mamit MP, Malaysia:

OK. First of all, I am sorry about Indonesia. It is just unfortunate that you are sitting on the ring of fire. There are seven earth plates in the world and they do not stay put. They keep on pushing against each other. Coincidentally, the Indonesian plate might be weaker than the rest. So it keeps on being pushed, starting from 2004, when you had that terrible earthquake and the earthquake in the sea that caused the tsunami. So that always happens.

There is a very strong debate that it is global warming that causes it. Yes, the sea is also warming, the surface of the earth is also warming and this, in turn, has had an effect on the plates. Once it is warmer they keep on pushing each other, thus a volcano will erupt somewhere, or there will be an earthquake somewhere. So that is Indonesia sitting on the ring of fire. Unfortunately, there will be many more natural disasters.

Now, the hot mudflow. I have heard about it. When you say is it human error - what did people do to it?

Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia :

They dug oil.

Hon. Dr. James Dawos Mamit MP, Malaysia:

Oh, in that case then it is human error, because there is so much mud underneath there and it cannot flow out by itself, unless the top layer of the soil is weak. So in this particular case, the drilling for oil is aggravating the earth. Therefore, you get mudflow in the area. In Western Java... Where is it...?

Hon. Tuti Indarsih Loekman Soetrisno MP:

It's in Eastern Java.

Hon. Wakako Hironakawa MP, Japan:

Thank you very much for the excellent presentation. I was very much impressed by all the discussions that are going on. I come from Japan, a country which is called a 'Developed Country' and I have gotten the impression that developing countries do not want to discuss environmental matters because they say that this is the responsibility for the developed countries, so we have nothing to do. This is the kind of impression I had. For instance, this year at the G8 Development Ministers' Meeting representatives from the developed countries, China and Brazil, big countries and some developing countries, such as India, talked about who takes the responsibility, and who is avoiding the responsibility, that's all. But I suppose this is not the time to do this kind of thing. I feel that every country should join the discussions, and not just leave it to the G8 countries or G20 countries and so forth. That is my comment and I would like to ask you for your comment.

Hon. Dr. James Dawos Mamit MP, Malaysia:

OK. First of all I think I have to thank Japan for having taken an active role in the Kyoto Protocol process. Of course, I was there. I started negotiations at UNCED, the United Nations Conference on Environment and Development in 1991, until we moved to Rio, trying to finalize everything but it was unsatisfactory, because we did not get money as promised from the developed countries, which would have been some 0.7% of its GDP. Not many developed countries have come up with that money. Many poorer countries are just sitting down and doing nothing, without that money. And despite the fact that it has already been more than ten years, I still talk about it. I really want to see the commitment trickle down to many countries. Of course, Malaysia has received some funds from Denmark, from the G8 and from certain environmental projects, which has been of great help indeed.

But the Kyoto Protocol is a very, very important one. Every country that has rectified that protocol must reduce its emissions. The commitment is there. The moment you have agreement, then you must honour your commitment. Australia has just signed it. They are very concerned about the environment, and they were not happy with the previous government for doing nothing. Other countries should follow suit. We must not leave the responsibility to just a few other countries to do so. I must tell you, the air is not static. Whatever happens to the air in China will have repercussions on air, here, in the south. Whatever happens to the air in Japan will go East/West. Whatever happens to the air in America - that too, will come over here, to the Pacific

and to the Atlantic and to Europe. So the air is one thing that you must think about. The air is that which carries the pollutants that cause global warming. And therefore, we must try to communicate as much as possible. We must look at and consider all of these various pictures; Let us use bio-diesel and bio-ethanol. However in doing this, we clear a big chunk of land. By clearing the land, we also aggravate global warming. This is because we want to plant plants that can give us bio-diesel like sugar cane, palm oil and so on and so forth. Secondly, we are also reducing the area for food. The world needs food now because of the growing population. So what do we need to do? This is the whole debate. I think AFPPD/APDA is a good forum because we are discussing our environment and discussing population and development. This is a good forum for us to discuss all of this and to look at the bigger picture. We should recommend that our governments all look into this bigger picture. That mitigation must take place.

Hon. Mdm Hajah Nancy Shukri MP, Malaysia:

First of all I would like to congratulate Dr. James Dawos for his very impressive and very good presentation. I am proud to say that I am one of his colleagues from the state, which we have been talking about. Now, I am not one of those people who is technically knowledgeable about environmental issues. One thing I do know is that I am very concerned about it and that is why I am here. Now, one thing I would like to know is if there is any way we can simplify what we are discussing here for these two days? If we can simplify this, we can find ways in which we can be more convincing to our people.

Hon. Dr. James Dawos Mamit MP, Malaysia:

I think that in any discussion, meetings and fora in the world involving multi-lateral states, there have always been simple statements that have been produced by the delegates. There is also a list of the things that we will commit to and those are thus more weighty statements. But there should also be an appendix on technical stuff. This is what always happens in any international conference. We make sure that we have our commitments and these must be put in simple statements so that the message can be understood, especially by our government. They should also be made to be understandable for those officials, who later on, want to advise the government and will reference these statements and use them for their recommendations. This is always the case so don't worry about it. I hope we will come out with some statements and some commitments for our governments.

Hon. Chiaki Takahashi MP, Japan:

Thank you for a good presentation. I would like to say that many politicians and scientists say

that they don't worry about global warming too much, so we shouldn't have to care. But the climate has changed, absolutely. You know some foods like corn and other food prices are getting high these days, at a very rapid rate. Some people say we prepare bio-ethanol for reducing the CO₂ level, but using corn and other foods for the bio-ethanol is raising the CO₂ level. So perhaps we should not use food for the bio-ethanol. What do you think about that?

Hon. Dr. James Dawos Mamit MP, Malaysia:

Thank you very much. Whatever we do in terms of the environment, we try to mitigate one problem. However we do, inevitably transfer a little problem to the next place. That is always the case. There is no such thing as 'zero losses'. There are always some losses, a certain percentage, whatever we do. You see, with so much talk about producing bio-ethanol, bio-diesel and so on from all those newly planted vegetation parts of crops, we will indeed starve ourselves later on. But in producing bio-ethanol and bio-diesel we are also using so many other things, like catalysts and so on and so forth, yeast to enhance the fermentation. But this is the process. If everybody wants to produce this bio-diesel and bio-ethanol, it can be done. But I would prefer to reduce the size of the cars that we are using, smaller cars so that we have enough waste to make our own bio-diesel and bio-ethanol. I have a project in my own constituency. I am producing biogas - methane from the waste produced by children that are staying in the hostels. This one is already working. Now there is no need to buy gas for cooking. They save a lot of money. They save about 2-3000 Ringgit per month for not buying that gas for cooking. They are relying on that methane that has been trapped in a biodigester, and I have come up with an innovative filter to get rid of water vapour and carbon dioxide because there is not so much in it, as well as hydrogen sulphate also. What goes into the kitchen is a blue-ish flame. That is in my own area. So, in spite of the fact that I am a politician, a member of parliament, I can never get my mind off of the environment and how to innovate things in order to make the world a better place for us to live in.

Session I

Climate Change and Its Impact on Our Future Society

Session I

Climate Change and Its Impact on Our Future Society

Chair: Hon. Wakako Hironaka MP, Japan

Hon. Wakako Hironaka MP, Japan (Chair):

I feel very much honoured to chair this afternoon's session on the very important subject – 'Climate Change and its Impact on our future Society'.

The first speaker of this session is the Hon. Han Myeong Sook from Korea. She was the first woman minister in Korea, when she became the Minister for Gender Equality. She was also the Minister of Environment and president of CPE, that is the Korean Parliamentarians' League on Population, Children and Environment, and the Asia Pacific Parliamentarians' Conference on Environment and Development (APPCED). She also served as Prime Minister until 2007, under President Roh Moo-hyun. Her topic is "Climate Change and Human Rights".

“Climate Change and Human Rights”

by

Hon. Han Myeong Sook

Former Prime Minister & Former Minister of Environment

Republic of Korea

Hon. Han Myeong Sook MP, Korea:

Spring reaches its peak in April in Korea.

Traditionally, we Koreans, have enjoyed a sweet touch of spring in March and have greeted the heat of early summer in May. Four distinctive seasons are part of Korea's Natural beauty.

Recently, however, snowstorms in March and scorching heat in May are not the usual weather events. Not to mention four Novel-Laureate IPCC Reports, extreme weather has become a part of life. We are living in the era of Climate Change.

Those of us who live in this climate era must pay careful attention to the root cause for the revenge of nature.

We have to admit that one of these roots lie in our unsustainable pattern of production and consumption. What I mean is “We have to realize that we are both the victim and the culprit of Climate Change.”

We are well aware of the fact that the rise in global average temperature causes outbreaks of epidemics and endangers the very survival of numerous biodiversities. Desertification is accelerating and water shortage prevails. These changes are directly impacting our daily lives.

What makes all of this sad is that climate change is hitting the most vulnerable beings most severely. In the face of natural disaster the people of poor nations lacking adaptation capabilities are far more severely damaged. Those who do not have access to proper health care in developing countries suffer more from the calamity of epidemics. Desertification deprives arable land of farmers of underdeveloped countries.

I strongly urge further and strengthened efforts from the international community.

I know that many international cooperation efforts have been made. Particularly, I do attach a strong hope to the Bali Roadmap adopted at the 13th Conference of the Parties held in Bali, Indonesia last December.

However, we must not overlook the facts that there are numerous challenges lingering against these global efforts. Interests between developed and developing countries do not always match. Attempts of countries to minimize their obligations so as not to hinder economic growth are easy to read. We need to put our strength and efforts together to curb green house gas emissions.

Korea is not an annexed country under the current Kyoto Protocol, but it is drawing up detailed plans to build a low-carbon society such as expanding the use of new and renewable energy and enhancing energy efficiency. Many Korean environmental experts and activists are taking part in urging the Korean government to take further reduction and adaptation actions. I am very delighted to be one of them.

I believe climate change issues must be approached from the perspective of upholding basic human rights. We need to share the understanding that our lifestyle, particularly our consumption patterns, might affect those most vulnerable on the other side of world. Addressing climate challenges is an obligation that befalls on all of us living in this century to protect human rights and our right to live.

I believe that we also need shared understanding that the climate is a finite resource. Once this limited resource starts being abused, someone, most probably our next generation, will end up paying the price.

It is meaningful and timely that we are all gathered here to discuss the climate change challenge which is upon us at The 24th Asian Parliamentarian's Meeting on Population and Development.

I hope that we will be able to pool our wisdom in tackling climate change.

Thank you for your attention.

“Climate Change and Its Impact on Our Future Society”

by

Dr. Shuzo Nishioka

Senior Research Fellow of National Institute for Environmental Studies Japan

Hon. Wakako Hironaka MP, Japan (Chair):

The next speaker is Dr. Shuzo Nishioka. Dr. Nishioka is the Senior Research Advisor of the Institute for Global Environmental Strategies as well as Senior Research Fellow for the National Institute of Environmental Studies and a member of Central Council for Environment, Council for Science and Education. He is playing a very active role in various places and he is very respected in Japan as an environmentalist. Obviously, Dr. Nishioka is a member of Intergovernmental Panel on Climate Change (IPCC). Today, Dr. Nishioka will be talking about Climate Change and its impact on our society.

Dr. Shuzo Nishioka, Senior Research Fellow of National Institute for Environmental Studies Japan:

What kinds of blessings have been given to us by the climate? If you say three, some people might say ‘Oh you have more.’ ‘There are much more than just three blessings.’ Of course everybody will think about the food blessings and of course before food we need to have water, and that is the second or maybe that is the first blessing and also somewhere in the middle you will find the forest and also mountains. Around 70% of Japan’s landmass is covered by forests and mountains. Such forests are a source for absorbing carbon dioxide in recent years but before that, it played an important role in providing wooden products and it gives us inspiration to walk around in forests and let children play in the forests. It has had multi-dimensional functions, but when you think of such blessings and functions you will first notice the mountain and its snow covered peak.



Fig.5

I think in any country it is said that this is acting as a dam to capture water. At the time of planting rice crops, water flows down from mountains to these rural villages. Some things you cannot see with your eyes but you can feel the fresh breeze that touches across your cheeks and in planting rice, these farmers are also enjoying having conversation. It is also a place of communication. Thus, an environment such as this differs from place to place. Why? It is because climate is different from place to place, but people around the world have adapted to their environment, living their lives and surviving in their own environment.

Although places might be different, the climate is something which is shared publicly by the people around the globe. When we think of climate changes within the last 1000 years we notice that there has not been a significant change in the long term. That is actually how the beautiful nature in Japan had been sustained, but right now for the past recent years the climate has changed dramatically and temperatures have risen. If we continue to use fossil fuels then temperature will shoot up, but if we try to take care of our environment and live our daily lives responsibly, then maybe we could reduce this.

So what is the dangerous level of temperature increase that many people are discussing? The EU says if the temperature increases 2% from the pre-industrial levels, it is dangerous. This is quite difficult to determine, but IPCC Fourth Assessment Report says that an increase of a mere 2-3°C from the current level is quite dangerous. Dr. James Dawos Mamit just gave us a presentation and from the Ice Age to the Interglacial period, there was a rise of 5°C in temperature. What happened in the time between the era of the woolly mammoths and the human era?

Unfortunately, the accuracy of our forecast is not very precise. The consumption of fossil fuels causes a difference and a large amount of variation within our temperature scales. If we continue this high rate of consumption, we may need to forecast higher temperature increases of 6.4°C and a low estimate of 1.4°C. In any case, the temperature increase is going to impact us dramatically. I think you are all aware of that. Now, what is going to happen in the future?

From 1966 we have already seen a 2°C increase in the arctic region and this, along with the Himalayan water source, has already been affected since 2002. Within these next 100 years, we should be looking at the northern part of the Arctic Sea and other highly affected regions, as problems are being fore spelled. What is going to happen in California, U.S.? And the food supply in a country like Australia? What is going to happen there? What is going to happen in Brazil, with such precious natural wonders, like the Amazon?

In Central Asia the temperature has already increased by 6°C, meaning things are just going to get warmer and warmer. Such climate change is not something that is happening in just one single country in Asia, it is happening all around the world and all at once.

Japan can boast about its simulation technology. Japan has a super computer and we have submitted this data to IPCC. So if you look at simulations, you will notice that climate change is happening around the globe.

Now the IPCC has announced what might happen when climate change takes place. The speed of temperature change is double the pace of what it used to be. I have been talking about temperature so far from 1860 to 2000, however, it is not just the temperature that is important. The sea level has also increased and that is due to the fact that when the sea surface is heated, it expands. Another reason is that the ice-sheet/ice-peak on the ground has actually melted. This has flowed into the water, causing the sea level to rise. This is also applicable to the snow surface. Satellite photographs show that areas covered by snow have decreased dramatically. This is something we found out from previous research.

Ice is melting at its fastest speed in Alaska. We are very much concerned by glacier loss in high mountains in Asia, such as the Himalayan Mountains.

Compared to pre-industrial times, Green House Gas (GHG) emissions have led to an increase of 70% in greenhouse gasses. This, in turn, has resulted in increasing CO₂ levels which has risen

by around 80% in the period 1970 – 2004. Within the last thirty decades it has shot up dramatically. In a recent IPCC report, the most noteworthy fact is that this global warming is anthropogenic, meaning that the GHG that have been emitted and contribute to climate change are due to human activity. For the last twenty years IPCC has been doing research on this. Initially it was mentioned that human activity might be the contributor but the last IPCC report clearly states that it is greenhouse gas which is the main cause of the increase in temperature. This was determined by simulations using computers. Looking at the impact of GHG, we have found that human activity actually leads to temperature increase, as proven by the rising temperatures in recent years. If we do not take into account the GHG impact when carrying out this simulation, it looks like this blue width:

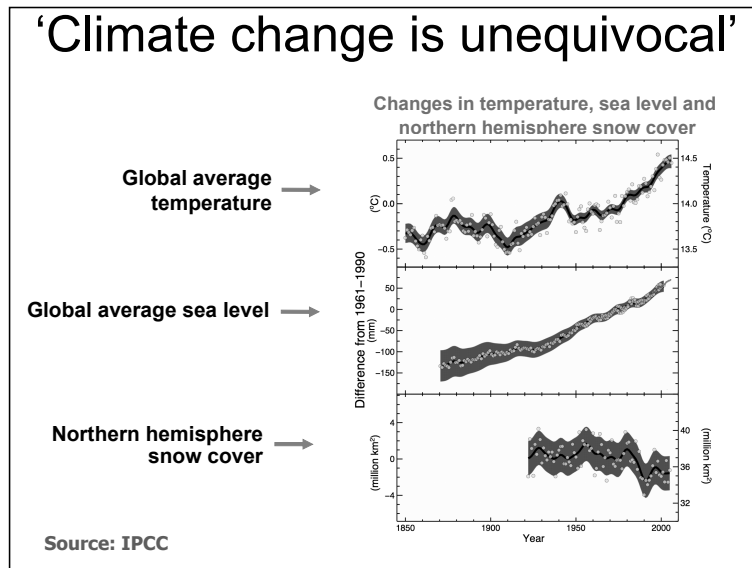


Fig.6

By looking at this diagram you could say that the current increase in temperature has actually been and was derived from human activity, as was clearly stated. There are many sceptics saying that human-emitted greenhouse gases have nothing to do with the temperature increase. That is what President Bush said when he decided not to ratify the Kyoto Protocol, that there is some doubt. But this has actually been proven and this is evidence that human activity leads to global warming.

There are many changes that will take place because of a temperature increase. For example, in South Asia, the costal sea surface is going to increase meaning there will be an increase in cholera cases. This also means that the glacier in the mountains of Tibet, which exist less altitude than 4000m, is going to melt. Another repercussion will be that the rice production yield

in Japan is going to fall. So these are very limited impacts.

Biodiversity and crop productivity will also be reduced. It will increase in certain places, but in other places it will decrease and as a result, water stress is going to increase. Of course the sea level will continue to rise and exacerbate the instances of flood, inundation and health issues. Several millions of people will be affected due to this climate change. Where are the vulnerable spots within Asia? There was a discussion already this morning about the poorer communities and yes, they are the most vulnerable people who will be significantly more affected.

Although they try to adapt to the changing climate, they do not have sufficient capacity to adapt to the changing environment. Water resources are impacted when glaciers melt. In the Tibetan highlands, the snow is actually the source of four major rivers, the Mekong River, Yangtze River, Indus River and Ganges River in Asia. The source of these four major rivers will be scarce in its water supply and also the rise in sea level will affect the coastal areas. Salinity of ground water in these coastal waters is going to increase, which will affect agricultural production.

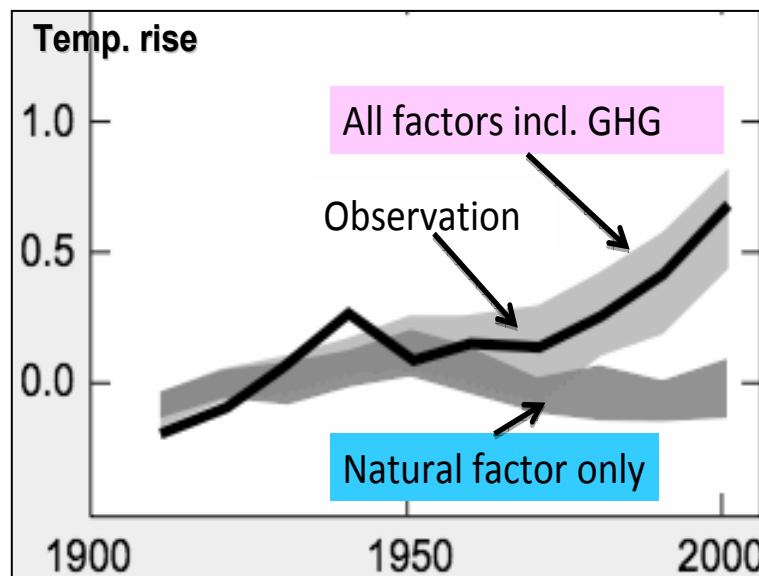


Fig.7

So generally speaking, because of the improvement in the cycle of water, the precipitation will increase. This will not fall in-land thus it will be dry, but where there used to be rain, there will be more rain which will create floods and a vicious cycle. The IPCC reports state that the most vulnerable region is the coastal areas in Asia. That would be the Mekong delta, where population is concentrated around, for example, the Yangtze River delta in Shanghai; Chao Phraya River, Bangkok; or Bangladesh. These are very vulnerable areas.

Now, food production. In the northern part, arable land is going to expand, so crop production in East Asia and South East Asia will increase. In the central part and also in South East Asia, or South Asia, a 30% reduction will be seen in crop production. In India, per one degree rise in temperature, wheat production yield will decrease by 5 - 10%. So how can we adapt to the situation? There are some measures that can be implemented, however, in a low latitude area even if you take adaptation measures we can do little to stop the fall in yield.

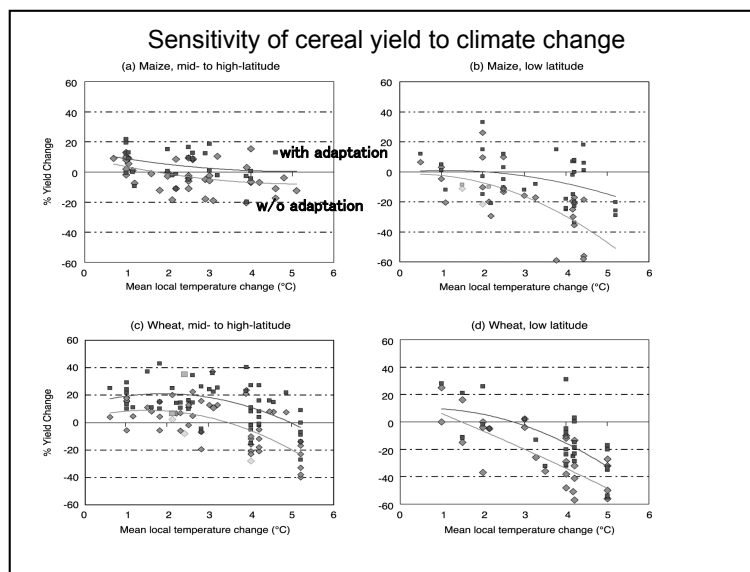


Fig.8

Impact on Human Health – As previously mentioned, diarrhoeal disease will increase. What kinds of changes are likely to occur? When it comes to malnutrition, the climate change will reduce the production of food thus causing more negative impacts.

IPCC has a high level of understanding with regards to the increased negative impacts of malnutrition and which areas will be impacted. An extreme example is New Orleans when it comes to typhoons and cyclones. In a few years time, the severity will be higher, although the number of incidences of cyclones will remain the same. When the sea temperature goes beyond 26°C, the cyclone and typhoon will absorb the power from the high temperature of the sea, making typhoons even stronger.

In addition to that, there is the likelihood that there will be irreversible changes in the environment, of which we are already bearing witness to. There is no stopping to the melting of the glaciers in the Arctic region, nor in ecological changes, nor in the extinction of species.

These are all irreversible changes taking place. That is the discussion for the future, but it is already having an impact on the present. We are assessing the impact of climate change. We have an IPCC Asia review program, although our studies are not yet thorough enough. There are various impacts, but we have still not been able to fully assess those, but a temperature increase of two or three degrees, will have a devastating effect. It will also affect GDP. A temperature increase of 4°C will lead to 1-5% GDP loss.

Of course we need adaptation. Under the current circumstances, even if we stabilize the concentration of CO₂ at the present level, it will increase by 0.2°C or sometimes 0.4°C, so we need to adapt to those changes of climate by all means. One example of adaptation, comes from Male in the Maldives where there was a levy that was very effective in preventing the tsunami, thus we need more of those hardware adaptations. With the melting of a glacier there is the likelihood of a landslide, so we have to take preventative measures by creating routes that will channel the melting glacial waters. Another example is a bridge in Canada which is to be constructed at a higher level than normal in order to cope with higher sea levels in the future. However, adaptation alone is not enough. We have to mitigate those impacts, in other words, we need to prevent them from happening in the first place.

Who is going to mitigate the impacts of climate change and in what way and when? Please assume that there is air inside this bathtub:

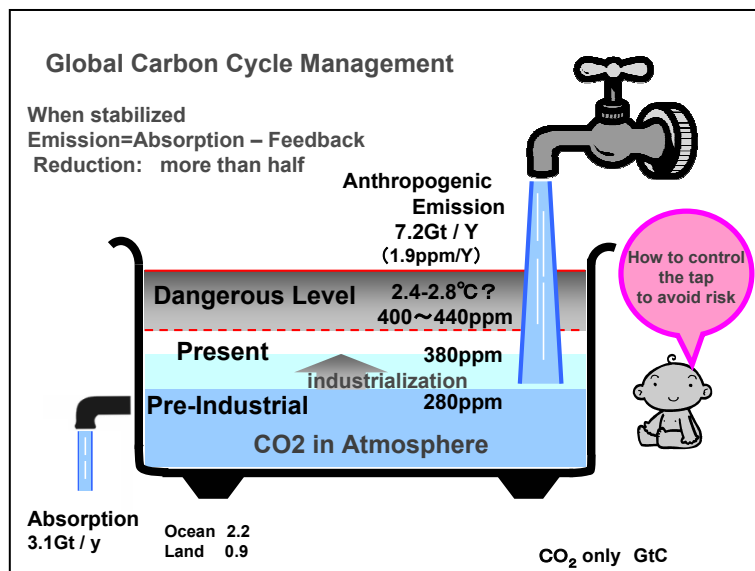


Fig.9

In year 2000, in terms of carbon, we had an input of 7.2 gigatonnes (gt) per year of carbon (1gt =1 billion tonnes), of which only 3.1gt of that carbon could be absorbed by the bathtub. In other words, 4.1gt of unabsorbed carbon is accumulated every year inside this bathtub. In the past, before industrialisation, the concentration of CO₂ in the atmosphere was 280 parts per million (ppm) but the current figure stands at 380ppm. Taking 2.5 °C temperature increase as risky level, the CO₂ concentration level in the atmosphere will be between 400 - 440ppm. As the speed of increase is 2ppm/y now, we will attain to this level within 10-30 years. Until that time, we have to control and reduce emission to at least the same speed of absorption and make water level stable.

Within thirty years this water level is going to be red area. Even if we stop the accumulation process at this point, what would do we do about the level of emissions still left in the bathtub? Ideally, the emission would be equal to the absorption power of the bathtub. Inside the atmosphere, you are putting a lot of emissions and there is inventory being built up and they are becoming defective inventories.

To stabilise climate, emission to atmosphere should be equal to absorption. This is the golden rule of stabilization.

If we could, it would be best to improve the absorption power of nature. One way would be to increase the sink power of the forests. A different approach would be to capture the CO₂ in the atmosphere and then inject it into the ground, but that is not very effective.

What we scientists are saying is that the current absorption capacity, 2.2 for the sea and 0.9 for the atmosphere of the earth, but this 0.9 absorption power of the earth now is going to be reversed and it will omit more CO₂. For the sea absorption power, it will fade, so this 3.1 absorption of the sea and of the earth is heading towards zero absorption by the sea and by the earth, so we need to halve the emission in thirty years and on a long term basis the emission level should be reduced to zero.

If you try to stabilize at 550ppm, if there is feedback, such as on the surface of the earth, Amazon trees are depleted, and when they are depleted they emit CO₂ into the earth, and that will accelerate climate change and global warming. Then in 2100 they will reach the peak, which means that in the further future you have to reduce the emission level further. Last year at the German G8 summit, the leaders of the world decided to reduce the emission of CO₂ by half in 2050. According to our calculation, we have to make sure that the temperature increase

should not reach 2°C. To do that what should we do with emissions? We have to work right now, and this is what the EU is saying. We are not that stringent because we can't afford to do that so our target is about 2.5°C temperature increase in 2010 and by 2050 we have to reduce the emissions by half, which is exactly the global target formulated at the Heiligendamm G8 summit. IPCC is saying the following: in order to suppress the temperature increase to about 2°C, the peak period will be about 2015. Then the emission volume should be reduced by 85%. My illustration about the bath tub is based on the presumption that the increase will increase to 2.5°C and then by 2050 a 50% reduction of emissions.

Earlier I talked about a low carbon society. To what extent can we reduce CO₂ emissions by 2050? That is the study I am working on presently. The conclusion of that study is that in terms of technology, Japan can reduce CO₂ emissions by 70%. You do not need to impose austerity measures on Japanese people. They can enjoy the current level of service and quality of life and also reduce CO₂ emissions at the same time. How can we achieve that?

In terms of consumption, energy use should be reduced by 40%, which means we won't put too much stress on the supply side. For example, atomic power plants are a big problem, but we do not need to expand atomic power plants. By using technology, people will be able to enjoy the same quality of life, and also reduce the consumption of energy by 40%. There are three factors to achieve this.

Firstly, Japan's population will go down by 20% by the year 2050, which means energy demand will decrease. The second factor is technology. Technological innovation should be doubled in terms of the speed of development. In terms of transportation, an 80% energy saving is possible. According to our estimate, by using an electric car the current consumption of energy can be reduced to one quarter. Therefore, city planning needs to be changed. Currently the city is planned based on the fact that there are many cars, but it will be shifted to a city planning where transportation will be by railways. An increase in income per capita has resulted in more luxurious consumption causing a CO₂ emission increase. Energy increase is not that important but population increase has had a big impact. Also efforts to improve the economy have led to higher CO₂ emissions. On the other hand, innovations in technology should be doubled. Even if technological innovation is emphasised, the economic development and population increase will eventually cancel out this and increase the emission of CO₂.

We developed countries, are working very hard. The energy consumption per GDP is declining in the US and UK, and Japan is levelling off. Japan is a country of energy saving but

unfortunately it is stagnant while other countries are working hard in order to introduce energy saving technology.

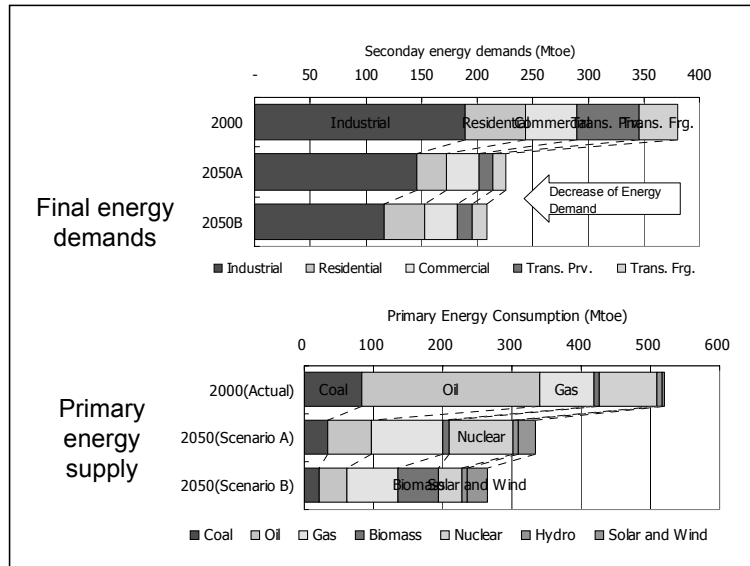


Fig.10

Finally the point I want to make is that CO₂ emission decrease can not be achieved by the efforts of developed countries alone from 2000 to 2100. It was decided at the Heiligendamm Summit to reduce emissions by half by 2050. On the other hand the developing countries CO₂ emissions are increasing rapidly. So even if industrialized nations make efforts to reduce CO₂ emissions, we can not cope with the developing countries increase of emission. This CO₂ issue can be handled to a certain extent by industrialized nations. The point is how to help those developing nations participate in this effort.

The current world emission is 10.8(GtC/y), if we halve this, which is an attainable goal, it is 5.4. This in this case would be 0.58tC/y emissions per capita. Currently per capita emissions of developing countries is 1.32tC/y so their goal would 0.58tC/y. Developed countries are emitting 4.77 per capita so of course they have to work on reduction. So from that point of view both industrialized and developing countries have to work hard to reduce their per capita emissions. All people should participate and everybody should share their wisdom in order to achieve this goal. If we are to share the technology with developing countries, how much savings is possible? When analysing the cost of GHG reduction developing countries are able to reduce GHG at a much lower price than industrialised countries. For example if carbon is priced at US\$100 per tonne, industrialised countries can only reduce GHG by less than 4000 Mega tonnes but in comparison developing can efficiently reduce by almost double at over 6000 Mega tonnes.

Therefore, in an economical sense it is much more efficient to finance and introduce carbon reducing technology to developing countries to assist a decrease in their CO₂ emissions.

If possible, I would like to see developing countries leap frog the path of the industrialized nations in terms of development and efficient use of commercial energy. From 1840 to 2000 a lot of energy has been consumed in order to acquire wealth. The U.K. and U.S. increased their GDP by spending and consuming energy, but at a certain level they started energy saving efforts. The UK started it first and the US caught up with it. Germany and France followed and then finally came Japan. Japan started using energy from 1880, but from 1940 they peaked and by 1970 Japan became the top in terms of energy savings of commercial energy use. Japan did not follow the path of the U.K. or the United States and I hope that the developing countries will follow the path of Japan and use their commercial energy more efficiently. That kind of technology sharing and knowledge sharing should be done by industrialized nations to developing countries.

Climate change is very serious and through cooperative efforts we want to cope with that change.

<Discussion>

Hon. Bexultan Tutkushev MP, Kazakhstan:

Firstly, Kazakhstan joined the Kyoto Protocol and for Continental and Central Asia, in the case of changes in the climate, there might not be a tsunami or flooding or cataclysms in the future as it is more likely to be a draining of our territory. Historically, changing of climate in the Central Asia territory, every 1000 years, the first and second centuries BC and even 10th century in Central Asia and Russian territory, temperature changed dramatically. A good example is the Aral and Caspian Sea which had a connected water source.

We can observe that the same situation happens every 1000 years, a cycle of climate change. The first century BC and 10th century of our time, and maybe it is going to be change again in another 1000 years. Maybe changing of the climate in the world is a cycle and plus the human factor is added in the 20th century. We understand that in the first and second century BC and 9th and 10th century our time, there was no population and no development like there is today. What do you think about it?

Dr. Shuzo Nishioka:

There are many meteorological cycles for the climate and the longest cycle they say is about

100,000 years which correlates to the central axis of the earth oscillating. Some short cycles could be ten years, so that every eleventh year may have some change in climate. And you are talking about every 1500 years. That could also come from vibration/oscillation, but what we are facing as climate change now is something that would occur within 100 years from now. And this change is not something like the very slow moving 100,000 years or even in the 1000 years, which is a very moderate change. What we are facing is a very drastic change occurring in less than 100 years. Prominent changes that have not happened in the ordinary cycles before. Therefore, we see a population of 6 billion or maybe 10 billion spread over the globe; we are seeing that within these 100 years it is going to be a very crucial problem and something that would have a huge impact.

Hon. Mohamed Shareef MP, Maldives:

I thank you for organizing the 24th Parliamentarians' Meeting on Population and Development, especially for addressing climate change. Though the impact of climate change may be felt in low lying islands like the Maldives, the far reaching consequences will affect almost every country on this planet. The Maldives is a principality of 200 coral islands which forms an archipelago of 25 atolls and is more than 800km north to south and more than 100km east to west, for a total of approximately 90,000 square kilometres. Warming of the oceans, coupled with the rising acidification caused by rising CO₂ deposits threaten our prized coral reefs. These reefs are the very life blood of our economy. Our two principal industries, tourism and fisheries, are entirely dependent on the reefs. Together, these industries account for 40% of our GDP and more than 40% of our workforce. In the long term, it is not our development but our very existence as an island nation that is threatened. A global average sea level rise of 9 to 90 centimetres is expected over the next 100 years. Given that 80% of the Maldives is less than one meter above sea level you can begin to understand our alarm. The Maldives was the first country to sign the Kyoto Protocol on 16th March 1998, and was ratified on 13th December 1998. As the Maldives is a non-annexed party to the UNFCCC, the Maldives is not obliged to implement GHG Mitigation measures. However, it takes whatever measures it can to reduce emissions in order to contribute to sustainable development. The Maldives wholeheartedly believe that an international adaptation fund is crucial to developing countries. While it is encouraged by the adoption of the five year work program, the Maldives also advocates intensifying capacity building to be developed at sub-regional and regional levels to deal with the challenge of adaptation responsibilities. The Maldives believes the political principle and would like to see commitment made by an international committee to avert carbon emissions and trading. The Maldives feels and calls for meaningful emission reduction commitment for 2012. Negotiation in that regard should be accelerated and I hope a closer agreement on this issue can be reached

no later than 2009 with the principal commitment to reduce GHG emission to three industrial areas.

Hon. Rodolfo G. Biazon MP, Philippines:

As a parliamentarian, I find there is a resolution to conduct an enquiry into the real situation of food in the Philippines, particularly with rice. We also enacted a law recently, about three months ago, for biofuels production. One of my resolutions is to ask for a suspension of the implementation of the biofuels law, until after we can be assured the production of food is at a self-sufficient level. We are the number one importer of rice in the world today, which is a very surprising situation considering that the Philippines is an agricultural country. Now, our biofuels law was enacted in response to this concern for climate change. Of course it is not really yet clear whether or not the production of biofuels does not release more dangerous gases into the atmosphere. I think the study on this is still going on.

If we look at the distribution of gas emissions as far as regions and countries are concerned the U.S. is indicated as responsible for 22% of the emissions of greenhouse gases. China with 1.26 billion people is responsible for 16%, against the 300 million Americans. So I think that in my country we should be concerned more with the production of food than participating in the prevention of greenhouse gas emissions. I think that developed countries must take a look at this because the responsibility would probably be on the shoulders of developing countries because in the developed countries it is not enough to want to eat beef, but steak is put in the mouths. They say that the production of 1kg of beef would require the use of 5 or 10 kg of grain. So here, I think that the desire of developing countries to also share in the enjoyment of life. I think that what we have to take a look into is to just the production food to satisfy the need for sustenance of the human body. We are looking probably at this problem, contributed by the desire, the growing taste, for lifestyle. You don't just need a car to move people from point A to point B, but we want limousines, or for example, the F1 race. These are the things that must be considered. Again, I think that the responsibility to contribute to the prevention of greenhouse gas emissions is squarely more on the shoulders of the developed countries, because the developing countries and under-developed countries are more concerned in putting rice on their table. And the irony of it is the, the rest of Asia is contributing only 1% of the emissions. So this, Madam Chair is a remark that I think should be considered. I think that the greenhouse gas emission prevention is squarely heavier on the shoulders of the developing countries.

Hon. Wakako Hironaka MP, Japan (Chair):

In the morning there was a question about whether we take food production or bio-ethanol and biofuel. Professor Nishioka, may I have your comments.

Dr. Shuzo Nishioka:

That is really an important point. We are afraid that sometimes when we think about global warming issues that we concentrate only on the issues of fuel. But our final goal is sustainable development. It is because we want to keep track of sustainable development, but while on this pathway, why should we use food only for the cars and so on? I am very much afraid because the price of energy is now going up. Our research shows that if it goes up to more than \$50 per barrel, bio-ethanol can be competitively priced. So already the price of energy is more than \$100 so those people who have enough land and enough power to grow their own corn, that is the United States, they can use their agricultural products as an alternative for gasoline and so on. It is not only a simple reason why they use this. Anyhow, I think your idea of restricting the use of those foods to energy is very respectable.

Hon. Han Myeong Sook MP, Korea:

The Philippines representative has mentioned that developed nations should take the responsibility and I agree with you. However, I would like to say that developing countries also have to take responsibility together with the developed nations so in the sense, the developing countries will follow the path of developed nations' development. Finally, developed nations should take the responsibility for the emissions but for the core operation we have to take responsibility together. In terms of biofuel energy, it takes a lot of time to develop biofuel energy and it requires a large amount of land so it is a fact of whether it is economically wise or not.

Hon. Kim Hyun Mee MP, Korea:

The presentation from Dr. Nishioka was very informative and serious. Dr. Nishioka mentioned various things, and I would like to know about the low carbon society. Climate change is a global issue and we have to act together to make a low carbon society. Most developed countries can adapt. As the presenter mentioned, one person's GDP will be the direct cost to reduce the energy, but less developed countries need support from the global society. Do you have any way of supporting less developed countries to adapt to a low carbon society?

Dr. Shuzo Nishioka:

Thank you for your good question. We are trying to realize a low carbon society. The most

important thing in doing so is to discover good technology. What is even more important is using the right technology at reasonable price. We already have existing technology that can be applied. We don't necessarily need fancy technology at this point. There are so many financial barriers in the social system. If you change those bulbs into fluorescent bulbs, for example, we can lower our energy use to one fourth. But people cannot afford the new bulb because it is a little bit expensive. In that case, maybe the government should subsidize some of the money. An easy change is the light bulb, and it can also pay for itself after three years. This is happening in the developing countries and developed countries. I didn't show some of the slides but it clearly means that if we introduce our Japanese power generation technology to China they can easily pay back, because the energy price is so high, pay back within two to three years, but they will need the initial money. So in that case we can cooperate through our loan to China and in that way we can have a synergy of the cooperation between developed and developing countries. Those are the things that Prime Minister Fukuda announced at the Davos World Economic Forum and we are now preparing \$10 billion for the cooperation.

Hon. Prof. P.J. Kurien MP, India:

Thank you, Dr. Nishioka for the very informative presentation and a lot of information. I want to know one point. This low carbon society means we should depend less and less on the fossil fuels, whether it is oil or coal and turn to new energy sources. One of the best renewable energy sources is solar energy. If we can harness solar power then there is no carbon emission at all, so I would like to know - in many countries solar energy is in abundance but unfortunately it is not viable. The solar energy harnessing, if that can be done in a big way and is mainly commercially viable then a lot of this carbon emission problem can be reduced. But unfortunately I think even in developed countries, because they get cheap energy or they can afford fossil fuel energy, there is no genuine effort in R&D to make it available. What I would like to know is whether what I said is a correct position acceptable to the experts and scientists, whether there is any effort, serious effort to encourage the developed nations to invest more in R&D solar energy research, so that it is made commercially viable and made available to all nations. To me this is the solution ultimately. Is there research going on and, if so, will you tell me the details?

Hon. Wakako Hironaka MP, Japan (Chair):

By using solar panels in the desert maybe we can generate a lot of the power. Dr. Nishioka, please.

Dr. Shuzo Nishioka:

We can see an example of leapfrogging in mobile phone. The donors of developed countries

invested in the wire communication before mobile phone became popular. But when the mobile phone was developed, nobody needed wire communication. So compare that with China and Japan for example, Chinese people use mobile phones more than Japanese. This is a good example of leapfrogging. And this leapfrogging can also happen in energy. Rural areas of developing countries are waiting for the power line to come. When you build a solar power plant, rural villages can independently manage their electric power. It may also be possible to combine it with renewable system like biogas.

Japanese government made a big mistake in its solar energy policy. It started offering subsidies to solar technology ten years ago but the Ministry of Finance cut the subsidy thereafter. Meanwhile, the Germans promoted creation of a new solar energy system in which solar panels were installed at each house and the government bought the electricity generated by these panels at a rate three times higher than the ordinary price. Solar power generation technology advanced dramatically following the introduction of this system. We can see from this example in Germany that building a system that offers economic incentive is very important.

As for whether these systems can be used for assistance and cooperation of developing countries, I think it is possible to list it as one of the forms of assistance and cooperation.

Hon. Dr. Jetn Sirathranont MP, Thailand:

Thank you Chairman and Co-Chairman for this panel. I think that we get few benefits because we can not convince the big countries like USA and China to cooperate with us. Both these two countries have not signed the Kyoto Protocol. That's the problem. I know that carbon dioxide emission is a big problem for all countries. I know that some countries, like Germany, can produce alternative energy from fossil fuels. However, it is difficult to make it commercial. My question is why your country, like Japan or Korea, does not have cooperation with a country like Germany to produce more efficient energy to take the place of oil and gas? This could reduce and solve the problem of global warming and can help us.

Hon. Han Myeong Sook MP, Korea:

In terms of Korea, we have great interest in the area you just mentioned. As far as I know, Germany uses this kind of renewable energy as 10% of their whole energy. We are currently in a lot of cooperation with Germany for the transfer of technology from Germany. At this moment in Korea we are using 3% renewable energy but our Government wants to increase it to 5%.

Hon. Wakako Hironaka MP, Japan (Chair):

Let me talk about the case in Japan. I think Korea is great and I have heard of the German case and I wish Japan would cooperate with Germany and increase the level of renewable energy. But

Japan is not doing that and that is because Japan wants to depend more on nuclear power plants. Japanese power companies, there are about eight or nine power companies, and their main objective is to supply stable and large-scale electric power, and that is the pretext for not showing interest on renewable energy sources. Japanese power companies have relied on hydraulic power generation but when it comes to photovoltaic or wind power, Japanese power companies are not pursuing it because of low reliability. We have a system in which power companies are required to purchase electricity generated by private companies using renewable energy. However, unlike Germany, Japan does not have the economic incentive because such electricity is purchased only at very low price. So it does not really motivate Japanese companies to work on photovoltaic energy. Miss Emily Robbins of Rocky Mountain News commented on Japanese energy policy and let me quote from her comment: What Emily Robbins is saying is that in order to have more energy efficient power generation there should be more small scale power generation and unfortunately that is not the case in Japan, it is large scale power generation. This is a fact and because of the lobbyists from big corporations, so far it has been difficult for policy makers to change the policy but nothing is impossible. As an MP, I would like to promote those efforts for renewable energy. Hon. Takahashi, please.

Hon. Chiaki Takahashi MP, Japan:

Japan is said to be a country of natural disasters. We are hit by earthquakes and typhoons once every several years. In the morning the Malaysian speaker talked about floods in Malaysia. In recent years in Japan, precipitation of unprecedented scale have been occurring every three to five years And causing floods. Because of their unprecedented magnitude, we politicians are discussing the need to build embankments and carry out river development. These measures naturally cost a lot of money and therefore are not easy to implement. I therefore would like to ask Dr. Nishioka whether we should design our disaster prevention plan with climate change in mind.

Incidentally, photochemical smog was occurring frequently in Japan in the past but they have not occurred in Tokyo in the last several decades in Tokyo after the air became clean. However, these photochemical smog is now being observed in the Kyushu region in southern Japan where air is clean because of the air flowing in from China depending on the direction of the wind. Korea may be experiencing a similar situation. Although this case is slightly difference from climate change, the Earth is all connected. While developed countries naturally must make efforts to alleviate the impact of climate change, it is also very important to share the same awareness of the environment with developing countries. We need to have a framework in which we can have close communication and exchange of information regarding global warming and air pollution. If Hon. Han Myeong Sook has any opinion I would like to know.

Hon. Han Myeong Sook MP, Korea:

As we know the USA and China are the countries that are emitting the most air pollution, and they are not following the Kyoto Protocol. In their ways they want to cooperate together and want to develop some new ways to tackle these environmental issues. I believe the industrialized nations should take the responsibility. They have to not only try to reduce the carbon emission but they also need to create the technology to reduce the carbon emissions.

As the Japanese representative has mentioned, pollutants are moving from China to Korea and Japan. Nowadays, these problems are crossing the boundaries. There are no boundaries between nations, so we currently have a forum among Korea, China and Japan.

When I was the Minister of Environment in Korea, I was also a participating member in this forum. This environmental forum is held once a year and we discuss how to reduce all these pollutants. As we mentioned, in some other countries floods are occurring. It is the same in Korea. We have lots of floods, but the problem is that the current floods are unprecedented. They are floods that have not usually happened in the past 100 - 200 years. This kind of unexpected flooding is largely due to the developments which go against nature, so I believe that an international committee like the Environmental Forum plays an important role.

Hon. Liang Eng Hwa MP, Singapore:

I thank Dr. Nishioka for the very comprehensive presentation. I think climate change is something that is trans-boundary, it effects everyone, including Singapore which is a small island country. We have our fair share of impact from environment changes, which is why we are also one of the countries that ratified the UNFCCC as well as acceded to the Kyoto Protocol in 2006. Often we have discussions on climate change and we always get into this issue of what the attributable contribution should be like. The industrialized country and the developing country, who should contribute more, should bear more of the cost of it. I like Dr. Nishioka's illustration saying that the cost of 30% reduction in carbon emission, is the direct cost is 1% of GDP per year. I think the current numbers do help people to analyse and debate this whole issue. Which is why I think it is good to raise this in the G8 meeting coming up, especially to the industrialized countries. I think more importantly, we should bridge the gap between the industrialized countries and the developing countries on how we should share this cost because there is no end. We all know the reason why we have to do this. It is because of climate change. In fact, if we don't do anything it will self-destruct us, but I think, but there is always the bigger issue of who should bear the cost. I think that could be more the focus for going forward,

especially at the international forum, such as this. To bridge the difference, it is not easy but when we have more information such as economical costs, social costs, we can probably get closer to each other.

Hon. Wakako Hironaka MP, Japan (Chair):

Thank you very much. I understand that that issue is going to be discussed, definitely.

Hon. Lakshman Singh MP, India

The best method of cutting down CO₂ emissions, according to me, is trading in carbon credits. Unfortunately, this idea has not caught on globally, although some countries are doing it. My own country has started recently. Maybe after this conference we can pass a resolution. It would be a good idea to include this point as a part of our resolution. It would send a message to the world that if we trade in carbon credits we will be able to cut down CO₂ emissions to a very large extent.

Hon. Wakako Hironaka MP, Japan (Chair):

Carbon trading is especially undertaken by the EU countries.

Dr. Shuzo Nishioka:

Basically, I think it is very important to put the value of the precious climate on the market. Climate itself is becoming a very precious resource now, so those who use it much have to pay and those who do not use much don't have to pay or even receive compensation. One of the mechanisms for doing this is taxation and another, as you said, is trade. Maybe the trade system will be the basis of the policies. That is my understanding. But it should be combined with carbon tax and other regulations.. These policies must be well-coordinated with regulations. I completely agree that it is one of the things we have to think about.

Hon. Wakako Hironaka MP, Japan (Chair):

Thank you, Dr. Nishioka and also Hon. Han Myeong Sook for the wonderful presentation and also your very active participation. You know the point is how to reduce, how to avoid the catastrophe in the year 2050 or year 2100. It is not fair for the future generation to inherit this beautiful Earth in such a terrible situation. We should do much more and we should think much more creatively and we should be willing to sacrifice to a certain point. Perhaps it is a good idea that we share this sense of crisis for the future and also we should consider reforming our way of living. This is easy to say but very difficult to do. With that note I would like to conclude this session.

Session II

Climate Change and Infectious Diseases

Session II

Climate Change and Infectious Diseases

Chair: Hon. Darlene Custodio MP, Philippines

“Infectious Diseases - the pending crisis and countermeasures”

by

Dr. Hasan Abdul Rahman

Director of Disease Control Division, Ministry of Health Malaysia

Hon. Darlene Custodio MP, Philippines (Chair):

I have the very important task of introducing our next speaker who will talk about climate change and its effects on Infectious Diseases. This will be presented to us by the Director of the Disease Control Division of the Ministry of Health in Malaysia, Dr. Hasan Bin Abdul Rahman, who is an epidemiologist by profession, for infectious diseases.

Dr. Hasan Abdul Rahman:

Thank you, Hon. Chairperson for the kind introduction. Firstly I would like to thank the organizers for giving us, the Ministry of Health, the chance to talk on ‘Climate Change and Infectious Diseases’. Hopefully our information will be able to assist us in our discussions after the presentation.

Human health is the primary goal of the sustainable development of nations. Humans are being exposed to constantly changing weather patterns, in particular to extreme change, which has a direct and indirect effect on the ecosystem – including water, food supplies and other important things to health.

The Intergovernmental Panel on Climate Change (IPCC) uses climate change to refer to any change in climate over time, whether due to natural variability or as a result of human activity. The UN Framework Convention on Climate Change (UNFCCC) defines climate change as a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and that is in addition to natural climate variability

observed over comparable time periods. That is, the UNFCCC makes a distinction between “climate change” attributable to human activity altering the atmospheric compositions and “climate variability” attributable to natural causes. We must clearly be aware that human activities in the world have an effect.

From these two definitions on this slide to the next slide: Climate Change and health: Pathway from driving forces, through exposures to potential health impact.

On the right side is the two factors, the human factors - the activities that relate to humans and then the natural causes, and various things done to mitigate the situations. From that the red colour is the climate change. Immediately from the climate change, what we can see here is the - regional weather changes. Second is what is happening as far as health is concerned. The last one is the Health Effects from these climate changes. Allow me to read from the last one.

We can see from this diagram that the driving forces of climate change, population dynamics and unsustainable economic growth, has an effect on health, even the direct effect of temperature will relate to illness and death. Extreme weather conditions also have an effect on health. Air pollution is related to health. Water and food borne diseases will increase. Water borne and vector borne diseases, relating to the transportation of disease and rodent-borne diseases, will also increase with climate change. It will, and is already impacting on food and water shortages. Moreover the impact will be on mental, nutritional, infectious and other health effects.

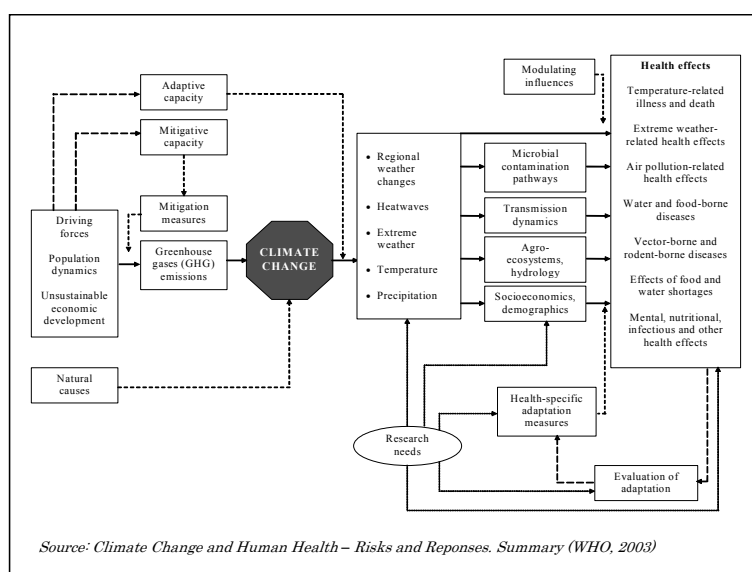


Fig.11

Global warming and wider fluctuations in weather help to spread diseases. Temperature affects the growth of microbes, and also the development and survival of microbes and the vectors. For example, mosquitoes. With an increase in temperature, the incubation period will be shorter, so the period of infectivity will increase. Malaria is an example of this. In normal temperatures it would take about two weeks, but because of the increase in temperature, the incubation period for the mosquito parasite to develop will be shortened. This will have effects on the transferability of the disease by the mosquitoes. Also, the survival of certain microbes and the fact that they will have direct or indirect change from the temperatures.

Weather affects the timing and intensity of disease outbreaks. With certain diseases in certain countries there is a seasonal factor. For example, malaria is more common after the rain falls, after the wet season in some countries. In Malaysia, it occurs throughout the year because it is a tropical country.

As I mentioned, a warmer environment will boost the rate of reproduction of mosquitoes. With more mosquitoes, of course there will be an increase in mosquito bites for humans. With more mosquitoes the breeding season is prolonged, because the situation now is encouraging the mosquitoes to breed. And because of the availability of suitable breeding sites for the mosquito, breeding is prolonged.

Another effect of climate change in some areas of the world is an increase in rain. With heavy downpours comes flooding. Rodents will be driven from burrows with some carrying bacteria. During this time they come in contact with humans or they contaminate the water. There is the risk of zoonotic diseases, meaning diseases from animals to humans. One of the most frequent examples is the leptospirosis virus. Also heavy rainfall will create an environment which is suitable for the breeding of mosquitoes. During this time also, because of the humidity, the fungal growth in houses will also increase. This is another factor related to that situation. Of course the dire effect is the contamination of the water during floods. The water will be contaminated, either from the sewage systems or chemicals, during a flood. There is a flushing of pathogens, bacteria and chemicals into the water way leaving people exposed to infection. In Malaysia it can be the leptospirosis virus, Cholera or Typhoid because of the contamination of the water from the break down of the sewage systems. So here is the relation of climate change effecting human's health and well-being, so you can see it is not just about changes to the environment.

Of course the susceptibility of the person to infectious disease needs to be considered. The most common one is immunity. Some people may be protected because their immunity is high, or maybe because they have been immunized. The location of these people and their access to health care is also important. That is why we need more health care facilities, accessibility to health clinics, so people can come for treatment or assistance, to lessen the consequences.

Poverty is a major factor in the vulnerability of humans to climate change related health consequences. The ability of these people to pay for the cost of treatment.

As we know, there are certain diseases which are sensitive to health outcomes due to climate change. This has already been mentioned by WHO in the 2004 meeting. Climate is a primary factor in the epidemic of malaria and cholera. In countries where malaria is not controlled, climate change will be a large burden to the health system. For the country that has a plan for controlling malaria, then they can overcome their problems.

Climate plays a significant role in diseases such as dengue fever, Meningococcal meningitis, Japanese encephalitis, leptospirosis, and rickettsial infections. Dengue fever is particularly prevalent in Asian countries. In the past five years, the number of dengue cases has increased, so we can not deny that the weather has contributed to this situation. It contributes because of the increased breeding of mosquitoes. In certain other diseases which are also related to mosquitoes - Japanese encephalitis, leptospirosis virus – it also being experienced in Malaysia.

In the South East Asia Region the number of dengue cases has increased over the past ten years. This is a direct result of climate change, not the only factor, but a significant contributor. About 24% of the world's population lives in the SEA region and 87% of the population is at risk of contracting dengue fever.

So what are the other factors that make people particularly vulnerable to the risks of infectious diseases that relate to climate change? For a rural population, in Malaysia this is about 60% of our people, they are prone to vector-borne and food and water-borne diseases, which relate to climate. In the coastal areas also, because of the change in the weather they will also be affected. Mobile people in the interior will also be affected.

In urban areas, people are affected by air pollution and also heat-related morbidity. This is more common in the urban areas. Of course the infectious diseases are also common. In Malaysia we also find that dengue is common in the urban area. This is because of the habits of the people in

regards to cleanliness. This is being worsened by the rain we have now and all the artificial containers that retain water, encouraging mosquito breeding.

The threat of climate change to health is unquestionable. But of course the impacts to a person, to society will differ from area to area. Certain areas are prone to climate change, and the risk is higher. Coastal areas, the urban and rural areas, even the town area are at risk because of the indirect and direct effects of climate change. The impact will depend on the age, with the children or the elderly being affected most. The accessibility of these people to healthcare and the public health infrastructure will also make a difference. These are important factors that will decide the impacts of climate change, especially in relation to health.

The worst effects will generally occur in poor populations because of the factors, such as where they live, their age, and their accessibility to health care, because they have little ability for adaptation. We need to make investments to minimize these effects of climate change. The continued investment in health infrastructure and human resources is necessary. A network of public health laboratories is important also because we need the public health laboratory for diagnosis, to detect infectious diseases that are occurring during the disaster. Of course at the same time also environmental health programs of sanitation, safe water supplies, food quality and safety. Wide coverage and the maintenance of systems are important because, for example, sanitation during disasters, especially floods, can contaminate water and expose large numbers of people to disease. So it is very important to maintain sanitation during disasters. A good coverage of a safe water supply is necessary because this will worsen the situation if a disaster strikes the country, as a result of climate change. And of course to maintain food quality and safety systems, because during disasters people are displaced and we have to make sure that food is supplied to these people.

In Malaysia, currently we have about 122 hospitals distributed throughout the country and 809 health centres including East and West Malaysia - Peninsular Malaysia and Borneo Island. Beside this we also have rural health clinics numbering about 2,008 clinics. The services provided by these clinics will make sure that the people living in the rural areas or in the urban areas have access and health can be maintained, even if there is a change in weather, the impacts will be minimized. We can not prevent, but at least we can lessen the effects. That is the first point regarding infrastructure.

Secondly also, we need to continue to do surveillance. Diseases will emerge and change because of climate change. We need to monitor any unusual occurrences of disease or food poisoning to

detect in the early stages and be able to respond to that situation. It is very important for the country to get commitments to make sure this is in place. And we have a system where by functional systems will be able to detect this unusual occurrence or early stage of diseases that are related to climate change.

The third point is strengthening the surveillance system and disaster preparedness response. I think throughout the world, even in the Asian region, in the West, WHO or in the world assembly, this has been emphasized many times. I think countries have to accept it and be committed, to make sure that each member country moves to strengthen the surveillance systems and disaster preparedness. In ASEAN countries we have meetings or courses that all member countries are invited to, so that at least we can optimize this opportunity among the member countries and share experiences and information can be exchanged among the ASEAN network.

So it is very important that each member country has Crisis Preparedness Response Centres. In Malaysia we have put them in place because we have already experienced the Nipah outbreak, and of course the SARS. We learned that it is very important to have these systems in place that can be functional and be able to detect unusual situations. Then we will be able to respond and minimize the effects of the outbreak of disease.

In Malaysia and other countries like Singapore there is the Centre for Disease Control. This is very important because we know that even though lifestyle has changed now, we find more people are suffering from chronic diseases, but the threat from infectious diseases is still there. Every year, we will see in this world the new emergence of infectious diseases. That is why it is very important, even though it has become less and less, newly emerging infectious diseases are occurring.

In countries which have the capacity to do Research and Development, commitment and budget needs to be allocated. It is wise to share whatever findings from this research and development to the other member countries.

Challenges to Adaptations. Two diseases, which are quite common among the tropical countries in this area, are malaria and dengue. For malaria, we have effective drugs to treat malaria. We know the hosts, the mosquitoes. We have a very effective and very practical way of protecting against malaria. We know the vectors, and also the environment can be manipulated easily for control because we know the vectors. But for dengue, because it is a virus, we don't have the medicine, the anti-viral. We don't have the vaccines, for this particular disease, so the challenge

is still high there. We cannot adequately prevent or treat dengue. So in a situation where there is climate change, the adaptation for malaria is easy, but for dengue it will be challenging. There are still a lot of things that need to be strengthened. That is why it is very important here for the research to be continued for vaccine developments, to come up with anti-viral for dengue or even for community activities so that we will be able to tackle the situation of dengue outbreaks, not only in the country but also in the regions. Especially in the tropical areas. These are two vector borne diseases, for malaria we are ready, but for dengue we are not very sure because there are a lot of unknowns here. We do not have the vaccines, we do not have the drugs and the mosquitoes are abundant here to transmit the disease quite easily. It is a challenge for us here in the tropical countries.

Adaptation to Current and Projected Climate-Related Health Burdens in Malaysia			
Malaysia	Number of Health facilities		
	Year1980	Year1990	Year2005
Hospitals	93	95	122
Health Centres	351	497	809
Rural Health Clinics	1509	1986	2008

Fig.12

In conclusion,

1. Climate change has an effect on health, in particular infectious diseases.
2. Development of tools for control and elimination of infectious diseases is dire.
3. Capacity of the country to utilize these tools includes well trained personnel, sufficient materials and financial capacity - infrastructure. We have to have all these facilities in place when a disaster or crisis arises from climate. If people have access to these facilities this can minimize the effects of the catastrophe. This is particularly for the under-developed countries. Of course developed countries also have to make sure that they are ready. Preparedness plans are very important for preparation of climate change and the effects on infectious diseases.

<Discussion>

Hon. James Dawos MP, Malaysia:

Thank you Madam Chairperson. My name is James Dawos, Member of Parliament of Malaysia. You have been talking about, in short, effects of climate change on mosquitoes, but how do you explain the incidences of malaria that have gone down since 1996 to 2006? We almost eliminated it, and what are the reasons for it? As for other diseases I noticed that Typhoid has also gone down and so has Cholera, since the year 2000. How do you explain these and how do you relate them to climate change?

Dr. Hasan Abdul Rahman:

As mentioned in my presentation just now, the last one, cycle one, which is the penultimate slide. In the case of malaria in Malaysia, we started our program about 30 years ago in the late 1960's. Recently, since the early 90's there have been new technological developments, new methods of controlling malaria, including the introduction of mosquito nets and also the commitment of the government at that time to improve the coverage. In the early 90's, about 70% of malaria cases in Malaysia were contributed by Saba, one of the states in Malaysia. The government commented at the time, because the technology was not available. There was a drought, they know the mosquitoes and we were able to convince the government and they invested and provided all the things. That is why within five years, with good coverage for the malaria control program, we were able to reduce the number of cases in that area.

Hon. James Dawos MP, Malaysia:

What about the present dengue scares? What are we trying to do to reduce those at the same time? After all, they are also brought about by mosquitoes, albeit different species.

Dr. Hasan Abdul Rahman:

That is what I mentioned just now. The situation between dengue and malaria is different. In Malaysia we have the anti-malaria drugs. A person who is sick can come to hospital, to a clinic, have their blood taken and then we identify the parasite and the drug is then ready for them to take. We can guarantee a cure if the person follows the required treatment. But unlike dengue, it is caused by a virus and currently we do not have an anti-virus for dengue. At the same time we do not have a vaccine, like other viral disease which we do have vaccines for, so we really only depend on the mosquitoes. How to control the mosquitoes and of course through the control of the mosquitoes there are a lot of parties that need to play their part. We admit that this is a challenge for us and we are trying to solve this. Just for you information, this has been discussed

in ASEAN and also with the WHO and hopefully sometime next month, in early May, there will be a special meeting in Singapore which is organized by the World Health Organization. There we will come up with new strategy plans. Hopefully this will help us to think of new strategies, new innovative ideas or activities that need to be taken to control the dengue problem. We fully realize that it is a problem, not only in Malaysia but also in the other countries of the region.

Hon. Chieko Nohno MP, Japan:

Thank you Chairman. Thank you very much for the presentation. It was wonderful because infectious disease is a topic on which we need to have a very active exchange of information among all countries. The most important goal is to save lives. I think that there are other cases of diseases on the list. Once it becomes rather prevalent, many other people will be targeted and will be the victims so there is a very strong interest in the area of avian flu. Have you had any countries that have mentioned avian flu and are there any counter measures or control measures that they have taken? I hope that the chairman will be able to encourage and address the information exchange of prevention of diseases.

Dr. Hasan Abdul Rahman:

The question from the member from Japan is about the Avian Flu. This problem is not only being discussed on a national level, but also on a regional level and even on an international level. For example, this is a fixed topic on the agenda of the WHO and ASEAN. I think all member countries are taking the situation seriously because in the 2005 World Assembly, the WHO made it clear that the risk of a pandemic is real. If it is going to happen, it is most likely to be Avian Flu, or as they call it, S5N1.

So far, there have been guidelines agreed to by all member countries to have a common strategy in producing regional cooperation, either at the WHO or the APEC countries, or the ASEAN countries. The first one is to control the outbreaks of Avian Flu among poultry. If an incident happens, the countries will cull. Indonesia, amongst other countries, is following this strategy. If there do happen to be cases, the strategy is to prevent the disease spreading to humans. It is possible to decrease the viral load or the disease among poultry. That way, we can prevent the disease from infecting humans and prevent an Avian Flu pandemic.

Thirdly, we have an agreement that if any countries need help, the international body or member countries will assist them. This is what we have discussed for the last five years and it is still an important agenda, because the risk of Avian Flu is still there and even this year, cases have been reported.

Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia :

Thank you Madam Chair. Thank you Dr. Hasan. You said before that dengue fever is more difficult to tackle than malaria because we don't have the drugs and we don't have the vaccine. I think on top of that, it is also very difficult to recognize the symptoms and usually we have to wait a few days. By that time it is sometimes already too late. I had a brief talk with your Minister of Health this morning and I learned that Malaysia has discovered a new strategy to early detect the symptoms of dengue fever. Can you share what that is with us, before the Singaporean meeting?

Dr. Hasan Abdul Rahman:

The dengue problem is not only confined to Malaysia, but to all the member countries, especially those within the tropical regions. We are sharing some of the innovations that were created by the scientists in Malaysia. Current detection of dengue is based on the patient's visible symptoms. The second test is the cytology test and of course this test is based on the anti-body. We know that the anti-body is only going to develop in up to five days in the person who is exposed to the disease. There is now a company that has come up with a new idea for detecting antigens instead of detecting the anti-bodies. So far, the findings are encouraging and of course they will be shared with the other member countries when we have the meeting in Singapore, from 9 -15 May.

Hon. Liang Eng Hwa MP, Singapore:

Thank you, Madam Chairperson and Dr. Hasan for sharing. I think, as eluded to by Dr. Tang in this morning's session, that we in Singapore do have our fair share of infectious diseases. The most prevalent are dengue and hand foot and mouth disease, which are quite serious at the moment. In fact, we have closed some child care centres and kindergartens. Our public health agencies concluded that high temperatures do play a role in higher incidences of dengue cases, seeing as that is how breeding and so on comes about. We have also had a similar situation of having comprehensive mosquito surveillance, control and then enforcement. We do find that a lot of our citizens are breeding mosquitoes. In fact, our studies show that most of the mosquito breeding is actually happening in the homes and not outside. I just want to ask Dr. Hasan, this is quite an unscientific question, cases of dengue increasing. Is it a case also about our human community now, you know is it a case that we a now less immune to such mosquito diseases or maybe it is a case also of the mutations of the strains of dengue is ahead of us, so we are always behind them one or two steps with more cases of dengue.

Dr. Hasan Abdul Rahman:

Thank you for the question from the Hon. Member of Parliament from Singapore. Just to give some information of what we are finding in Malaysia. In our case, it is the early detection too and 30% of our cases are positive. My point is that if we want to wait for all the cases to be confirmed and then we do our action, then it is quite late. In rural Malaysia, the doctor, once they suspect the person has dengue based on clinical tests, then they notify us and we start our control activity. So of course the figure will be higher than 30% of the actual situation. That is one factor.

The second factor we attribute also in Malaysia, because of the number of people now has increased and these mosquitoes that are responsible for the transmission of dengue, is a domesticated mosquito. Its only breeding in areas where there are humans. In the jungle they don't breed because they are domesticated. The more the population, and of course the attitude of the people also, and I think with Singapore also, most of our cases when we do our investigation, transmission is occurring in the residential area and that has proven to be one of the contributing factors, because there is a breeding ground for mosquitoes and an agitator is there. As in Singapore also, we have done our compound. People pay the compound, we bring them to court. Some communities respond by having community activities to clean up the areas so that the mosquito breeding can be eliminated. Of course it is a challenge. We need the community to understand this. I share with Singapore, both countries have tried many years but of course they are still there until we have the vaccines, but there is still a long way to go for that.

Hon. Dr. Donya Aziz MP, Pakistan:

Thank you, Madam Chair and thank you, Dr. Rahman for a very interesting presentation. I had one point and one question. I had a point about hospital-borne infections. Pakistan is a country that experiences a monsoon season, and during the monsoon times the rate of hospital-borne infections increase. That leads to a more wide spread use of antibiotics, which can eventually lead to anti-biotic strains which leads to infections that are anti-biotic resistant. I think that is another major issue that needs to be touched upon, because the R&D that goes into developing drugs that can counter such bacteria is tremendous. Also we need to work into some kind of protocol clauses where developed countries who do have the facility for R&D and who might end up with the patents for the drugs need to share with the developing world.

My question was, you mentioned at the beginning of your presentation briefly mental health as another issue that can be triggered by climate change. I was wondering if there had been any

in-depth studies into that, into aggression levels that increase when the temperature goes up and also changes in behaviour of people who have an underlying mental illness like schizophrenia. Schizophrenics develop personality changes despite medication when the weather changes and their medication always has to be adjusted for changes in weather. I am sure depression and what not also have some kind of relationship with weather, but I am more concerned about aggression and then crime rate going up because of that aggression.

Dr. Hasan Abdul Rahman:

Thank you for the question. There are two issues here. One is the hospital acquired infections, and secondly mental health which is related to disasters, in particular crisis as a result of the climate change.

The first one, on hospital acquired infections: I am talking about Malaysia. We do our monitoring, which has become our quality control procedure. We have an infection control team in each hospital, which are usually headed by the microbiologists of the particular hospital. So far we have not encountered any problems on this one because of the strict nursing care and also the procedures in the hospital. What happens is that if they have the case of hospital acquired, it means the hospital has been unsuitable for that. So far the monitoring in the government hospitals is showing that the situation is under control.

The second part on mental health - What we are concerned about here is the stress related with a situation of disaster. Some people, you know in Malaysia our experience is a flood, and the losses that we have. Sometimes the flood comes twice in only one month. Some people can accept it, but this is a stress. We started to realize that this is another important thing to look into. Also, when an area is affected by flood, we have to place people somewhere, put them in centres. Sometimes they will be there for one week, and during that time they are worried about their house, their belongings and security. These are all stresses that effect on them. Besides this also the difficulties they are having, directly from the flood. So I think our experience is that in Japan, they are organizing this particular course for flood management for mental health, resulting from the stress of flood disasters. I think they are doing it. So in Malaysia two months ago they have organized and we have set up offices to obtain this particular course in Tokyo. We would like to learn, because some countries, they have more disasters more frequently and we would like to learn from them how they manage these people who have been displaced. I think that is another important issue that needs to be tackled.

Hon. Bexultan Tutkushev MP, Kazakhstan:

Thank you very much for your presentation. You say that the situation with hospitals and clinics is quite good in Malaysia. My question is what is Malaysia's gross domestic product and what percentage of gross domestic product do you spend on health?

And the second question is about the quantity of infectious diseases cases which you say is going down, but on the contrary the death cases from other diseases, cases of non infectious diseases are increasing. What is the situation in Malaysia with infectious and other diseases?

Dr. Hasan Abdul Rahman:

Thank you for the questions from the Hon. Member of Parliament from Kazakhstan. There are three questions here. One is on the health facilities we have in Malaysia. Just for your information, the public hospitals in Malaysia are totally run by the government, it is given free. I can not tell you off hand now what is the GDP of our country because I can not remember the numbers. The budget given to the Minister of Health is supposedly quite generous but we are number three in the list of priority. The first one is our defence, the other one I can not remember but for the Ministry of Health we are getting about 12 billion Malaysian Ringgits, which if you divide by three is about 4 billion US allocation yearly for the Ministry of Health. But the rural health clinics and health clinics are built by the government and the service provided by these clinics is given free to the people. Currently the coverage for the Peninsula of Malaysia is about 98% of the people within 5 km, especially in West Malaysia. In the East of Malaysia, the percentage is about 70% within the area, especially for the rural health clinic, or the community clinic, as they call it in the local terms.

The government is committed so that is why they put quite heavy budgets for infrastructure such as health in the rural areas, the primary care.

On the second question on the death resulting from infectious and non-infectious or non-communicable disease, I do agree. Of course the same timing or the same situations in the world that 70% of the deaths are from the non-communicable diseases. It has been happening in Malaysia. We observed the number of deaths from these lifestyles diseases, especially diabetes, hypertension and the other diseases have contributed to about 70% deaths. And the infectious disease is declining, but of course not for TB and HIV, they are still there. But of course I agree with you that the majority of the deaths, especially hospital deaths are related to the non-communicable diseases.

Hon. Chiaki Takahashi MP , Japan:

Just before coming to Malaysia, in our National Diet we passed the amendment of the Infectious Diseases Act, as reported by Ms. Nohnno. It is about transmission of avian virus from human to human. By limiting movement of people, we could actually limit the number of countries whose citizens are allowed to enter Japan. It is a very strict law. But then this relates to human rights issues. Malaria and dengue fever, I think unless we can control a lot of human rights issues, we can not control this. This is a dilemma. Controlling infectious disease and giving consideration to human rights at the same time is quite a difficult task in a democratic country. I am curious as to your idea on this in Malaysia and I would like to hear your personal view.

Dr. Hasan Abdul Rahman:

OK the question is about the cross-country movement of people, meaning the movement of people from one country to the other country and the risk of them bringing infectious disease with them. Of course under normal situations for visitors - there are two types of visitors. One who is coming to the country for holiday or for business, a short term stay. So currently in Malaysia we follow international regulations. For those people who come here to work, we have a different set of rules because they are going to stay here for a longer period, more than six months. Of course they have to undergo a medical check-up and there are certain screens that need to be done to make sure that when they stay in Malaysia, the emphasis is that they will not burden the employer, because if they have a disease of course they can not do the work to pay for the bills, and that is why we do the screening. Of course if possible, the infectious disease won't be introduced to this country and also to protect the people who are employing them.

For the others we will follow, for example for Avian Flu in humans. Only if there is a health alert given by World Health Organization then we follow the regulation. For example, during last time of SARS, the restriction of the movement of people inter-country, we followed what has been agreed by the WHO. In Malaysia we also have bi-lateral agreements with countries, for example with Singapore and Brunei and also Thailand because we have borders with them. So things like this will be discussed because we have borders we are more concerned with sharing information than restricting the movement of people across the boarder. For the ASEAN countries also it has been discussed, including Japan. I think our priority is sharing information. If there is something happening that is related to infectious disease it is to be shared with member countries and we will alert and we will be ready, if possible, to help the member countries.

Hon. Darlene Custodio MP, Philippines(Chair):

Thank you very much for the presentations and for sharing. In closing, may I just say that I believe that climate change is one of the phenomena that have actually had an affect and I don't think there will be any arguments from any countries, but it is something that we have to act on globally. In saying that, in terms of the causes, there has been a lot of research done but in terms of the effects of climate change, we have just reached the tip of the ice-berg in terms of the effect of climate change and infectious diseases. There has been very little study that has been done and there needs to be more study that should be done in order for us to see the total effect of climate change on our mother earth. In my readings as well there are warnings that it has diversely affected a lot of the eco-systems and not just in terms of increasing the levels of mosquitoes. It has increased the size of jelly-fish and populations of jelly-fish and we are still at the tip of the ice-berg as to how this affects the oceanic eco-systems. Points have also been said that there is a trend in the population of the bees and we still do not know how this will affect human survival as well as world survival. I hope that in our statement we may make an appeal that even more studies will be done as to the effect of climate change and pollutants, especially of what coal farming is doing to our environment and how this will effect, in turn, human survival.

Thank you very much Dr. Rahman for the presentation and thank you very much to everyone for your participation.

Session III

Reproductive Health/Rights and Infectious Diseases

Session III

Reproductive Health/Rights and Infectious Diseases

Chair: Hon. Dr. Donya Aziz MP, Pakistan

Dr. Donya Aziz MP, Pakistan (Chair):

The first speaker this morning is Mr. G. Giridhar. Mr. Giridhar is the Director of UNFPA Country Services Team in Bangkok and he covers the East and South East Asia. He is also the UNFPA country representative in Thailand. Prior to moving to Bangkok in 2003, Mr. Giridhar was the regional advisor on management of population programmes with CST in Kathmandu. During 1978 to 1992, Mr. Giridhar was a Professor at the Indian Institute of Management at Ahmedabad for 10 years. He was also the Director of the Indian Institute of Health Management Research from 1992 to 1995. During this period, he was an Adjunct Professor with the University of North Carolina at Chapel Hill, USA. Mr. Giridhar holds a masters degree in statistics and in population, and a doctor of science degree from the Harvard School of Public Health in Boston. He has many years of experience in management development at national and regional levels in Asia. I am sure that all of us here this morning stand to gain a lot from his collective knowledge.

“Toward the G8 Toyako Summit: Population, Environment and Health Issues”

by

Mr. G. Giridhar

Director of UNFPA CST for E&SE Asia & Representative in Thailand

Mr. G. Giridhar:

The discussion we had yesterday was very rich indeed. Some of the points that I was planning to talk about as part of this presentation have already come up, particularly with regard to health related issues. Some of the issues are very important and so it is perhaps worthwhile to re-emphasise these. Although it may appear to be a repeat, kindly bear with me as a reiteration is sometimes useful when an issue is of crucial importance.

The subject of my presentation as you can see is Population, Environment and Health Issues. Essentially we are trying to see what we can do with respect to the G8 summit in Tokyo in July and what kind of message can we provide and deliver to the G8 summit. Even in this respect, we had a discussion towards the end of yesterday on a resolution that was tabled and some comments were made on that resolution. Population-related issues have some bearing to my presentation this morning.

Very briefly, this presentation contains three important points. One is the issue relevant to population and climate change. We did talk about many other issues regarding health and climate change, but I think we did not cover population at sufficient length. Perhaps today we will get a chance to do that, in particular, through your intervention. We will examine how climate change and health are related. This is a subject that we covered extensively yesterday. I would also like to touch on what can be done to alleviate the impact of climate change, including the role of G8. This is, broadly, what I was planning to cover.

In the presentation made yesterday by Dr. Hasan Bin Abdul Rahman, Director of Disease Control Division of the Ministry of Health, a couple of definitions of climate change were given, which were essentially related to human activity and natural causes. This is another way of looking at it; Climate change is part of a larger web of issues involving interaction between three factors: population- developmental-, and environmental factors. So when I say it is a larger web of issues, there are many angles and many perspectives to it. It is not just population as a

whole alone, but the way and what activities we do and so on. These actions result in the pressures placed on the earth's eco-system by humankind's development efforts. It is our development efforts that have an effect on the eco-system which produce climate change. If we had a different pattern of development, then maybe it would have had a different result, however, this is what we are dealing with at the moment. Population growth, population distribution and composition are integral parts of this process. As discussed yesterday, the impact on the environment from population and climate change is dependent on demographics. Access to quality healthcare is also a topic of consideration, as is poverty. As we know, poor people are a lot more affected by climate change, because their ability to cope and their coping strategies are very limited.

Therefore, the diaspora and composition of the population is very important. The numbers can not be ignored. The fact is unquestionably the limit, seeing as the current population is 6.7 billion and is annually growing by some 78 million additional people. This number is extremely relevant for our discussions. By 2050 the population is expected to grow to 10.8 billion - this is the high estimate, the low estimate being 7.8 billion people. The difference between these high and low figures of 3 billion, is certainly meaningful for the climate change debate.

There is an interesting article that I read some time back which I wanted to share with you. There is an organization called the Optimum Population Trust, I think it is in the UK, which looks at many of these issues and I want to read out for you just a couple of small paragraphs from that Optimum Population Trust debate, or basically their news release. It says that global population growth between now and 2050 is equivalent in carbon dioxide emissions to the addition on the planet of nearly two more United States of America's, over two Chinas, ten Indias and 20 UKs. This is a very dramatic way of saying it. How they calculated this is another question. It is very interesting to say that this increase that we are talking about, this additional, not just 3 billion, but this whole additional 78 million people every year, is along these terms that I am stressing. The Optimum Population Trust has somehow equated population numbers with carbon dioxide emissions. It also says that even if by 2050 the world has managed to achieve a reduction to 60% of 1990 emission levels, in line with the environmental panel on climate change, and the UK Government's target, that even then, almost all of it would be cancelled out by population growth. This is the point that is made. Even if we are able to achieve this reduction in emissions by 2050, we will have to strive for more than 60%, otherwise the population growth that we are talking about is going to cancel out all the benefits of carbon dioxide emission reductions and so on by that time.

Towards the end of the meeting the draft resolution that we looked at should be slightly more balanced, but we shouldn't put the whole emphasis on population stabilization and population growth only, but on a few other issues. We will talk about them.

The fact is that much of this future population growth will be in cities and towns. This is where rapid urbanization is taking place and where population, economic activity and environmental issues are concentrated. On the one hand, concentration of all these issues is good just from an efficiency point of view. Cities are very good in terms of efficiency. You don't have to travel far to reach, for example, your workplace. But at the same time towns and cities are where most of the additional people must be facilitated. Therefore you know that if you want to look at the population growth rate and the carbon dioxide emissions, you know where you have to focus your efforts.

Let me take you a little bit into the past as to what the policy and the countries globally have done in regards to this. During the International Conference on Population Development (which was about 14-15 years ago, and the MDGs which all of you know were developed about 8 years ago), a few of these things on this particular issue were stated. In 1994 the program of the ICPD called for the integration of demographic factors in the environment impact assessments. Implementing policies to mitigate ecological implications of inevitable population increases were also called for. The population increase is inevitable. This is because much of the momentum in the population growth is already structured within the present population's age range. Even if every couple end up having only one child, the population will continue to grow because of present numbers. It is the inevitability of population growth which is so important, which is why I emphasized yesterday that we should not put all of our 'eggs into the population stabilization basket'.

In addition, the ICPD had two specific goals. First and foremost, is to ensure that population, environment, and poverty eradication factors are integrated into sustainable development policies and programs. Secondly, is to reduce both unsustainable consumption and production patterns. The current consumption production patterns are quite unsustainable, as are the negative impacts of demographic factors on the environment. This is in order to meet the needs of current generations, without compromising the ability to meet the needs of the future generations. This is where you, your Excellencies, meet the past, present and the future because what we are tomorrow is already determined by yesterday. I am not talking about just the population growth, but also about the way we live, economic growth, lifestyle and also what we are going to do today. A fair amount of it is the past, but what is more important now is the

present, so that the future generations can meet their own needs as well. This is what, some fifteen years ago, governments agreed to put emphasis on. If you look at the MDG 7, it focuses specific attention on integrating principles of sustainable development into country policies and programs and reversal of the loss of environmental resources. This is the MDG 7 decided in 2000. Indicators include a proportion of population, including improved drinking water sources, sanitation and numbers living in urban slums. We must reduce the proportion of people living in urban slums.

Another inevitability is that as the population continues to grow, they will stay in cities and towns and there will be slums in cities. This is where environmental degradation is a big issue, both in Cities in general and slums in particular, but this is where I think we need to keep track of the way we grow in the future, both in numbers as well as in composition. However, this whole issue has a differential impact. The impacts of population size and growth are not directly linear. It is not something that can follow a linear pattern, since population groups affect and are affected by the environment in different ways. This is a very important issue, particularly in respect to MDG 1 which is poverty reduction.

Countries with high poverty and population growth rates contribute relatively little to ecological fluctuation. They are likely to be most affected with the lack of resources for mitigation and adaptation. Therefore, any issues for sustainable development will have not only have to look at numbers, but also at composition; the number of poor. This is because the effect of all this on the poor is going to be much more devastating than on many of us sitting in this room who have the coping strategy and competency.

Rich, industrialised countries contain less than 20% of the world's population but consume massive amounts of natural resources and are responsible for the bulk of pollution. This is another factor that we discussed, polluters paying. Those who pollute should pay for it. We have two limits within this context. One are the countries which are rich and have slower population growth. Secondly are the countries who are poor and growing faster in population size. Between these two limits there is a mid continuum of countries which hold the key to this issue. Neither of these two types of countries hold the key for the future, which leave the industrialized countries and the very poor countries with population growth aside. I am arguing that the mid continuum countries hold the key. But the countries in the middle of this continuum are most critical for long term sustainability. These countries include big countries like India, China, Philippines, Indonesia, and so forth. If their production and consumption patterns follow those of the rich countries, it will be very dangerous for the environment and climate change. This is

about the aspirations and desires that we discussed yesterday as well; People's desire to follow a particularly 'Western' lifestyle. If these mid continuum countries which hold the key, end up following the kind of lifestyle that the developed countries, industrialized countries are having, then the effect on the environment and climate change is going to be very dangerous. This is an issue that needs to be looked at very carefully.

Focus, therefore not just on demographic paths, which is important, as we were discussing yesterday in our draft report, but also on development paths and consumption aspirations as well. These are the aspirations that we are really talking about, the desires. We did discuss yesterday "Can we have smaller cars, can we live with smaller cars?" –this is one way of dealing with the aspiration issue. So don't focus just on demographic parts but also please focus on the development paths, including the consumption aspirations of people. Somehow we need to work towards changing the consumption aspirations of people. If the countries in the mid-continuum, these large countries that I talked about, begin to live and have the same consumption as the West in the past, then we are moving towards a very difficult position.

WHO states that climate change will result in a warmer and unhealthier world and the health system is simply not prepared to face these consequences. Although we discussed the problems of health yesterday, the ability of the health system to face these new challenges is something extremely important. We need to pay a little bit more attention to that issue, and in the G8 discussions we must really emphasize the fact that it is not just the numbers, but it is also the ability of the health system to face these consequences that will arise. Many of these consequences are inevitable. Children, older persons, poor and isolated populations, -these population groups will be most vulnerable. Floods and droughts are expected to increase. Heat strokes, respiratory diseases, water borne diseases, malnutrition, injuries, and psychosocial problems have all been discussed at length. In fact, the chairperson has already raised the issue of mental health and psychosocial problems. These are only some of the many health risks. Health systems must give priority to climate-sensitive diseases. Preventive public health actions are also needed. In order for our, already weak, health systems to be able to face the very serious and inevitable consequences of climate change, we must focus our attention and funding. I think when we say 'we', I am actually referring firstly to the governments and development partners. Then the G8, in particular, must contribute much more regard for this issue.

What can be done? I am proposing an agenda for the G8 conference for which I would appreciate your consideration and discussion of opinion. We need to be advocates for larger public and private investments. We need to advocate for research and development. We talked

about research and development quite a bit yesterday. We discussed the issue of solar energy and how we can have low carbon societies. We talked about how governments can provide subsidies and economic incentives and various other strategies. So we need to have research and development to develop eco-cars, eco-buildings, eco-cities and eco-lifestyles etc. Everything should become green, everything should become eco and all of this should be done now. This is the whole issue of improving our response to this, our awareness of these issues. This is very important. Smaller population size and growth are important. I don't think that anybody questions this, but I would like you to now consider this point. It is very important that the population stabilizes, thus, a smaller size in growth is important. This is one of the most important answers.

Women will be most affected by the problems of climate change. We must therefore promote the empowerment of women, ensure better social conditions, promote reproductive health and rights and put gender into the mainstream of climate change discussion. We must also support the notion and preparation of sustainable cities because, as previously mentioned, most of the population growth is will take place in the cities. We need to look at the variety of different ways in which we can prepare sustainable cities to reduce urban vulnerability and make them low carbon societies. This is very important indeed.

We can all improve our knowledge and awareness of individual behaviour and consumption patterns in terms of environment. Every individual has their role to play. Many people wonder "What's the point of doing something if other people aren't doing anything?" If everybody thought like this, nobody would take any action. Therefore there is a lot of need for education, awareness creation. Many of us may take action, but many others, millions and billions of people, do not have this consciousness. I think we face this indifference in everyday life, even at the household level. There is a need to build awareness. In our office in Bangkok, one switch turns on 25 light bulbs. Even if you only need one light, you have to turn on all 25 bulbs. This can be changed. There are many ways of doing things at the individual level and so we need to improve knowledge at this level.

It is also important that we improve the capacity of emergency response and health care providers. Yesterday, we were in discussion about reforming our ways of living. May I suggest a few of what I call "Mind Level Changes". I think these are a must for us to look forward into the future.

Mitigation of climate change requires drastic changes in values and aspirations. The current model of development lures people with promises of increased consumption and we are all victims of this. Much of this consumption contributes to climate change and CO₂ emissions, making us, basically, victims of this entire situation. We all look at the industrialized and developed countries and want to live as they do. I think it is going to be extremely difficult if we do that within today's context, however these are the aspirations of the people. People have an increased income, they have increased their consumption capacity so they will obviously look for a more comfortable, a more "Western" living style and therefore contribute to CO₂ emissions. The inevitable population growth that is going to take place is pushing us into a corner.

We must redefine the concept of "The Pursuit of Happiness". Bhutan is one country, at least in our region, which tries to look at the "Happiness Index". They do not focus just on Gross Domestic Product, but Gross National Happiness Index. Particularly in light of global inequities, the way they live and the way we live is very different. An increasing desire of the flesh. We want more comforts; we want better air conditioning, more lighting and various other things that go along with it. This is a huge challenge. We cannot leave this challenge only to the markets and only to technology, because the markets are not going to help at all in this whole thing. The markets are really going to cater to this increasing desire of the flesh. And then maybe not just cater to this increase but create more demand, create more desires, lure people for greater consumption and higher CO₂ emissions. The markets cannot be trusted for this purpose. Technology also cannot resolve the environmental dilemma in terms of unsustainable consumption because some technologies are very expensive. Of course we can do something about reducing the cost of technology, but don't leave it only up to the markets or to technology. I think that the "Mind Level Changes" are most important.

The G8 must support the creation of renewed and more sustainable outlooks for development, both in the North and in the South. Unfortunately the West is also locked in the situation of the past.

Therefore, we need to discuss carbon footprints. We didn't have this term "carbon footprint" many years ago, but today we are really talking about it. There is a large scope of discussion for all of us, for governments and the G8 in supporting the creation of renewed and more sustainable outlooks for development, and R&D of any amount is welcome in this whole thing. We need to look at it and we need to make sure that this is done both in the south and in the north.

“Reproductive Health Activities and Prevention of Infectious Diseases”

Prof. Pak-Chung Ho

Department of Obstetrics and Gynaecology, University of Hong Kong

Chairperson, IPPF ESEAO Regional Council

Dr. Donya Aziz MP, Pakistan (Chair):

Professor Pak-Chung Ho is the Chair of Obstetrics and Gynaecology in the Department of Obstetrics and Gynaecology and an Associate Dean in LKS Faculty of Medicine, University of Hong Kong. He has a number of illustrious positions (a) President of Family Planning Association of Hong Kong in 2002, (b) Chairman, World Health Organization Research Group on Postovulatory Methods of Fertility Regulation, (c) President elect, Asia-Oceania Federation of Obstetrics and Gynaecology, (d) Regional Chairperson, ESEAO Regional Council, IPPF, and (e) member of IPPF International Medical Advisory Panel.

Prof. Pak-Chung Ho, IPPF ESEAO Regional Council:

Introduction

Most of the reproductive activities related to infectious diseases are Sexually Transmitted Infections (STIs). They can cause serious health, social and economic consequences and in many cases it may have fatal consequences. STIs are most common in developing countries. Women and young people are especially vulnerable and this is because of the imbalance of the power equation. There is still gender inequity in many countries and young people are often manipulated, are ignorant and they do not have the power to negotiate. So they are especially vulnerable. Today I am going to emphasize a few infectious diseases that have major consequences for population because population issues are the topic of this meeting.

Human Immunodeficiency Virus (HIV) infections

The first infectious disease I am going to talk about is HIV infection. This is probably one of the most disastrous epidemics in world history. The following statistics were taken from the recent United Nations report on global estimates of infection by HIV in 2007. During that year it was estimated that the number of people living in the world with HIV is 33 million, with 2.5 million new infections and 2.1 million deaths due to AIDS in 2007. So you can see the consequences of HIV infection. In 2007 it was also estimated that there were over 6,800 new infections each day,

more than 96% of these are in low and middle income countries and about 1200 are in children under 15 years of age. About 5800 are in adults aged 15 years or older of whom almost 50% are women and about 40% are among young people aged between 15 and 24. And this again emphasizes the importance of targeting women and young people.

This graph shows the trend of HIV infection in different parts of the world.

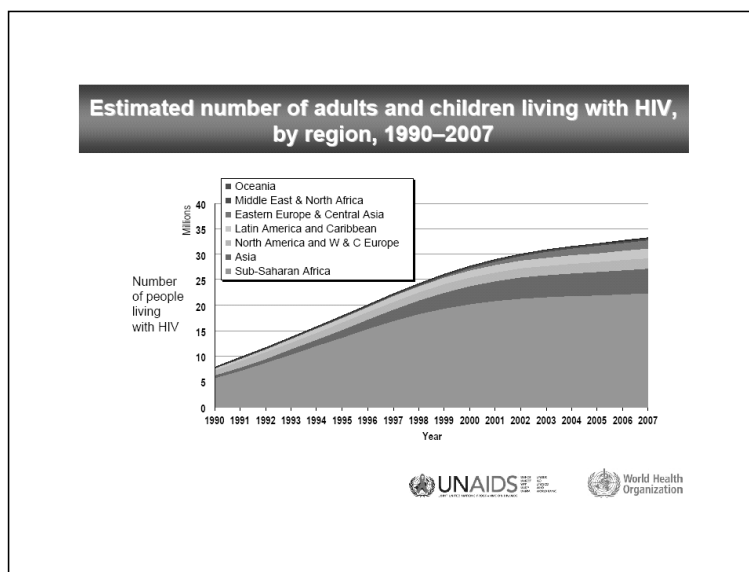


Fig.13

The most affected part of the world is in sub-Saharan Africa, but Asia is the second most seriously affected. While the rate of new infection is plateauing, it is still increasing and also in some countries it is increasing quite rapidly. So we still have a very serious problem with HIV infection.

In Asia, as I have said, it is second to sub-Saharan Africa. In South Asia and South East Asia, there are 4 million people living with the HIV infection, whereas in East Asia it is 800,000. New cases: 340,000 in South Asia and South East Asia and 92,000 in East Asia. Deaths: 270,000 in South Asia South East Asia and 32,000 in East Asia. So the problem is serious.

Transmission of HIV infections

The mode of transmission of HIV includes sexual contact or transmission from the mother to child during childbirth. It is also transmitted on contact of mucous membranes, non-intact skin or bloodstream with infected body fluids. Therefore it can occur as occupational injuries of health care workers, sharing of needles among drug users, unsafe medical practice where the

instruments are not properly sterilized, transfusion or transplantation with infected organs or blood.

There are a lot of myths about the HIV infection. People are very scared about HIV infection because it is not curable. Estimated risks of transmitting HIV infection are:

1. Vaginal intercourse 0.1%
2. Anal intercourse 1%
3. Needle stick injuries 0.3%
4. Needle sharing among intravenous drug users 1%
5. Mother to child 25-40%
6. Blood transfusion 100%

However, HIV is not a very potent infectious agent - it is not transmitted by simple casual contact like shaking hands, hugging, living in the same household or even eating or drinking from common dishes. It is not transmitted through the air, water or food. It is not transmitted by touching objects handled or breathed on by HIV infected persons. You will not get it by swimming in a pool. And you will not get the infection from bites of mosquitoes, bed bugs or other insects or rodents. So it's not that easy to get HIV infection and it is not something that you should be afraid of by living with somebody who has the HIV infection.

Course of HIV infections

When you get the HIV infection usually you will develop some symptoms about two weeks after infection, this includes rash, fever, enlargement of some of the lymph nodes, diarrhoea and general unwellness. This is then followed by a variable symptom free period ranging from 2-20 years in which the immune system of the body keeps the virus under control. However, after variable symptoms prevail usually the person loses the battle and there will be a development of acquired immune deficiency syndrome or more commonly known as AIDS. With this syndrome there will be a decline in the immune system of the body because the virus essentially attacks the cells of the immune system. When the person develops AIDS he will be susceptible to infection and malignancy which frequently leads to death. There is currently no cure for HIV infection but the introduction of what we call Highly Active Anti-Retroviral drug Therapy (HAART) can give rise to longer survival of the person and sometimes maybe a normal life span.

Diagnosis of HIV infections

For diagnosis of HIV infection the most common clinical method is by the detection of

antibodies called the ELISA method. However it must be remembered that the antibody only develops about 4 weeks after exposure. Moreover, the ELISA method is not 100% accurate and results should be confirmed with more accurate tests like the western blot. The other methods are much less commonly used and more complicated. This includes the detection of viral proteins, viral nucleic acids and isolation of the virus in culture. Recently there has been the development of a new method called the rapid HIV test and with this test you can test the blood or the saliva and get the results within 20 minutes. The accuracy is quite high although a positive test must be confirmed with more accurate and specific tests. This is very useful in certain situations like if a woman is admitted in labour without antenatal care and you want to test whether she is HIV positive.

Prevention of HIV infections

Unfortunately, despite intensive research, there is still no vaccine yet, and this is related to the genetic variability of the virus itself. There are many types of the virus. Also the virus mutates quite rapidly - mutation means it changes the genetic material quite rapidly. Therefore, so far there is no effective vaccine against HIV infection. The prevention of HIV infection will depend on other ways. It requires an integrated approach. First of all, we must correct the myths and eliminate discrimination because if there is discrimination against these people they tend to hide it and you will not be so effective in preventing infection. Early diagnosis, care, treatment and support is important. When you can make an early diagnosis then you can identify and help these people from infecting other people and that would include counselling and testing for HIV infection.

Other preventions include comprehensive sexuality education, especially for young people. Adoption of safe sexual practices is probably one of the most important approaches to the prevention of HIV infection, such as reduction in the number of sex partners, correct and consistent use of condoms, and training for negotiation skills especially for young people because they need to negotiate for the use of the condom. There is evidence that the coexistence of STIs will increase the risks of transmission of the HIV infection and therefore the early diagnosis and treatment of other STIs is also important. As I said, we should target the young people.

The condom is one of the most effective ways to prevent HIV infection. There is recent evidence that the female condom is just as effective as the male condom in the prevention of HIV infection. The disadvantage of the female condom is that it is slightly more complicated to use and it is more costly and expensive. The new generation using latex is less expensive though it is

still more expensive than the male condom.

Comprehensive sexuality education is defined as “a lifelong process of acquiring information and forming attitudes, beliefs and values about identity. Sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. Biological, socio-cultural, psychological and spiritual dimensions of sexuality from a cognitive, affective and behavioural domain, including skills to communicate effectively and make responsible decisions”. So, it is a very comprehensive approach to educate young people about sexuality. There is evidence that in contrast to the abstinence approach it can increase the age of sexual initiation, reduce the number of sexual partners and the frequency of sexual activity, and also increase the use of condoms and effective modern contraceptive methods. So there is evidence that this approach will be more effective in helping young people to prevent HIV infection.

There are some recent studies from Africa that show that male circumcision, when performed by well trained doctors, can reduce the risk of HIV infection by about 60% in men engaged in vaginal sex. So this can be introduced as an additional way to reduce the risk of HIV infection. But I must emphasize it can not replace the adoption of safe sex practices.

Another way to transmit HIV infection is from mother to child. And there are now ways to reduce the risk of this transmission. First of all, it is necessary to adopt universal screening of HIV infection. You should not only target high risk women because low risk women have also been shown to be at risk of infection. One of the most efficient and effective ways to get universal screening is through the opt-out approach. You counsel the women in a group and ask them to opt-out when they do not want to have the HIV test. It is important to get consent but we want to do it in an efficient way. Now, for infected mothers who are shown to be HIV positive then the use of HAART together with a Caesarean section in some women and avoidance of breast feeding can help reduce the infection rate from 25-40% to less than 2%. However, in developing countries sometimes this approach may be difficult to implement because of the cost of the drug, and elective Caesarean section requires adequate resources and also in some developing countries they may not have access to safe formula feeding. So in some situations the approach may have to be individualized.

With the development of the HAART some people infected with HIV infection can have a longer lifespan and some of them may desire to have a child. To minimize the risk of infection due to reproduction the infected female should be assessed properly before they consider pregnancy because if they have AIDS then they may not be fit to carry on with the pregnancy. If they are

found to be fit to carry on with the pregnancy then insemination with the husband's sperm can be done at the time of ovulation and when the woman becomes pregnant then she should be referred to specialist care after conception. For an infected male with an uninfected female, intrauterine fertilization of sperm has also been found to be effective in preventing transmission of infection from the man to the woman because most of the infected cells are in the seminal plasma and not in the sperm so by washing away the seminal plasma you can reduce the risk of infection transmission.

Human Papilloma Virus infections

Human papilloma virus (HPV) infections are DNA viruses that infect skin or mucosal cells. There are more than 100 types of this HPV which can infect the genital areas, anus and rectum. It is a very common infection, endemic in almost all populations. At least 50% of people who have had sex will have HPV at some time in their lives. 292 million people have been estimated to have the HPV DNA worldwide. The prevalence is slightly lower in men at 7.9% with women at 17.9%. The duration of the infection in men is also shorter because in men the HPV virus does not live well in the male genital organs.

Course of HPV infections

Most HPV infections, more than 90%, will clear within two years, however, in a small percentage of persons infected, the infection persists and in some cases it can give rise to carcinoma of the cervix - cervical cancer. There are two types which have been shown to be most commonly associated with cervical cancer, type 16 and type 18. They are associated with 70% of cervical cancer. It has also been shown that the HPV DNA was detected in over 99% of the cervical cancer samples so it is one of the most common causes of cervical cancer. There are some low risk types that can be associated with genital warts. The risk factors for HPV infection include: young age at sexual initiation, short interval between sex debut and menarche (start of menstruation), and multiple sex partners. There are also other risk factors of cervical cancer which include high parity (a lot of pregnancies), smoking, co-existence of other STIs and long term use of Oral Contraceptive (OC) pills. However, this long term use of OC pills only increases the risk slightly and the advantage of using OC pills is that it is an effective method of contraception therefore it can prevent the risk factor of high parity.

Secondary prevention of HPV-related cervical cancers

In a small percentage of cases the infection persists giving rise to abnormality in the cells of the cervical epithelium. With time the cervical cells become more abnormal and then after a few years it becomes an invasive cancer. With the slow development of cervical cancer it is possible

to detect it in the early stages before the development of invasive cancer. Worldwide every two minutes a woman dies of cervical cancer.

The advantage of the accessibility of the cervix and the slow development of cervical cancer means that you can develop a screening program to detect cervical cancer early. You can check the cells by scraping the cells at the junction between the cervical canal and the external cervix. When you detect abnormal cells you can use a colposcope which is an instrument to magnify the cervix. You can then identify abnormal areas where you can take some of the tissue for examination under the microscope so that you can make an accurate diagnosis. In the early stages local excision or destruction can cure the cervical abnormality and therefore prevent the development of cervical cancer.

To have a successful cervical cytology screening program you need efficient organization, trained staff to take cervical smears, trained cytology technicians and pathologists to look at the cytology slide and histology slides and colposcopists to do the examination under the colposcope. These may not be available in developing countries with limited resources. There are other approaches such as visual inspection with acetic acid or Lugol's iodine. You paint the cervix with acetic acid or Lugol's iodine to help you to identify abnormal areas and then you take the tissue for examination under microscope. Abnormalities can be treated with local destruction or excision. There is a tendency for excessive treatment because this is not a very accurate method. It is better for premenopausal women rather than postmenopausal women because the cervix is more accessible. This would be an approach which can be adopted when the cervical screening program is not possible but the better method is still the cytology screening method.

Primary prevention of HPV infections

In the recent few years there has been the development of effective vaccines and therefore primary prevention has become more possible. But to have primary prevention of HPV infection there are several approaches, the first being behavioural and lifestyle changes. Total abstinence of all genital contact is the most effective HPV infection preventative method. But this is of course not possible for the majority of people. Lifetime mutual monogamy again is effective but if one partner is not being monogamous both are at risk. Change of lifestyle such as stop smoking and the use of condom can reduce transmission but as you all know it is difficult to change lifestyle. Eminent and educated people like the President of the United States can also be engaged in improper sexual behaviour. Sometimes it is difficult to change lifestyle.

Another way is the use of vaccine. In the recent two years two effective vaccines have been developed and they have been shown to be effective in preventing HPV infection. One vaccine is targeted at four HPV types: 6, 11, 16 and 18. 16 and 18 as mentioned earlier are associated with the development of cervical cancer whereas 6 and 11 are associated with the development of genital warts. The other vaccine is against HPV 16 and 18. They are made from virus like particles and therefore they are not infectious. The regimen is to give the vaccine by intra-muscular injection at 0, 1-2 and 6 months. With the vaccination the woman would develop antibodies against HPV infection and therefore it can prevent the infection of HPV. They have been shown to be more than 90% effective in preventing persistent infection. They are 100% effective in preventing precancerous lesions due to type 16 or 18 but to be effective they have to be given before the initiation of sexual activity. Therefore the best time would be to vaccinate the girls at the age of 9-14 years old. It has been shown that its protection lasts up to 5 years. Whether the protection will last more than 5 years will require further studies because the vaccine has been developed only recently.

The need for HPV vaccination is highest in developing countries where the incidence of cervical cancer is highest. It has been shown to be cost effective also. But the barriers to the introduction include the cost of the vaccine, the need for free injections and the need for refrigeration which may not be available in developing countries. We also need to educate parents and young people but I must emphasize that the vaccine cannot replace cervical cytologist screening or promotion of safe sex because it is not 100% effective against all types of HPV infection, only 16 and 18 which account for 70% of cervical cancers.

The vaccine is quite safe. The most commonly reported adverse reaction to the vaccine is fever, pain at the site, redness and swelling over the injection site. There's no significant increase in serious adverse events in the vaccine group when compared to the placebo group in the clinical trial. Detailed data on pregnancy including foetal outcomes are now being collected in studies. So far no vaccine related adverse foetal outcome has been evident but it is not advisable to vaccinate a woman during pregnancy. Contraindications: Mainly those who have an allergic reaction to any component of the vaccine. It is uncertain whether the vaccination of women with HIV infection or immune-compromised women is effective.

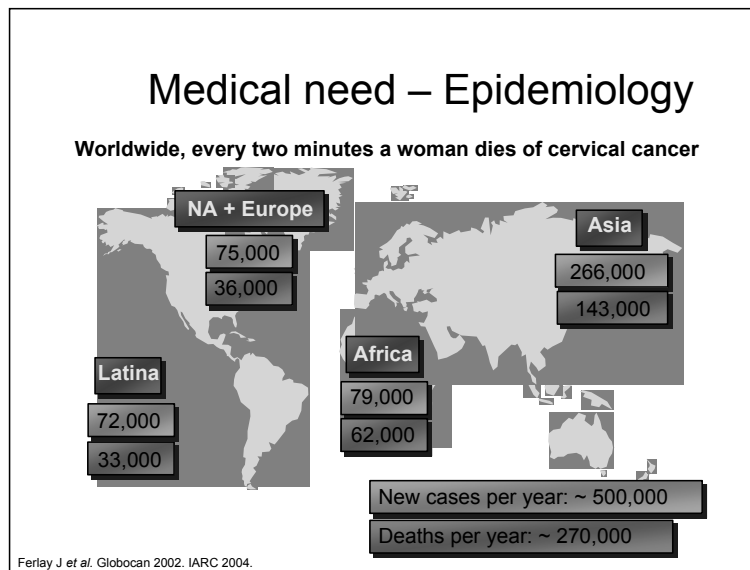


Fig.14

Hepatitis B infection

Hepatitis B infection is another major public health issue with 3-6% of the world population currently infected and up to a third exposed. Hepatitis B virus (HBV) is a DNA virus transmitted by contact with blood or body fluids of infected persons. It is transmitted in a similar way to the HIV infection. But it is 100 times more infectious than HIV, so it is much more infectious than HIV and that is why it is common. This map shows the incidence of HBV in various parts of the world. High prevalence areas include China and South East Asia.

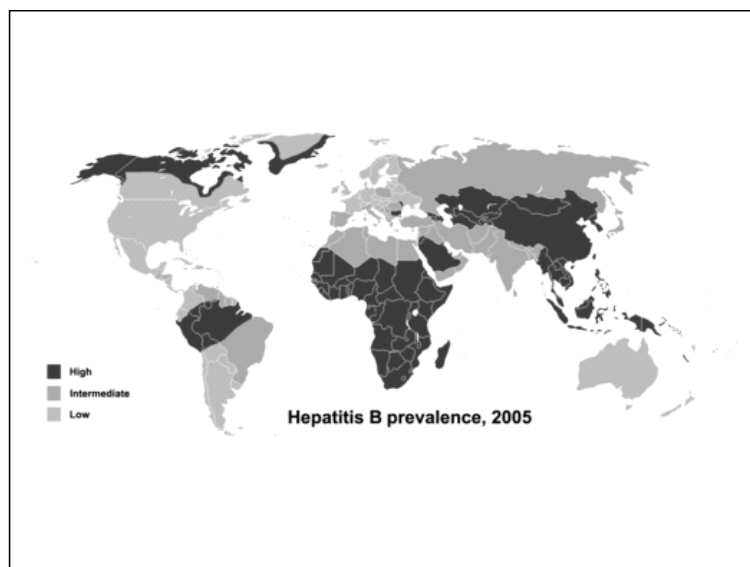


Fig.15

The modes of transmission as I have said are similar to those of HIV infection and differ slightly in different prevalence countries. In high prevalence countries the main mode of transmission is mother-to-child during child birth. In moderate prevalence countries, it is prevalent among children. In low prevalence countries it is mainly spread among IV drug users in the sharing of needles and unprotected sex.

Course of HBv infection

95% of adults and older children will clear the infection with protective immunity. It is interesting however that in newborns only 5% can clear the infection. 95% of the newborns will become HBv carriers. Chronic Hepatitis B can lead to serious problems, like cirrhosis of the liver, with failure of the liver subsequently and then liver cancer.

Prevention

Prevention of HBv infection includes the vaccination of newborns and high risk individuals. There are effective vaccines now available. For Hepatitis B positive mothers who have babies, the babies should also be given Hepatitis B immunoglobulin after birth. The other strategies for prevention of HBv infection include: safe sex, screening of blood and blood products, avoid sharing of needles, and universal precautions among health care workers.

Other STIs

There are other types of STIs such as Chlamydia, gonorrhoea, syphilis and Herpes simplex which can also lead to long term health consequences. Again the prevention strategy is similar to other STIs which include comprehensive sexuality education and safe sex, early detection and treatment, partner notification and treatment, screening of high risk individuals and prevention of transmission during pregnancy and delivery.

Conclusion

In conclusion, I hope that you will agree with me that infectious diseases related to sexual and reproductive activities may cause considerable morbidity and mortality. The consequences extend beyond having a child. It can lead to serious problems and a lot of damage to the population. We need a comprehensive approach to prevention. IPPF, as the largest volunteer organization on sexual and reproductive health, has developed a strategic plan which we call the five As. This includes AIDS/HIV, Adolescents, Access, Advocacy and Abortion. Out of these five As four of them are closely related to what I have said today. We need to target HIV and AIDS infection. We need to target the adolescents to prevent STIs. We need to have access to sexual and reproductive health services to prevent all these infections. And we need to advocate

putting sexual and reproductive health issues on the agenda. Policy and lawmakers have an important role to play. If you do not pay attention to sexual and reproductive health activities and issues related to them you will not be able to achieve the MDGs. The important thing is that a lot of people are dying because of these infections so it is important to put sexual and reproductive health issues on the agenda.

<Discussion>

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Thank you, Professor Chung for a very interesting presentation. I would like to re-emphasize his last point that, as policy makers, the onus falls on us to pay attention not to just the flashy diseases of the day like HIV and AIDS and hepatitis, but rather also the smaller infections that are presently going un-detected in many of our countries. I was surprised to learn that every two minutes a woman is dying of cervical cancer. I know that, at least in my country, we have not paid enough attention to this disease. Hopefully I will try to get my colleagues to pay attention and really more than the female legislators, the onus falls on the male legislators because in many of our countries women are dependent on men in their families to take them to health care facilities. Therefore, it is imperative that the men in our country also understand what these diseases are, and don't just think that this is a woman's problem and that only the woman have to deal with it. They have to know about it, they have to be partners with the females of the population and help them to not only diagnose and treat these diseases, but also to help prevent these diseases.

We now have about forty minutes for questions and answers. I would now like to open the floor.

Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia:

Thank you Madam Chair. First of all I would like to congratulate our two speakers for your two very excellent presentations. My first questions and comments are to Mr. Giridhar. You said that women are the most affected by climate change, but on the other hand they have also a very crucial role in promoting ecological lifestyles. You said that teaching one man is teaching one person but teaching one woman is teaching the whole nation, because women have many mouths, they say. A woman always does something starting from herself, and then her family and her community and the whole nation. I do agree with you very much that it is very important to promote empowerment of women and to train them about equal lifestyles. But beside that I would like to stress that the crucial role on ecological lifestyles also should be given to the decision of the policy makers which would be the government and also the parliamentarians. For

example, they can make regulations or special laws to regulate the ecological lifestyles. There should also be legal sanctions for those who do not oblige to that. Seeing as there are some countries where it is very difficult to create awareness, this should be done by regulations and legal sanctions like Indonesia, for example.

My next question is to Professor Ho. You mentioned requirements for a successful cervical cytology screening program, you talked about training staff to take a cervical smear. Do you mean by that a Pap smear test? In Indonesia a Pap smear test, compared to medicine, is still the most cheapest methods. I would like your comments on that. Thank you.

Mr. G. Giridhar:

Thank you very much Hon. Member from Indonesia. I couldn't agree with you more on this. The issue of the role of women that goes much beyond just being affected by this but also in terms of changing the behaviour. I fully agree with you that educating a woman or women's influence goes much beyond just one single person. It is going to the family as a whole and to society as a whole, no question about that. I fully agree with you on this. However, I will also restate what you have mentioned: that it is very important not to forget in this whole set of actions the role for legal legislative and even administrative aspects that would only help improve the role of women in this whole issue. I think all of these questions relating to behavioural change, individual level behavioural change, and its impact on climate - all the three - the legal, the legislative and the administrative, have a very important role to play. I absolutely I think the parliamentarians have a crucial role to play in this issue. Thank you very much.

Prof. Pak-Chung Ho:

Thank you very much for your question. The Cervical Cytology Smear, which I referred to, is often called "Pap smear" by a lot of people. The reason why I did not use the word Pap smear is because Pap smear was initially designed by the vernacular, which takes cells from the fluid part of the post area of the vagina. But the current method of taking the Pap smear of this virus is from the junction between the end of the cervical canal and the external part of the cervix. Theoretically speaking, the term Pap smear should not be used, but it has been used for so long, which is why it is used synonymously with cervical cytology smear. Yes, it is probably the most cost effective method to screen for cervical cancer, however the use of a vaccine would also be cost effective because the use of vaccine would prevent the development of persistent infection and therefore prevent the development of a normal cytology smear, lessening the need to do so much work on treating an abnormal cervical smear. There has been a study which shows that

estimate of the cost effectiveness of the vaccine and it has been found to be cost effective. But as I said, it does not replace the cervical smear screening program.

Hon. Prof. P.J. Kurien MP, India:

Thank you very much. I would like to say that the presentation by Mr. Giridhar and also Prof. Ho-Chung were very impressive, very educative, and informative and in fact there is no question because it is so fulfilling and satisfying, that there is nothing left. They dealt with everything in detail. However, I would like to say something about what Mr. Giridhar said.

The most important point which strikes me is the mentality change that you have to “sell”, that being the change of mind set, the concept of happiness and the way of life that is not being practiced in the best ostentatious style. That is the main reason for this over consumption; excess use of energy everywhere and that is the root cause for climate change. So I was thinking there should be advocacy for adopting a Gandhian way of life. Gandhi said that “mother earth has everything for our need but not for our greed”, not for our greed. Today, the problem is that humans are over exploiting nature and resources. If we stick to our minimum need in every respect, every way of life, I have no doubt that the problem of climate change will automatically be solved. That is what Gandhi said. We should change our way of life. Even sitting here, what came to my mind is “look at this hall”. Why should this hall be fully closed and you use electricity all day when there is pleasant light outside? Why aren’t all buildings constructed in such a way that the sunlight enters directly? Think about that. It is not really everywhere. When sunlight is in abundance, you still use so much energy. When there is a good breeze outside you still use air-conditioning for cooling. This is all an adoption of the western way of life. We should put an end to this and reverse this cycle. I would say the best solution is to follow Gandhian way of life. It is not unless if you are born in India, but Gandhi’s birthday is International Non-Violence Day and his philosophy is still modern. It can be adopted by everybody and that is a solution. I hope Mr Giridhar will agree with me. If you don’t agree with me, please do not hesitate to state that.

Thank you very much.

Mr. G. Giridhar:

How can anyone not agree with you? It is impossible. I think what you said comes out of your own personal years of experience and the passion with which you said it. This is absolutely unquestionable. I think advocacy plays a huge role. I am also taking the clue from what our Hon. Chairperson mentioned about this electricity bill issue on the West Coast of the United States. I think we should also draw a compendium of such innovative, community level actions that are

being taken and in this case ‘naming and shaming’, in order to show how many people think innovatively about the saving of energy and changing lifestyles. We do not have a compendium. There are many websites where you can get fantastic jokes which many of you perhaps use if you have a little free time or are a little depressed, you can go to the website and look at many interesting jokes that make you laugh. If we have this, then we must have a website which has a compendium of all these issues. I have heard much of these over a period and I have forgotten some of them also, however, I do think they are worth remembering. Somebody must capture it and put it on the web for others to see. This is another way, Professor, of increasing the reduction in emissions and in the new buildings I have seen in today’s context, any building that we are talking about, most of the buildings in the public, in the UN, must be carbon free buildings. That term has really come into use, “carbon free buildings”. This is what we are really talking about. It is slowly happening, but it needs to catch up everywhere and nobody will disagree with you on this matter, Professor.

Mr. Harry S. Jooseery, Executive Director, PPD:

Thank you Madam. I would like in the first instance to congratulate Mr. Giridhar and Professor Chung for their excellent presentations. I have a small comment on the concept of “the pursuit of happiness”. I agree with the previous speaker, but we have to be very careful in presenting what we feel about the concept of happiness and be very careful of the use of the terms and wording. We need to relate happiness with peace and welfare and harmony. I would like also to make three propositions for the G8 in the context of the aged as presented by Mr. Giridhar.

Firstly, on the issue of population and development: We need to show to our parliamentarians and also to the G8, that there is an intrinsic linkage between population and development. What has often happened in the past is that population has been looked at separately from development. Policy makers need to be aware that we need to address population to be able to achieve social economic development. This is number one.

Number two. Mr. Giridhar has been talking about larger empowerment of women and gender within the population. However, there is another important issue that needs to be addressed. The resources for family planning and reproductive health are dwindling. This is very important. What has happened in the past, the G8 and OECD countries have promised 0.7% of GNP on Official Development Assistance but they have not kept their promise. What has happened is that there has been a dwindling of resources and funds from family planning which has gone to other sectors causing great impact on family planning and reproductive health programs. What needs to be done? We need to reposition family planning on the development agenda. We need

to present that to the G8, and make the G8 understand that unless you invest more on family planning and reproductive health programs, you will not be able to achieve neither ICPD nor the Millennium Development Goals and reduce poverty.

Thirdly, I would like also to mention that there is a need for the G8 to help, and that there is a need to promote North-South cooperation, and also South-South cooperation. There is a need for the G8 to understand the importance of putting emphasis on effective partnership coalition for the attainment of both ICPD goals and the Millennium Development Goals. Thank you.

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Thank you, Harry for those valuable suggestions.

Dr. Raj Abdul Karim, IPPF:

Thank you very much. It is nice that I follow my colleague as partners, because my first point is actually exactly the same as yours. I think we need to re-examine the importance of reproductive health and family planning and this whole issue of climate change and population. It is all so inter-related, although we don't fully understand the relationships and linkages. I think the repositioning of family planning is particularly important at this stage because for me, it is not an issue of access and service delivery, but we have also come to a very critical issue of supplies and commodities and I think this really needs to be addressed at the G8 summit.

I would like to congratulate both the speakers, Mr. Giridhar and, my boss actually, Professor Pak-Chung Ho. Professor Pak-Chung Ho has mentioned the important aspects of reproductive health. We all know the prevalence of HIV/AIDS, but particularly reproductive health cancers and hepatitis B for example, we don't talk much about it and this is such an important reproductive health issue. Prevention is so easily done and so cheap in comparison to treatment. You know treatment of cervical cancer, hepatitis B and HIV/AIDS is really costly, so I think it is important that we place emphasis on the preventive aspects.

The other aspect of reproductive health which has not yet been touched upon, unless it has been yesterday when I was not here, is the whole issue of sexual violence and exploitation that comes with the pressures of climatic changes and environmental pressures and especially in a crisis situation. This brings me to Mr. Giridhar's point where he says it is important that we empower women and also young people so that they can negotiate and they, themselves, will have the knowledge and ability to do so.

I think that these issues of empowering women and young people should be a basic aspect of the debate that we have in population and climatic changes. I would really like to second that this be an important part of discourse. Thank you.

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Thank you Dr. Raj. I believe the 2006, and Mr. Giridhar would know better than myself, but the 2006 UNFPA World Population report dealt with issues of female migration and sexual exploitation. Of course, the UNFPA is in a good position to add reasons of migration due to climate change into that whole issue.

Are there any other questions from the floor?

Hon. Mdm Hajah Nancy Shukri MP, Malaysia:

Good morning. I would like to put forward some suggestions on empowering women and empowering young people. Something we can dwell on later is the mechanism of how to empower them. We have been doing a lot of programs but I see the programs have not really reached the target group. I hope we have people here who can share with us what they have done on the effectiveness of the mechanism to convey to our target groups, especially to the youngsters and women, so they can be effectively empowered with the necessary knowledge and skills. Thank you.

Hon. Liang Eng Hwa MP, Singapore:

We saw the numbers that Mr. Giridhar presented on population growth and so on, and it sounds quite serious for climate impact as well. I just want to ask: How about the other consideration of the world's aging population? Is it a serious problem or is it just a problem happening only in the developed countries? Perhaps Mr. Giridhar can give some thoughts on that, some insights on the aging population as well.

Mr. G. Giridhar:

Thank you very much for those very informative suggestions and questions. I just have a few responses. Maybe I will take the Hon. Member from Singapore's question first on population aging and whether this is an issue of developed countries or developing countries. As someone said, in a very nice way, the developed countries have become richer before they became older, whereas in developing worlds we are becoming older before we become richer. This is a very interesting way of looking at it. In the west, along with their industrialization and improved per capita incomes, they also began to have smaller families, maybe as a result of those corrections

and so on. There is also the improvement in life expectancy, so they live longer and therefore they are aging. But here we are living longer, not necessarily because of, or in relation to improved income like in the west. So we are becoming older before we become richer in this sense. It contributes towards many difficulties. Many countries in South East Asia, for example, Japan – Japan is a big example, Singapore, Thailand, Malaysia, and some other countries, but these four, Mongolia as well, are the countries that are really at the forefront of the aging, the older population issue.

This affects again the relation to the whole issue of gender that we talked about. There is this concept of oldest of the old, those who live beyond 80 years, are the oldest of the old. The proportion of women surviving to become oldest old is quite large. Women live much longer. Older women beyond 80 years of age, or very close to 80 years and beyond are women first of all. They are also often times widowed, single women who have particular problems with security of income. Many of you must be very aware of the Madrid International Conference on Population Aging and Planning, the MIPAP. There were three important pillars that they talked about in this respect.

One is security, which is very important at old age. Second is health, because health in old age is a very specific issue, particularly with women. Third is participation. In many societies, older persons are kept away from participation because they are old. They do not have any thing to say to us. We know each generation and so they are kept aside. That creates further problems for older people, thus lack of participation for older people in community-related activities is another important issue. They have to be brought in to the main stream in some way or another. The enormous amount of wisdom that the older people have due to experience needs to be recognized publicly by the governments and, of course, by the parliamentarians. This is an issue that I am talking also out of personal experience seeing as I am moving into that age bracket. Actually, I am a very fortunate older person, There are many others who are very disadvantaged and unfortunate.

On the issue of family planning and reproductive health, and the dwindling resources that Dr. Harry talked about – these are all very important for consideration, particularly within the HIV/AIDS concept. I couldn't agree with him more on that. Here again, I would plead for a more balanced view of this matter. I would like to see more national resources going into this, before we ask international donors to put more money into this. This is the national commitment that one is talking about. When I look around I do not see this and correct me if I am wrong about the amount of funding that goes into the health sector. Yesterday the Hon. Minister from

Malaysia was saying that the situation in Malaysia is very different. Perhaps according to him this is the second country with the largest amount of resources going into the health sector, but this is not the same in many other countries. You need, according to one estimate, fifty cents to a dollar per person in order to bring down the maternal mortality and morbidity rates from the existing high level to a low level. But this is not happening, even this is not happening. So we need to look at the national resources that go into this sector first, because the G8 countries are really going to turn it on and ask, "How much are you putting into this?" and then you come back and ask us.

The whole issue of Dr. Raj's issue of empowering women and also the questions that related to this are about "How do we do it?" These are all very important concerns. I would like to share with you that of all the 8 MDGs, if you look at the Asia and South Pacific regions, and certainly in Africa and other regions as well, the health MDGs are the ones that are least achieved. In other words, the most number of off-track countries in the health MDGs surpasses all the other MDGs. I am talking about MDG 4, 5 and 6. And as was pointed out, the effects of 4, 5 and 6 on MDG 1, which is poverty alleviation, is very direct. Concerning the MDG on gender, that is also very direct. So somehow there is a need to make sure that donor and national attention is paid to the health MDGs, no question about it.

MDG 5 is maternal mortality. In a country like India, which is in one sense such a progressive country, the high maternal mortality rate of today is unacceptable.

I am talking about national average as a whole, yes certainly that state from where the Hon. Member is coming from, that is really the leading state in India in many, many ways. And as Madam Chair person just pointed out, those are the states where there is greater empowerment of women in many respects, also in regard to education, age of marriage, inheritance and many other issues.

So these are very closely related to each other, but I think on an average, in South Asia, if I may give another dramatic but real piece of statistic, the proportion of births that are attended by skilled birth attendants, is as low as Sub-Saharan Africa. This is very much true. We do not have basic minimum things. We also should know that family planning is the number one solution for maternal mortality reduction and morbidity reduction. Family planning, emergency obstetric care and skilled birth attendants are also reducers. In all these three, we fall low. I think national governments really need to wake up to this and put more resources into this and then go and ask others to contribute. This is my view.

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Thank you.

We have a question from ARHA?

Ms. Jane Singleton:

Thank you, Madam Chair and thank you speakers for your reflections, particularly on the role of those countries in our region that are so big and so increasingly important. I come from the Pacific, as does Senator Nettle from Australia over there, and the speaker from the Samoan parliament. I would like to ask for the view of our panellists for what to do about this most forgotten part of the world, which is as affected by environment and population pressures as any. In East Timor, one of our newest but most fragile democracies, the birth rate is 7.6. This is higher than most countries in Africa. In Papua New Guinea, HIV is growing at one of the fastest rates in the world. South Pacific islands are sinking. One island has had to purchase land in Bougainville to move its entire population. The pressures are enormous and without proper consideration and understanding of this part of the world, there will be crises just as devastating as we may face in the most populous countries now. In East Timor alone, 50% of the population is under 15. The president of East Timor, Jose Ramos-Horta, says family planning will come about when women are educated and have jobs. How will that happen?

Could I ask our panellists to reflect on this part of the world?

Mr. G. Giridhar:

I do agree with you that the Pacific Islands is a challenging area. These islands in UNFPA fall under our region. In fact, our regional director has been working quite hard also to create awareness in this region to improve sexual and reproductive health. We are also trying to get assistance from the other countries to help these countries as well. There is collaborative work being done and we now have a regional office in Fiji and that will help to develop the sexual and reproductive health services there.

There is a lot of need for capacity building in those areas and I fully agree with you that it is a great challenge, and we should not forget about this region and we have not forgotten about this region in IPPF. I don't know whether Raj would like to say anything about this.

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Let us hear from Dr. Raj Karim. Please keep it short because we have limited time left.

Dr. Raj Abdul Karim, IPPF:

Just as a matter of information, thank you Jane and also thank you Professor Ho. We are very concerned and I am sure UNFPA is in the same position because we talk a lot to each other about this situation in the Pacific and support each other. For the IPPF, because IPPF deals with NGO member associations and these are really very poorly resourced member associations who have a very poor and weak capacity and capacity to do strong programs in sexual and reproductive health. We are just closing a proposal with AusAid to support us for long term capacity building for the Pacific Islands and this has required almost a year of negotiation which is slowly coming to a close now. We hope that when the project starts in July, we will begin a long term strategy for building capacity for the Pacific Islands, so they will be in a better position to implement programs for social and reproductive health, including family planning.

Regarding the East Timor situation, the 7.6 fertility rate is the highest in the world. That is a big, big issue. Maternal mortality and morbidity number are also very high indeed. These are quite related, so any program including the UNFPA program and many others have to really focus on this issue. This is also related to the gender concerns in East Timor and the number of young people that is increasing in that country and also in PNG as was pointed out.

There is a big need to change the stereo-type thinking in the minds of everybody as to what a girl should do and what a boy should do, particularly in these countries. If somebody is saying that education comment, it is a very important, but I think this stereo-type first of all needs to be changed in the minds of people. Actually, the UNDP, UNICEF, UNFEM and the UNFPA are working together on a joint program concerning the role of boys and men in reducing gender based violence. Not just girls, but boys have a very big role to play in this and it has to start from the childhood and then move forward. I think this is what I would say at the moment.

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Mr. Shiv Khare?

Mr. Shiv Khare:

Thank you very much. I think Jane has raised a very important point. These are the areas which people normally neglect and maybe are not able to do much because of the political situation. Especially from the point of view of the Asian Forum, we have been facing difficulties in both the countries in East Timor, as well as PNG because of either the local political situation which changes most of the time so we have not been able to build up a parliamentary movement in

that area. In the Pacific, of course, we have been able to get parliamentarians quite active, and AFPPD in cooperation with the UNFPA office in Fiji, UNDP commission, we have been able to mobilize parliamentarians and we also now have a specific parliamentarian committee on population and development for the Pacific. The Hon. Speaker from Samoa is the chair of that. So, there four or five agencies that have come together, and actually in July we will be having the assembly of all the parliamentarians in the Solomon Islands. Parliamentarians are being mobilized for all issues, including the population and environment.

Hon. Dr. Donya Aziz MP, Pakistan (Chair):

Thank you. I think that as we draw closer to 11 o'clock, if there aren't any more comments or questions from the floor, I will move towards concluding this session. I think that it was a great start for the second day of this meeting. Mr. Giridhar pointed out some incredibly interesting points as well as very good suggestions for the G8 agenda.

Professor Chung enlightened us with details of many sexually transmitted diseases which unfortunately don't get enough air time at these kinds of meetings or international conferences, and I think that we need to work a little harder as parliamentarians to get them on the agenda as well.

I think that since we are talking about climate change and helping set the agenda for the G8 summit later this year, it really is imperative for me to point out or re-emphasize a point that was made yesterday, in terms of transfer of technology. Through the WTO, which many of us from developing countries know, the International property rights provisions of the WTO are enforced quite adamantly on the developing world. Issues of subsidies, especially agro subsidies are enforced quite heavily on the developing world, and yet the one commitment that the developed world made towards the developing world, which is the transfer of technology, finds very little emphasis in any of the ministerial rounds or the larger WTO conferences. This is an issue that the G8 summit needs to take up. If we are going to expect the developed world to leap-frog and by-pass high carbon emitting activities as a result of industrialization, we really do require that the developed world transfer the technology to the developing world that will help us leap-frog into a more climate conscience and an environmentally friendly mechanism.

So that is one point I hope our colleagues from Japan will be able to add on to the agenda. Again I would like to re-emphasize the points made by Harry, from the PPD on repositioning of reproductive health and family planning as a development agenda, which is important.

Also issues of supplies and commodities are very important in that, in order for the developing world to meet its targets for family planning and reproductive health, they need to have access to cheaper, yet high quality commodities.

And finally I think that as parliamentarians, as opinion leaders in our constituencies and in our countries, it is imperative for us to lead by example, when it comes to being eco-friendly. I don't know if any of you have ever noticed how many light bulbs are in your parliament. I know that in my parliament it is incredible the amount of light bulbs running over there. I have put in a resolution for the parliament to use at least the energy saver light bulbs. I encourage all of you to do the same. Sometimes it seems like a very small gesture or a very small issue but because you are the opinion leaders and policy makers in your countries, your small gestures and small comments turn into food for thought for large populations, and really when we start talking about these things, when we lead by example, it is not a matter of shaming the rest of the population to follow but rather encouraging them to do as we do, to see that we are not just talking the talk , but we are also walking the walk as members of parliament.

Like I said before and many speakers have said before me, you know we only have one earth, we only have one world, there is not another place we can go from here so we owe it to ourselves and we owe it to the generations to come that we leave for them an earth, a world, an economy, an environment that is sustainable, that will help them prosper rather than put them in a situation of destitution. We need to start acting now.

Thank you very much to both of our speakers this morning. Really wonderful presentations. Thank you all for your questions and for being so attentive.

Thank you.

Session IV

Population Growth and Its Impact on a Sustainable Society

Session IV

Population Growth and Its Impact on a Sustainable Society

Chair: Hon. Prof. P.J. Kurien MP (India)

“Population Growth and Its Impact on a Sustainable Society”

Mr. Jose G. Rimon

**Senior Programme Officer of Global Health Policy and Advocacy,
Bill and Melinda Gates Foundation**

Hon. Prof. P.J. Kurien MP, India (Chair):

Excellencies, welcome all of you to today’s session. This session I think is the most important one, not because I am chairing it, but because of the topic ‘Population Growth and its Impact on Sustainable Society’.

Sustainable society - that is the aim that we are all striving for and the greatest challenge for us is population growth. Therefore, this topic, I would say, is most important. Today we have as a resource person, one of the most eminent, one of the most suitable, I would say there is no one else more suitable. It is my pleasure to introduce to you Mr. Jose Rimon, who is a Senior Officer at the Global Health Policy and Advocacy group of the Bill and Melinda Gates Foundation, based in Seattle, USA. His primary focus is developing a portfolio of grants and partnerships aimed at revitalizing the Family Planning and Reproductive Health Global Agenda.

Jose has thirty years of leadership experience, and is a recognized expert in developing evidence-based advocacy and communication Interventions, managing multi-faceted international programs, and in establishing private and public partnerships. He is experienced in advising Ministers, Parliamentarians, leaders of Civil Society groups and top government officials on public health issues.

Before joining the foundation, he held three concurrent posts at Johns Hopkins University, Bloomberg School of Public Health. He was a Senior Deputy Director of the Centre for Communications Programs (CCP) and Director of the Health Communication Partnership (HCP)

- a \$200 million global health program. He was also on the Faculty for the Department of Health, Behaviour and Society.

Now I call upon Mr. Jose Rimón to take the floor.

Thank you very much.

Mr. Jose Rimón, Bill and Melinda Gates Foundation:

Thank you very much Professor Kurien and the organizers for inviting me as a resource person for this conference.

When I first received the invitation, I hesitated before I agreed because normally people like myself don't like to be in the spotlight. But Dr. Kusumoto of APDA was very persuasive, so I agreed.

The topic that was assigned to me is a difficult one, and my only way of addressing it is to simplify. I would dare say that I have only one central message--and the message is that societies which take care of their people (especially the most vulnerable) as well as steward the environment in which their people live, are likely more sustainable. Let me try to address the issue a little bit further and say that there are many components to a sustainable society, and some of you may probably agree or disagree with me. In my view, societies are more sustainable given the following conditions:

1. children are surviving and not dying needlessly
2. mothers don't die during child birth
3. infectious diseases are strategically addressed
4. men and women are treated with dignity and equality
5. people value the environment and preserve the world in which they live in
6. a society with low levels of civil conflict
7. a society possessing resilience and resourcefulness on the part of the people and their leaders

Population dynamics impact all of these. Many of the conditions above can actually be linked to the Millennium Development Goals (MDGs):

Let me say the reverse in the context of the MDGs. Societies are less likely sustainable when:

1. we are not addressing extreme poverty, which happens to be MDG 1

2. we are not promoting gender equality and empowering women, which is MDG 3.
3. we are not reducing infant mortality and child mortality, which is MDG 4
4. we are not improving maternal health, which is MDG 5
5. we are not combating infectious disease, which is MDG 6

If you will notice I did not include MDG 7, which is the MDG for Environment. The reason I did not include it is because I knew that by the time I spoke this morning this specific issues will have been addressed by many other speakers

Many of you have probably heard or are familiar with a report that came out of from your counterparts in the British Parliament. In January 2007, a series of hearings and studies were commissioned by the British All Party Parliamentary Group on Population Development and Reproductive Health. This report makes the case that the MDGs will be difficult if not impossible to achieve with current levels of population growth in the least developed countries and regions. The report called for greater investments in reproductive health and family planning.

At about the same time this report was being disseminated, a new MDG target was included and added into MDG 5-universal access to reproductive health by 2015.

In relation to MDG 1, which is extreme poverty, rapid increases in population growth especially in the most fragile counties, undermine efforts to keep poverty numbers stable, much more even improve it. UNFPA observes that lower fertility rates leads to lower population growth, which positively impacts economic growth, female labour force participation and even income distribution. Population programs can contribute to halving the number of people living on less than \$1 a day by 2015, by providing access to the poor in terms of family planning and reproductive health services.

One can not imagine reaching the MDG 3 goal on women equality and equity if women don't have access to family planning and reproductive services, enabling them to freely decide with their partners, the number and spacing of their children. The ability to make decisions on child bearing is key to gender equality, and central to the autonomy of women, according to this report.

By the way, if many of you may not be aware yet, this year, 2008, is the 40th anniversary of Family Planning enshrined as a universal human right. If you remember the Beijing Conference

on women, you may recall a First Lady who is now a presidential candidate in the U.S., said that women's rights is part of human rights.

On reducing child mortality (MDG 4), I believe many of you here who are experts in this area, know that children, spaced less than 18 months apart, are 2-4 times more likely to die than a child born after a 36 month interval of child spacing. Or put it another way, too early, too many, too soon and too late child bearing (the four Toos)-- all have significant impact on infant mortality. Access to family planning alone among those who have unintended pregnancies could contribute to 22% reduction in infant mortality. .

On reducing maternal mortality (MDG 5) the same British report suggests that due to high fertility rates and population growth, efforts to put in place health infrastructure still do not meet the need of women in childbirth. The concept of zero tolerance for mothers dying in child birth, may now be gaining headway in some developing countries. Access to family planning among those who have unintended pregnancies, contributes to a 31% reduction in maternal mortality. It is one of the largest single contribution to reductions in maternal mortality, again based on scientific evidence.

Let me just take you through a series of slides. Increased contraceptive use, which is one of the indicators for success under MDG for maternal mortality, could prevent a large amount of maternal and infant deaths. Worldwide, more than 200 million women have an unmet need for contraceptives. Of those 200 million women, 60 million are experiencing unintended pregnancies. Of those 60 million who are experiencing unintended pregnancies, 26 million experience an induced abortion, 8 million experience miscarriages, and 26 million give birth.

If you follow the diagram, on the abortion side, there are 63,000 abortion related maternal deaths every year. There are 104,000 maternal deaths from obstetric complications and 1.6 million infant deaths resulting from births. That all translates to the percentages I shared with you a few slides back, which is 31% of total maternal mortality and 22% of total infant mortality. So if we simply address unintended pregnancies and unmet needs, we would significantly impact and reduce the numbers of mothers and infants dying.

Now moving to MDG 6 - Infectious diseases, let's focus only on HIV/AIDS given our time limitation. A news story headline in January in one of the American newspapers, a prestigious one, the Washington Post, surprised a lot of people, "Family planning, the best kept secret in HIV and AIDS prevention". Beyond the newspaper article and looking into the evidence, the

data is persuasive especially in mother to child transmission. In Uganda for example, 92% of HIV-positive women reported that their pregnancies were unintended. I would presume that in parts of the world where HIV prevalence is high, a high percentage of HIV positive women are probably also experiencing unintended pregnancies.

Unintended pregnancies can be prevented through contraception. Unfortunately many do not have access to contraception. Between 1999 and 2006 a study conducted by Family Health International (FHI) documented that contraception averted more than 10 times the number of HIV infected paediatric cases in sub-Saharan Africa, compared to providing ARV drugs to pregnant mothers.

Continuing on with the evidence, a USAID study showed that contraceptive services in mother to child transmission programs would prevent twice the number of paediatric HIV infections and 3 times the number of child deaths than administering Nevarapine alone. Moreover, for the same cost, contraceptive services can avert 30% more HIV positive births of children, by preventing unintended pregnancies among HIV positive mothers, than administering Nevarapine.

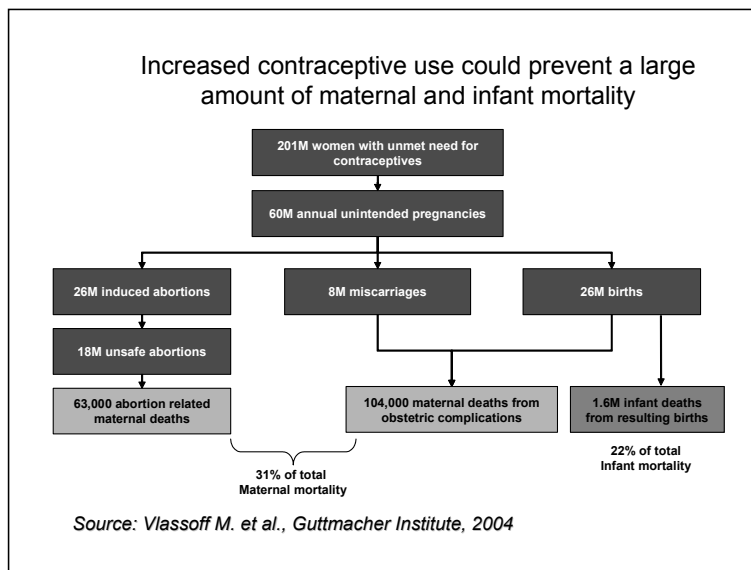


Fig.16

Let me now discuss another point in this presentation--Conflict and Sustainable Societies:

Some studies have shown that communities are less sustainable when they are characterized by high levels of conflict. In 2003 a report was issued by Population Action International (PAI). It is titled 'The Security Demographics - Population and Civil Conflict after the Cold War.' What the authors did was to study 180 countries through a meta-analysis technique between 1970 to 2000, and tried to discern stress factor indices for failing states.

Some of us may agree or debate the conclusions, but here are some of the findings of this meta-analysis. First, high infant mortality (newborns dying before the age of one) is the single best predictor of civil conflict (better than a lack of openness to trade, and better than low levels of democracy). When you think about it, you wonder how true this observation is? Well, perhaps high infant mortality rate is just a proxy for other conditions in a society.

Second, in countries where the proportion of the 15- 29 years old account for more than 40% of all adults, sometimes called the "youth bulge," these countries are twice as likely to experience civil conflict. UNFPA estimates that nearly 1.5 billion men and women will enter the 15 to 29 year olds cohort between now and 2015. If these men and women are not able to find jobs, it will fuel political instability, according to UNFPA.

Third, rapid urban growth: One of the speakers this morning said that in the future, we will see most of the people in cities, in urban areas. This same study observes that high urbanization rates (in this study defined as over 4% a year) are twice as likely to predict civil conflict. Most of this urban growth is occurring in slum areas in many countries around the world.

Fourth, competition for increasingly scarce resources. Now we are going into the environmental area. This study concludes that competition for cropland and access to fresh water are associated with civil conflict (1.5 times as likely, to cause civil conflicts).

Of course the world is not a simple as this. The reality is probably that societies become less sustainable when there is confluence of many factors all occurring at the same time. These factors could include: population growth outstripping available sources, environmental degradation occurring such as deforestation and hill side erosion which could affect food production, increases in conflict over increasingly scarce resources, climate changes that could bring about drought and other calamities and the low levels of resilience and resourcefulness (R & R) of leaders and communities to triumph against many of these conditions.

On the positive side perhaps we have to begin thinking not just about indices for unsustainable societies but also of the equivalent of an R &R index. Professor Astler Almendon has presented this counter point, in terms of a resiliency index. He categorized it into three levels.

First at the human level: The ability of individuals, families, and communities, in terms of coping, transforming themselves against adverse events.

Second level is the ability of the institutions that are in place to anticipate these adverse conditions and maintain essential functions. So if it is the Ministry of Health, it is the ability to provide essential health services. If it is business, the ability of business being able to continue to operate as usual.

Third level is the socio-ecological level or the interactions between people and ecosystems sustaining the lives and livelihoods of people living in them.

Finally, let me come full circle with my last slide on the issue of population and sustainable societies. Voluntary family planning can contribute tremendously to the shared vision of sustainable societies. In the words of UNICEF's 1992 State of the World's Children: "Family planning could bring more benefits to more people at less cost than any other single technology available to the human race."

In summary, addressing rapid population growth through voluntary family planning will have significant impact on poverty, mortality, diseases and conflict. Societies are more sustainable when the health and social needs of the most vulnerable and the poor are met.

Thank you very much.

<Discussion>

Hon. Prof. P.J. Kurien MP, India (Chair):

Thank you Mr. Jose Rimon for a very informative, useful and excellent presentation. In the summary of your presentation, you said family planning is the most cost-effective technology for a sustainable society. I think that is the crux of the matter. You can present it in any position. Even for a society which opposes family planning, you can say it is for child health, you can say it is for women's rights and you can say it is for a sustainable society. Your presentation is very

informative, especially regarding the collapse of the Mayan civilization, and you recommended that book for every person and I also recommend it. Every politician should know that civilization can collapse. The whole of humanity will face a serious crisis unless we sort out these issues that we are faced with, because our globe is becoming smaller and smaller. Resources are not increasing and we are over exploiting the resources, which leads to climate change. Therefore population growth and family planning are related to development, and unless there is a sustainable society for which we plan with the commitment of every nation and every politician, our future will be very dim. That is the message we are getting.

Thank you Mr. Jose Rimon for your wonderful presentation.

Now it is time for discussion. There is 40 minutes. I will call upon Hon. Members who are interested. You can tell us your suggestion, you can ask questions.

Hon. Dr. Donya Azis MP, Pakistan:

Thank you Mr. Chairperson and thank you Mr. Rimon for a fantastic presentation. I think you really hit the nail on the head when you talked about framing, framing the issue in your own local and political context to get the message across. This is an issue I have seen come up time and time again, within my country, with civil society in terms of NGOs and politicians. NGOs have a certain terminology and they expect the politicians and the parliamentarians to use that exact terminology, which because we are a conservative society and an Islamic Republic, many of the parliamentarians shy away and hence you get a situation where you get no parliamentarians talking about family planning and reproductive health.

An example of this, is that when I was responsible for answering questions on the floor of the house on issues pertaining to the Population and Welfare Ministry, we had a large cohort of religious leaders who had been elected to the last parliament. They used to ask questions, things like “What products does the Ministry distribute?”, and basically they wanted me to say the word ‘condom’ on the floor of the house so that they could raise a ruckus, and say “Oh my god, look at this, this is completely inappropriate.” So I would say, ‘latex prophylactic device’, which they didn’t understand because it is a very medical term, but I would get my point across without it turning into a political issue, and I think that civil society needs to give parliamentarians that room, and sometimes they need to give them those tools. Don’t expect us to talk using your terms, let us come up with our own and we can get your message across.

Another example is when we wanted to add reproductive health into the secondary school education curriculum. There were things about puberty, about contraception, all added into the curriculum, and of course the religious leaders objected. So we turned around and we said, fine tell us if any of this is not mentioned in the Koran. We used things that were in the Koran, and the Koran is quite explicit in many of these things on bodily changes, puberty and reproductive health. That put them in a conundrum because in reality everything was in the holy book, they couldn't deny that it wasn't there. We just said that instead of teaching it in Arabic, which the kids don't understand, we are teaching it in Urdu so they do understand their own holy book.

Framing the issue is very important, and politicians are very savvy at getting their point across. We just need to encourage them to use their savvy on reproductive health and family planning issues.

Thank you.

Mr. Jose G. Rimon:

That is a very good observation. I will tell you this story. One time I was talking to two Ministers of Health in Africa. They were asking my advice about how to present health care reform in Africa. They were funded by the World Bank. So I said, "Sir could you explain to me what health care reform is?" They did. After one hour of explanation, I said, "Sir I still don't understand it". I think my IQ is probably average, so if I don't understand it, ordinary people would probably not be able to understand it. So I said, "Do you mean by health care reform, you want to bring health services closer to the people?" They said, "Yes that is what we want." I said, "Then say it! You want to bring health services closer the people. Don't use such words as 'Health Care Reform'. The media doesn't understand that, ordinary people don't understand that, legislators don't understand that, so why do you keep using this technological terms coming from technocrats? It doesn't make sense."

So I completely agree with you. It is how you frame the particular issue so people can understand what you are trying to say.

Dr. Raj Abdul Karim, IPPF:

Thank you. First I want to thank the speaker. You know, today you made me so happy and I am sure you made my colleagues happy too. I am going to speak on behalf of him for a little while, Mr. Giridhar , because it is always us who talk about these issues and today to here a donor speaking about it and a person like you, makes our day. You really have advocated for the

importance of family planning and reproductive health, and have related them to the MDGs and how important, for example how important family planning is for child survival and for maternal survival.

I am just thinking and relating back to what Mr. Giridhar said earlier. How can we get advocacy messages like yours into debates in parliament, so that we can get governments to be really convinced about it the way you have done, and put more national resources in, Please give us some idea of how we can build up advocacy around these issues, as you have done.

Number two, I think your idea about family planning as a basic human right is so important and we don't talk about that. Thank you for reminding us about the 40th year this year of family planning as a human right. This year also happens to be the 60th year of the Universal Declaration of Human Rights. I think it is a very opportune time that maybe we link the two and have some advocacy around the issue of family planning and reproductive health as a human right. Maybe we can take up some discussions from that.

Finally, I would like to ask the organizers how we get you to the G8 to talk to the important audience there, because this issue is so shielded away by so many countries and agencies.

Mr. Jose G. Rimón:

We will be in the G8. We are part of the AIDS 8 also. AIDS 8, for those of you who are not familiar is all those UN institutions that would be lobbying in the G8 plus the Gates Foundation.

On your first point, how do we become more effective in terms of advocacy in our own national parliaments? I think the first answer to that is that you need more resources. Sometimes expertise is there, but resources are also important. The ability to, I wouldn't say train, but just to make sure that the content and the ability to frame the issues, how people are introduced or orientated to that.

Third, I mean this very seriously, we need a new generation of champions. This really taught me a lot of lessons. When I joined the foundation, the person next to my office is the person in charge of malaria. If you talk about five years ago, the malaria community was in complete disarray. There were very few resources, a lack of money and the NGOs and different organizations were criticizing each other because they were all fighting for those small, finite amounts of resources. Five years later, today, malaria money is more than reproductive health

money. In other words, malaria, in my words and pardon me for using these words, has become sexy again. What happened? Why?

It is a long story and I know I have my own thinking about this. My point is that family planning and reproductive health is about sex, isn't it? But it is not sexy anymore. If malaria, which is about tent nets and mosquitoes can become sexy again, and national governments donors, foundations fight in order to fund malaria and be seen as funding malaria, and made it sexy again to fund it, why not bring sexy back to sex in terms of family planning? So that is my feeling. This area is so important but has been so under-appreciated over the last 15 years since IPCD. So much so that new champions is what I think is really sorely needed. A new generation of champions from the parliamentarian groups, from the NGOs, probably the younger generation the better for us.

Hon. Tan Seng Giaw MP, Malaysia:

I would like to address the slide of Antidote for Collapse. I would like to suggest on the resiliency index, we have three here: Human, Institutional and Socio-economic. I would like to suggest that we should add Spiritual Values, because if a human goes back to their spiritual values and religion, then all these like communication within a family, and society, and anticipation maintains a special function, and social interaction between people in an eco-system will solve the problem.

That is why we, as Members of Parliament, should convince our governments that we should go back to the spiritual values.

Mr. Jose G. Rimon:

Spiritual values are important but they are also rational, because people think religion and spirituality, many people think of religion and spirituality as one. Some religions are opposing heavily even family planning programs by contrarities.

Some religions say that children are the gift of god. Not everybody is saying that, but there is no problem with that definitely. Therefore, any attempt to reduce the number of children can be interpreted as a sin and it is being interpreted also a sin. So, family planning in effect means a small family. In effect, spacing means more family and when you improve the health of the family it means small family.

So if you say spirituality per se, or religious, people think that spirituality and religion are one. So I will say it. It should be a rational spirituality and not a religious one. Religion will not help.

Rational spirituality can. I would add the world rational to that also, if you agree. That is my view about it.

Hon. Darlene Custodio MP, Philippine:

I would like to thank Mr. Rimon for his presentation and the very encouraging information you gave this audience about the Philippines. I took on the advocacy of family planning and reproductive health, as a matter of fact, I authored several bills and several laws. One of the laws is the Law Against Violence Against Women - this is now a law in the Philippines. The law against trafficking of women and children, I also authored that law. That is why I have been given the title of Hon. Women in some of our cities. Kidding aside, Dr, in the past elected policy makers have had difficulty in taking on the advocacy of reproductive health and family planning. Of course the angle differs from country to country, from society to society. In our efforts to push this on, as a matter of fact when I was pushing this, the Catholic Church campaigned against me in the last election, and yet I am still here. Your presentation Dr. I think has confirmed that indeed more and more the issue of reproductive health and family planning is now by-passing, as far as the masses are concerned, certain institutional opposition.

For example, I would like to propose that we parliamentarians devise a word that could be used as an acronym on how we address this advocacy. How we say it depends on what kind of audience we are addressing. For example I propose the word SPHERE; S stands for Social as an issue in the advocacy for reproductive health and family planning, H of course for Health, E for Environment, R for Religion and E for Economy.

I was talking to some advocates, non-governmental organizations in London one time. I said, if you are talking to farmers, you can not consider reproductive health and family planning as the right of women, they will not understand you. If you talk of reproductive health and family planning as an economic issue maybe they will understand you.

For example, the regrettable trend of development globally today is food. Maybe it will be easier to explain to a family that if you can only afford one plate of rice, you can sustain your family if your number of children remains at only one, but if you have seven children there is just not much rice to distribute around.

Right now I think the world is changing. For example, I had to talk to our Muslim brothers in the southern part of the Philippines. They informed me that in Islam, family planning is there. They say that a child born before the first child is two years old, that child and the family is robbing

the first child of his feeding rights. And you are robbing the first child of their feeding rights. Sometimes I was confronted with questions from the Priests. Why is it that there are now countries in the world that are giving incentives to couples to produce more children because the birth rate has gone down to negative factor? It is very difficult to answer this. Why are some countries giving and here you are trying to limit the number of our children? Of course there are explanations for this.

I think that if we are able to present our advocacy in the right way we have a chance to win elections as elected policy makers in our respective countries.

Mr. Jose G. Rimon:

All I can say is that the last two elected Presidents of the Philippines supported family planning and they won, those being President Ramos and President Estrada.

If many of you are not aware, let me just tell you this story... The lady beside the General is a Senator who is famous in the Philippines as a giant killer. The President and I heard that the powers that be ran the most popular national hero candidate against her, the national boxing champion, and everyone said she will be finished because she can not compete against a national hero who is also well funded at the same time. But it was huge news in the Philippines when this young, small congress woman defeated the candidate decisively, and is now very active within the reproductive health agenda.

Hon. Chiaki Takahashi MP, Japan:

One of the themes that we have been discussing yesterday and today, I think touches on a lot of spiritual and religious issues. From what I hear, I sympathize and I agree, and many interesting points and comments came out of the discussion. Also the presentations have been very interesting and I would like to convey my gratitude. There are some things that I would like to say here. Why is family planning necessary? Why do we need to do things in such a way for the women's sake? We need to really raise the education and awareness process before that. Sometimes people face illiteracy and many of the people cannot understand what is written in these information documents. So first of all it is important to be literate so we can raise the education level. I think that is also an important factor. This is what I felt when I visited several countries. Many of the participants here are from Asia this time, and there are some religious issues and other issues related to that, and I have learnt a lot from these countries.

I think there are many countries that have much more fundamental problems that we need to tackle before that. I think there are issues of poverty as well, but we want to assist in a way for providing more education and raising awareness. So I would like to hear your views on how we can assist in that way.

Thank you.

Mr. Jose G. Rimon:

I believe it is not an either/or situation; that if we do this, we don't need to do the other one. We need to do all of them. In my presentation, I deliberately skipped MDG 2. MDG 2 is about education. The amount necessary in order to achieve educational objectives is enormous, I think it is also necessary that we do it, but not that if we do this then we don't have to do the other things. I think we just have to find a way to address all the issues you raised at the same time.

What I am saying is that based on many studies conducted, including this one by the All Parliamentary Group of Britain, what they are saying is that to achieve the goals of education, to achieve the goals of women equality, to achieve the goals on maternal mortality and child mortality and infectious disease, one cost effective investment that you should look at is the investment in family planning and reproductive health. By investing in this one gate-way behaviour, you make an impact on all of them. That is why they call it a cost effective investment, because it supports education, it supports maternal mortality and child health, including women's equality.

Hon. Darlene Custodio MP, Philippines:

Thank you. I just wanted to add to that, obviously all of us are parliamentarians and it is very difficult, come budget season, to actually see what is more important and prioritizing in terms of budget. In the Philippines we do prioritize education, as a matter of fact, except debt is more of a priority. Debt is our number one expenditure unfortunately and then number two is education. We do this even if it is our priority in terms of spending, without really catering to the unmet need, without really addressing the population growth. The Philippines is growing at a rate of around 2.3. If you look at it demographically, it is the poor members of society that actually have an even bigger growth. It is expected that the government covers their education. But the Philippines is a third world country. Without addressing the issue of population growth the Philippines will never be able to cater for the educational needs for the Philippines.

Mr. G. Giridhar:

Throughout yesterday by mistake I was calling Jose Rimon, Senator Rimon, because he looked like one, but also he spoke like one, so I was calling him Senator, and he told me later on that he was enjoying that mistake that I made. I now today believe and hope that Jose Rimon will actually become a senator, because he has a wonderful message and a powerful way of saying it.

That said, I want to refer to one of the very important slides that you have mentioned about the infectious disease, in which you talk about 92% of the HIV positive women in Uganda think that they got pregnant unintentionally. This is also the crux of the problem. There are four prongs of the prevention in mother to child transmission (PMTCT), as many of you know. This one that Senator Rimon was talking about is actually prong two. Of course, three and four as you all know is ARV's, but there is a prong one which everybody misses. That prong one of the PMTCT is primary prevention which is family planning. It is there but nobody looks at that number one which is primary prevention. Everyone talks about two, three and four but one is missed. Perhaps this is another way of looking at these things, even in a technical term. Everyone accepts it but somehow we miss out from one of the PMTCT.

Thank you.

Mr. Harry S. Jooseery:

Thank you Chair. I would like to congratulate my friend, Oying, for the very brilliant intervention and presentation. I would like also to comment on one issue that is really very pertinent and which has been touched upon, namely the issue of religion and reproductive health. Religion has always been an impeding issue on program planning and development on reproductive health. You have heard the case of the United States of America, where the famous Bush Global Gag Rule has impeded a lot on finances for reproductive health. IPPF has suffered a lot and even UNFPA has suffered a lot from the Gag Rule of our famous president. There are other countries that are due from religious fanaticism and have openly stated their opposition to family planning contraception. However, there is a hope. You find that in the case of Pakistan for example, has a high fertility rate. This is a hope. There is hope where religious leaders, who are also advocates of family planning, who we must use and we must capitalize on certain religious leaders who can help us in making programs, both pragmatic, pro-active and practical at the same time.

So, our strategy should be that if we can't beat them, join them. There are certain religious leaders that can help us and can beautifully become advocates of reproductive health and family

planning. I think that we should devise a strategy of involving more and more pro-active religious leaders for defending our case.

Thank you.

Dr. Puangpen Chanprasert:

Thank you Chair. Thank you for an excellent presentation. I would like to share, not a question. I would like to share an experience of a religious advocate. It comes from the fact that the number and problems is there. How to link to the problems and then advocate to the problem they have.

Our country in previous times also had them. Within the problem of population increasing, we had a high percentage of unwanted pregnancy, high percentage of unused contraception and also the literacy rate was not very high at that time. But we had been gathering all the problems and it became the political commitment of the politicians and after they had the commitment, it became a national policy. After the national policy we have the national committee on family planning, which comprises of NGO, GO and all sectors concerned. They come to talk and plan together on how to reach the people. The strategy that we used at that time is the primary health care, because we didn't have many people who were educated at that time, but we educated the volunteers to educate people in their area.

This went accordingly with women's empowerment because lots of our volunteers are women and women played a very active role in advocacy at the committee level. Also, like Mr. Rimon said, we can not only work on health aspects. We have to do the education and economic development within the family planning program. We could integrate the economic with the family planning program, that way generating income. We use all kinds of incentives to produce income for them. Then when they have income, they come to use the family planning, they can learn more and everything comes. We have to develop everything together.

Thank you.

Hon. Dr. Bang On Sayarath MP, Laos:

Thank you Mr. Chairman. Thank you for your comprehensive presentation. From Laos I would like to share some experiences with initiatives that we have done in Laos. As you know now, Laos has no serious problems of climate change because the country has not developed yet well. As for the industry sector, we have very few and transportation energy is still minor, but will become significant in the coming years. So we know that climate change is a trans-national from the country and it can affect another country. The developed countries should think about the

investment in the developing countries, and by using the natural resources, think about the protection of these nature resources in the countries that have not yet exploitation.

For the reproductive health and family planning, thank you for your presentation. The unmet needs are still high at 43%. As you know, in Laos implementation of family planning is no problem, but the problem is still the education, low education and also the poverty. Now we have problems with young people and migrant workers from the rural areas who go to find jobs in the urban areas. They have no knowledge about reproductive health.

So in our implementation, we involved the politicians, parliamentarians, the sector concerns and especially our association for population and development. Now we are conducting the campaign, we do the workshops and also provide knowledge on population and reproductive health by giving information, education and communication. Then we have to check with the mobile and medical teams to go to the rural area, so that the figures improve.

We also try to think of how to help the people in the mountainous area. The problem is that now we have to encourage the government or the private sector to assist the people in the rural area, on how to do the infrastructure, to access them, and then we can encourage them to access reproductive health and health centres. I wanted to share my experience on that with you.

Thank you.

Hon. Prof. P.J. Kurien MP, India (Chair):

Now we are winding up this session. It was very useful. As I started saying, this is one of the most important session subjects, because it encompasses everything. Everything is here. Most of you participated in the discussion with your valuable suggestions and insights.

I thank Mr. Jose Rimon for his wonderful, useful, effective, and informative presentation. You have brought our thought to a higher level and I thank you very much for this excellent presentation.

Session V

Panel Discussion – APDA – AFPPD Statement for G8

Summit; Discussion for Adoption of Statement

Session V

Panel Discussion – APDA – AFPPD Statement for G8 Summit; Discussion for Adoption of Statement

Chair: Hon. Tolofuaivalelei Falemoe Leiatua MP, Samoa

Hon. Tolofuaivalelei Falemoe Leiatua MP, Samoa(Chair):

Distinguished guests, delegates, parliamentarians and officials of the various international organizations who are here playing the role of financial supporters and sponsors for this very important meeting. On behalf of myself, I am very honoured to be invited from among the Pacific Region. I know Australia is the only participating member of the AFPPD and with myself that makes two representatives from the Pacific. Like our master of ceremony was saying, I am so fortunate to be invited in my capacity as the Chairman of the Pacific Parliamentary Assembly on Population and Development in the Pacific Region. The organization of PAPPD is very young, but I understand that its formation was encouraged by the AFPPD involvement. So I am so grateful to Mr. Shiv Khare for the role he played in reviving of the PAPPD last year in which I was elected as Chairman.

Today my role is as Chairman and the term of reference is that I call the shots for these beautiful ladies and gentleman who are making up the panel for the discussions on the APDA, AFPPD's statement for the G8 summit. It is a very difficult task because I have just had the opportunity to meet the panellists today and I will stick to the order of speakers as I have been given onus during this session.

So ladies and gentleman I hope you will bear with us. It is a very important part of our two day conference. In order that we come up with the resolutions that we will all agree to in consensus so that we can pass something over to the G8 through the initiative of the Chairman of the AFPPD, the Hon. Yasuo Fukuda. So I believe that Mr. Fukuda has felt safe and encouraged to have the resolution indeed to come out of the horse's mouth instead of presenting it the way he likes it. So I think this is a very, very wise initiative by the Hon. Chairman, now Prime Minister of Japan, and I am so grateful for his initiative. We will begin because for four speakers, they will be given ten minutes each, so I hope they will try and comply because I know they are

parliamentarians and they have to stick to the law of the house, to comply with the standing orders, like the new speaker of Malaysia was quoted as saying in the newspaper does not give you problems, so if you stick to the ten minute time frame, we will be able to cope with the program today.

Last but not least, I will now call on Mr. Chiaki Takahashi of Japan. Briefly, Mr. Takahashi is a member of the Japan Parliamentarians Forum on Population. He is also the Director of the Special Committee on Disaster and a member of the Committee for Agriculture, Forestry and Fisheries. Now it is my pleasure to introduce Mr. Takahashi to begin his ten minute presentation.

Thank you.

Hon. Chiaki Takahashi MP, Japan:

For the past two days, we have been able to witness many of the active interactions and contributions from you all, and as the chairman has said the G8 Summit will be held from 7th to 9th of July in Toyako, located in Hokkaido, Japan. The meeting will be held at a very beautiful location by the lake This venue was chosen for the G8 in order to invite the leaders from G8 countries to think about environmental problems including climate change.

One of this things I noticed after hearing your discussion for the last two days is that we come from different backgrounds, countries and cultures. Population may not be a common issue for all of us. However, population can become the cause of various problems on one hand yet contribute to development of a country if managed properly.

As world population continues to grow steadily in the future, the problems of the environment, poverty and reproductive health will become increasingly serious.

As we have heard, we are seeing a large boost in the population so that in a demographic sense there are certain gaps. At this time of the increasing population over the whole globe, we will see that all of the environmental issues and reproductive health issues to coming into scene. During the lunch break I was talking to Japanese counterparts and in Japan's case, after the World War II, we had about seven children per family after the war. the current birth rate in Japan is about 1.3, but we need a birth rate of 2.1 in order to maintain the population at its present level. It is very much lower than that rate. So in forty years from now, our population will decline by about 30 million from today's 130 million. Various programs and educational activities based on the fact that there is always going to be a continuous growth in the population, that population is going to be higher next year. These are the presumptions in making various

programs. We had a similar situation in Japan. We assumed that the population was going to continue to grow and we based all our activities on that presumption, but in looking at Japan and also Korea and in China, I think the same thing is going to happen. When an Asian country becomes relatively wealthy, its fertility rate declines. How are we going to maintain the system? That is the question. This is going to be a huge theme for us and this will be one big challenge for us to tackle. Therefore when we are discussing and focusing on population issue, overpopulation is definitely a problem. On the other hand, however, if the population really declines, that is also another level, and I think a country that manages to stabilize its population will become a wealthy country. Among the G8 countries this year, Prime Minister Fukuda will be the chairperson of the G8 summit. Fortunately he is also the chairman of APDA and he has participated in our meeting many times. He has also participated in many missions and observations conducted by APDA and is very aware of the issues related to the environment as well as reproductive health. He has much knowledge about these issues so in the coming G8 summit, our recommendation which we will adopt today, I hope he will be able to appeal this to the other members of the G8 summit. We would like to take up such initiatives in Japan as well.

Another point I would like to touch upon is that, as I have mentioned, the population of Japan is on the decrease. Rapidly after World War II, our economy developed at a very fast pace. At the same time, we have continued to make various mistakes, like environmental pollution and other issues. There are many things that we made mistakes on in Japan. For example, in Korea and in China, and maybe in Malaysia and in Singapore. These countries and other Asian countries have already achieved certain levels of economic development and it is not necessary for them to repeat the same mistakes that have been made in other countries. I think we should not be repeating the mistakes that have been made and that there will be a better course of development. In that sense, we should be having more frequent exchange of information, by taking advantage of forum such as this. Then we will be able to achieve a more meaningful development. This was also discussed in yesterday's session regarding climate change. This is a very serious issue, but it is quite difficult to ask a layman or the general public to understand this issue. However, this climate change issue is shared by both the developing and the developed nations, both by wealthy countries and poor countries. They all share its impact and benefit from this change. So we have to think on the same platform, although developed countries must contribute in terms of resources and funding, as well as technological research and development. We can also look into the air pollution issues. There is no boundary for this problem, so we should share information, recognition and the sense of crisis. Otherwise, this is going to be a problem that is beyond our control. As the leaders who are going to gather at the G8 summit are from developed countries, it is difficult for them sometimes to understand what is happening in the developing countries.

However, by proposing our recommendation to them, which we are going to adopt today, we can appeal to them that we are going to stand on the same playing field in tackling this problem. I hope that this draft will be a meaningful one and I very much hope that this draft will play an effective role in that sense.

Actually, Prime Minister Fukuda should have been participating in this meeting and he should have shared his views with us. However, since he is a prime minister, he is currently very busy and it is very difficult for him to leave the country. Today, actually, he is visiting Russia. I have heard from him personally to communicate his apologies that he can not participate in this meeting and he sends his best regards. As a representative of APDA he will fulfil his role in the G8 summit. I hope that you also look forward to that. With that I would like to end my remarks.

Thank you very much.

Hon. Tolofuaivalelei Falemoe Leiataua MP, Samoa(Chair):

Thank you very much Mr. Takahashi for these brief remarks on the major issues which are part of our conference for which we have been gathered here during the last two days. I will keep the opportunity to the delegates to ask questions after the presentations by the panellists, in order to keep you easily updated of what they are going to report on and comment on, as far as the term of reference for this particular session.

Now it is my pleasure to call on Karry Nettle of Australia, this lovely lady here on my far right. Kerry is a member of the Queen's Party and has been a vocal advocate for public education and the reproductive rights of women. Kerry has also played a leading role in the peace movement in Australia by speaking out against the invasion of Iraq and by working with local communities to help them express their opposition to the war. Kerry has an environmental degree. After university she lived in Gadu National Park Australia, working with the traditional owners of the land to successfully stop a uranium mine being built. She also spent time living in East Timor and she was a youth worker in a multi-cultural community centre in Western Australia.

Without further ado, I now introduce Ms. Nettle to please take the floor.

Hon. Kerry Nettle MP, Australia:

Thank you very much. I would just like to give you a few brief words on the parliamentary group on population and development in Australia, of which I am a part. You have just heard a little bit from Jane Singleton about work that we are doing at the moment. The parliamentary

group is quite large in Australia and has representation from all of the political parties which is a really satisfying environment to work on things that we are really committed to. Just a few years ago, we had success in the Australian parliament when we were able to remove the ban that previously existed in Australia on the drug RU486 that is used for abortion. So we have expanded the opportunities for women in Australia to have access to full reproductive rights. That was a great success that people in that group were able to be involved in, again from all the different political parties. Currently, the parliamentary group is focusing its attention on the delivery of Australian aid funding. I want to use this to feed into some discussion what role I think G8 can play in relation to these issues. Because Australia, as Jane was describing, currently has restrictions on how aid funding is being used, which means it is not effectively delivering the aid outcomes of helping us to assist with meeting the MDGs because of those restrictions. So a lot of the work of the parliamentary group at the moment is focused on that and we are trying to ensure that the election of a new government will present us with that opportunity to change that aid funding. That is a role that Australia plays in our region, in the Pacific in particular, because we are a wealthy country in our region. The parliament wants to ensure that the aid money we deliver is effective. I think we can use a similar model when we think about the discussion that will occur at the G8 summit in Japan later this year. I think it is a great opportunity that has been presented to us by the Prime Minister of Japan, to have some input into these issues. I think we need to ensure that the statement we present to the G8 fits in with the thinking that the people at the G8 are going to have. G8 countries are donor countries, so the delivery of their aid needs to be done in such a way that it assists in meeting the MDGs. Of course there will be many issues that will be discussed at the G8 summit and as always, with economics will be right at the time of that agenda and the sub-prime mortgage crisis that is happening in the United States. We can be assured that that will be a central part of the discussions that occur in the G8. I think that we can also be confident that because of the global shift we have seen towards recognizing the importance of climate change, climate change will also be a central issue of discussion at the G8 summit. I think that helps us alleviate some concerns that people have of wanting to ensure that climate change will be discussed.

I think the global environment tells us it will be discussed. I think one of the places where we can have input is about how that discussion will occur. One of the things that I have picked up on the discussion that we have had, in particular in relation to climate change, has been about the kind of development that occurs in developing countries. This is an arena where wealthy countries such as G8 countries can really contribute in ensuring that the delivery of aid funding and the delivery of other forms of support and subsidies assist in sustainable development in developing countries. I am not really proud of the record that the Australian government has had

in relation to this. Things are changing over time, but some years ago, for every dollar that the Australian government was spending through its export credit agency in aid delivery, it was spending one dollar on renewable energy technology and one hundred dollars on non-renewable energy technology, which is increasing the reliance of Pacific countries in particular on the fossil fuels that Australia happens to export to the region. But I think what we can do is send a strong message to the G8 countries that because they have the capacity and the development of technology, solar technology in Japan for example, and also in Germany, that we want to ensure that that technology is developed in and research and development money goes into that technology so that it can then be used to assist developing countries so that their own development meets the society and sustainable population goals that we all have. So perhaps that is one element of a way in which we can ensure that the climate change discussion that we know will happen at the G8 summit is done in such a way that it contributes to the population issues that developing countries in particular face.

There are a number of other issues I think that we need to ensure that we use the opportunity presented to us by the Japanese Prime Minister and the G8 summit to target. As I say, because climate change will be discussed at the G8 summit, I think that we as parliamentarians who have an interest in population and development issues from a reproductive rights perspective can contribute something unique that other parliamentarians may not be so encouraging on. This opportunity presented to us by the Japanese Prime Minister I think puts on to us a responsibility to ensure that we make sure that family planning has a voice within the G8 summit. So because we know that climate will be on the agenda at the G8 summit, I think we need to look at in our statement for ways in which we can link the importance of family planning to delivering outcomes for sustainable populations. MDGs provide us with the framework. We have just heard from the presentation earlier about how family planning operates as a gateway to increasing the capacity and the effectiveness, both cost effectiveness and the overall effectiveness of achieving those MDGs. I think we need to look at ways in which we feed into the statement that we come together to show global leaders at the G8 about the ways in which MDGs and family planning and reproductive rights in particular, will help to address climate change and to address the issues of sustainable population development in our regions. I think I will leave my comments there so that we have lots of time for discussion of the statement and we can make sure that we get our sentiment and views across in the best way possible, that is constructive with the agenda that we know the G8 summit is already going to have when they meet in Japan later this year.

Hon. Tolofuaivalelei Falemoe Leiataua MP, Samoa(Chair):

Thank you very much Ms. Nettle. We will move on to the third panellist. The gentleman does not need introduction anymore because he has been a presenter for the last session before we had lunch. He is none other than Mr. Jose Rimon. So now I pass the ball on to him for his comments and presentation.

Mr. Jose Rimon, Bill and Melinda Gates Foundation:

Thank you very much Mr. Speaker. I will keep my comments short. I think the Asian parliamentarians have a unique opportunity to influence this particular G8 Summit this year. The reason for that is the host and the chair of the G8 for 2008 happens to be one of yours. I am not sure if this will happen again, in which a chair of the Population Parliamentarians group would be chairing a G8, so this is such a unique opportunity and if we don't make use of this opportunity, given the fact that the chair and the host is one of your own, the former chairperson himself, then we would have been remiss in terms of our duty, in terms of advocating to the G8.

My reading is that in the original discussions of the G8, global health was not even there, but through advocacy and I believe through the leadership of Prime Minister Fukuda, he himself has announced that global health would be included in the discussions of the G8. So this is a unique opportunity for this group to be able to influence that. Because this seldom comes, this opportunity seldom comes, I would suggest and recommend that you be very clear and have a clear priority of what should be asked in the G8. If you ask for too many things then you would have fritted away your opportunity. I think it is better to ask only a few, highly prioritized asks because there will be a million other asks there that are happening all at the same time.

My suggestion is probably to focus your ask in the need to revitalize the reproductive health and family planning agenda so that the health MDGs can better be achieved. Because the lens in which this would be looked at the G8, is through the MDGs. The MDGs in which we are looking at them is in the maternal mortality goals. But I think that we can say that to better achieve all the health MDGs 4, 5 and 6, including the women's equality MDG, that particular attention should be made or focused on the need to revitalize the population reproductive health and family planning agenda. That would be my central message.

Thank you very much Mr. Speaker

Hon. Tolofuaivalelei Falemoe Leiataua MP, Samoa(Chair):

Thank you Mr. Rimon. I am so relieved to meet someone of Mr. Rimon's profession, seeing that he plays a very important role in Bill and Melinda Gates Foundation and apart from all the aspirations that we have, looking at the eight industrial countries and very well off nations like those in the G8 to assist us in our desperate aspiration for a better quality life, in as far as the problems that arise from climate change, population and development. I think a foundation like the one that Mr. Rimon is involved will be able to help us one way or the other. Perhaps we can all be given the contact address of Mr. Rimon so that we can get in touch with him in as far as distribution of the Gates Foundation for promotional work on these very issues.

Now we come to the fourth speaker. She is none other than the lady on my left. She is Tuti Loekman from Indonesia. Ms. Loekman is a member of the Commission 9 on Population, Health, Labour, Food and Drug Control and Trans-Migration in the Indonesian parliament. She has been the Vice Chair of the Indonesian Cancer Foundation for 13 years and is currently the chairperson of the Cooperating Party of Women Organizations. Hon. Loekman is also the chairman of Gajar Madah Universities Women's Association and Mother's Day Foundation of the Indonesian Women's Congress. Now, Ms. Tuti, please take the floor.

Hon. Tuti Loekman MP, Indonesia:

Thank you Hon. Toro. Can I call you that in short? Thank you very much ladies and gentlemen. First of all, I would like to use this very good opportunity to thank the committee for inviting us, the delegates of Indonesia. We are very lucky and very happy to be here. We have learnt a lot. This is a very good seminar and we have really learnt a lot from this seminar. We are very sure that the outcome of this conference will give a positive contribution to the next G8 summit. I would like to be brief. Hon. Toro has mentioned that we are from the Commission 9, both Dr. Hakim and I. We are dealing at the moment with amending our health law, because we put before the former health law was not mentioned specifically about reproductive health and we are very sure that this is a very important issue, and that is why the amendment of the health law focusing on putting the reproductive health as a very important subject, including abortion. Abortion is a very sensitive subject and we have been debating that for more than one year. We found out that during that time we get, among the community and the population, there as SMS, you know the war of SMS, saying that please everybody should be aware that the Commission 9 is going to legalize abortion and they translate regulating abortion by legalizing abortion and so we were of course very upset at the time. We invited different religious people to give Fatwa and different religions on how they define abortion. Thank goodness we have already reached an agreement on that subject, because abortion is not allowed in Indonesia except this sense so I

believe that it got accepted. We found out that also that gynaecologists are the ones who send SMS actually and the ones who used to practice illegal abortions, so thank goodness to put abortion in the reproductive health. And also we put preventive and promotive measures before curative and rehabilitative in health. Like I mentioned this morning, I asked Professor Ho about pap smear test. I have been fighting for pap smear tests to be included in the health insurance for the poor but the government says that cancer is not yet a health priority in the Indonesian health program and so I find out that after two and a half years finally I meet professor and I can say that our health insurance is comprehensive, not only including the curative and rehabilitative but also promotive and preventative measures. Since pap smear test is a preventative measure, if the health insurance is not including the pap smear test as the measure to detect early cervical cancer, then it should be against the law. Thank goodness pap smear tests are accepted to be covered in the health insurance for the poor. That is thanks to my personal effort for two and a half years during my time in Parliament. Everybody called me “Madam Pap Smear” because I always fought for that. We also at the moment are amending our law on population. As we all know, Indonesia enjoyed a golden era on family planning a few years back, but over the past few years we have problems with family planning and so we have to amend our population law.

Finally, the Indonesian delegates propose the following draft to be included in the statement. Since the topic of our conference is on Climate Change, Infectious Disease and population issues, we have to put down that climate change has a serious direct and indirect impact on health, as we recognize.

Also, I don't know if we put this in the recognitions or in the appeal, but looking at the food shortage that the world is facing at the moment, the promotion of biofuel energy, although it is important, it should not neglect that food source promotion should come first. Calling for actions, we would like to propose that parliamentarians should be the driving force for each government to pay more attention for the population to adapt to the equal life style.

Hon. Tolofuaivalelei Falemoe Leiatua MP, Samoa(Chair):

Thank you Ms. Loekman. You have heard the four panellists' presentations and remarks which are boiling down to the essence of our draft resolutions. You are also in possession of the draft resolution that was given out to you yesterday, plus the underlying versions and additions by our colleague from the UNFPA who is at the back and he has these inputs. I hope that it will be wise if I give the floor to the delegates who might wish to add some comments or observations on what has been said.

<Discussion on the Statement>

In the discussion on the statement, Dr. Osamu Kusumoto, APDA Secretary-General/ Executive Director, had firstly presented the draft of the statement which was revised by Mr. Giridhar and others on the first day, to participants. Under the Chairmanship of Mr. Tolofuaivalelei Falemoe Leiaua, based on this draft, the statement had been carefully considered and discussed on phrase by phrase by all participants. After active discussions, the APDA-AFPPD Statement for G8 Summit & G8 parliamentarians' Conference on Population & Sustainable Development was adopted.

APDA-AFPPD Statement for G8 Summit & G8 Parliamentarians’ Conference on Population & Sustainable Development

Adopted

at the 24th APMPD at Kuala Lumpur, Malaysia

April 27, 2008

Preamble

We, the Parliamentarians from 18 countries gathered in Kuala Lumpur, Malaysia from 26th to 27th April 2008, to discuss population and sustainable development issues, focusing on the interrelationship of climate change with population including reproductive health and primary health care, and newly and re-emerging infectious diseases. We reaffirm the *Tokyo Statement of Parliamentarians on Population, Health, and Community Capacity Development*, which was adopted at the 28-29 August, 2007 “Afro-Asian Parliamentarians’ Dialogue on Population, Health and Community Capacity Building for Sustainable Development toward Tokyo International Conference for African Development (TICAD) IV and G8 Summit in 2008”.

We RECOGNIZE that:

- 1) Managing population size, distribution and growth is very important for mitigating humanity’s impact on the environment, including climate change.
- 2) Managing population growth requires gender equality, universal access to reproductive health, including family planning, and reduction of maternal and infant mortality.
- 3) Strengthening health systems is a priority for improving reproductive health specifically, maternal health, family planning and for effective responses to emergency situations arising from climate change which largely affects the poorest segment of the population.

To this end we APPEAL to:

- 1) Address unmet needs for reproductive health services, including family planning.
- 2) Pay particular attention to making possible universal access to reproductive health services to better achieve the health MDGs and help countries rapidly scale up health interventions to mitigate serious consequences of climate change.

- 3) Ensure equitable access to gender sensitive health care, including prevention of newly emerging and re-emerging infectious diseases at all levels.

Call to Action to:

- 1) Integrate population issues and poverty reduction into all responses for addressing climate change.
- 2) Revitalize the reproductive health and family planning agenda worldwide to achieve gender equality, reduce maternal and infant mortality and enhance prevention of HIV especially mother-to-child transmission.
- 3) Provide adequate technical and financial support to strengthen health systems to address unmet need for reproductive health services, including family planning, and to prevent pandemics and infectious diseases.
- 4) Advance comprehensive cooperation in global health for the timely action to reduce the impact of newly emerging and re-emerging infectious diseases by establishing an early warning system and ensuring essential commodity supplies, including vaccines.
- 5) Support programmes which promote environmentally sustainable and healthy lifestyles.

Call on Parliamentarians to: Ensure that legislation and policies related to the above issues are clearly defined and enforced.

Closing Ceremony

Closing Address

by

Datuk Dr. Raj Karim

Regional Director of the East & South East Asia & Oceania Region of IPPF

On behalf of the Director General of IPPF, Dr. Gill Greer, I am privileged to be able to address you at this closing of the two day meeting which has focused on the important topic of *Population & Development: Climate Change, Infectious Diseases & Population Issues*.

As we have witnessed these recent weeks and months, the major topic addressed globally and in country, and in Malaysia, is the issue of the Food Crisis, with soaring prices of staple crops like rice and wheat due to petrol price hikes and other environmental and climatic factors affecting the agricultural sector. Not so long ago and even up till now, we have had to cope with the aftermath of the Tsunami, affecting many countries in our region and also more recently in the Pacific, in the Solomon Islands in particular. Before this we had to deal with the SARS Crisis and the Nipah virus crisis and of course, as all of us have been talking about, we are all facing increasing trends of dengue, malaria, HIV/AIDS and other health problems as mentioned by the eminent speakers yesterday.

This clearly demonstrates the need for us involved in the population and health field to be sensitive, to be vigilant and to be prepared to manage both immediate and prolonged effects of any environmental changes that end up in crisis. As we are aware, in any such situations, women, children, the elderly and the vulnerable, especially the poor, are population groups that are most affected and need to be protected.

We have been privileged to hear from the experiences and work of learned researchers and speakers yesterday and today who have kindly shared their experiences with us and we look forward to APDA and AFPPD following up the recommendations of the meeting.

IPPF is pleased to be a part of this network which will have long term implications and impact on population's access to health, Sexual and Reproductive Health (SRH) and service delivery.

The Strategic Framework of IPPF is well underway with the five priority areas of expanding access to SRH services for the underserved and for marginalized populations, for prevention

care and support for HIV and AIDS; provision of safe abortion services according to national laws; focus on adolescents and young people and advocacy. In order to assess our performance and impact, IPPF has formulated a series of Global Indicators which have been required by the donors and we have also conducted evaluation studies on the effectiveness of specific programmes, especially those targeted for young people and marginalized populations. We are now preparing for the mid-term review of IPPF's Strategic Framework.

Nearer home in the East & South East Asia and Oceania Region, we have embarked on our regional reviews. We are happy for this meeting because it is timely and we can then consider these recommendations which have focused very heavily on SRH in our revised strategic frame. Environmental scanning will be an important part of our work as ESEAOR has just embarked on a new project named SPRINT which aims to provide SRH services to crisis and post crisis populations. This initiative is made possible through funding from AusAID and in collaboration with UNFPA, University of New South Wales and Australian Reproductive Health Alliance (ARHA), the representatives which are here. The first training of trainers will begin tomorrow (28th April) in Kuala Lumpur and will be attended by many agencies involved in disaster and crisis situations and will be followed by training in June in Sydney and Fiji, we have not forgotten the Pacific. We look forward to your support and active involvement in this new and exciting initiative which addresses some of the actions recommended from this meeting which includes disaster preparedness, emergency responses, coordination and roles of agencies and NGOs, and an introduction on the Minimum Essential Package on SRH (MISP) for crisis and post crisis populations.

We are also pleased to inform you that working with our Member Associations, and based on the success of the Thailand/Laos Bridge of Hope project funded by Japan Trust Fund (JTF), we are now providing for prevention and care of HIV and AIDS among construction workers, their families and the communities around the construction of the Omon Thermal Power Plant in Can Tho province in Vietnam. This is also under the JTF and this project is funded by Japan Bank for International Cooperation (JBIC). And we are also negotiating for another one in Indonesia also funded by JBIC which is the construction of the Maritime School in Jakarta, Indonesia. These mega infrastructure projects would have serious impacts on people's lives if action is not taken to mitigate the risks especially for the communities that crop up in the course of building such mega infrastructure projects.

Ladies and Gentlemen, we need to learn much more about the connections between population, climate change and diseases if we are to take concrete steps for action. In this regard, IPPF is

grateful to Population Action International (PAI) for committing research to conduct an in-depth analysis into these connections and examine how access to voluntary family planning and reproductive health services can help enhance Global Climate Change (GCC) mitigation and adaptation efforts. The goals are to gain a better understanding of the influence of demography on GCC and how FP/RH improves the well being of those most vulnerable to global climate changes especially women and their families. I am sure all of us will look forward to this research which I believe will take two years.

As we have heard over the past two days, it is important to include the topic of Population into the Scientific and Political discourse on environment and climate change and of Family Planning (FP) & SRH as important interventions. And we also need to talk about women, about gender and about young people's empowerment and how they can be protected from the serious effects of climate changes and from the emerging SRH problems. I am happy that this meeting of important Parliamentarians has been able to do this. Congratulations to all of you and to APDA and AFPPD for the Statement for the G8 Summit and we are particularly grateful to Mr. Fukuda, the Prime Minister of Japan, for taking up this issue to the G8 later this year.

In closing, IPPF would like to reiterate our support for the work of APDA and AFPPD and is grateful for your support both to IPPF and to our member associations.

We wish you every success and look forward to seeing you again and we also look forward to seeking your support in achieving MDGs especially in the universal access to SRH which Mr. Jose Rimon said is the latest goal in MDG5. As we approach ICPD + 15 in 2009, we need to be braver and stronger to advocate and harness support and action for the importance of SRH which is basic and essential for all men and women to lead healthy and productive lives and to reduce RH related mortality and morbidity especially maternal mortality.

We wish you every success in your continuing good work and a safe journey home. Thank you.

Closing Address

by

Hon. Wakako Hironaka MP
Acting Chairperson of JPFP

I thank you most wholeheartedly for your devoted discussion over the last two days. I believe we had a constructive discussion that reflected the new realities of Asia while drawing from the legacy of our activities of the last twenty-five years.

Thanks to your effort, we have adopted an inspiring APDA-AFPPD Declaration. While declarations tend to lack focus, ours has a very clear message because we had a clear objective to start with - to give input to the G8 this year.

Without the dedicated contribution from our parliamentary colleagues from Asian countries we would not have had this great outcome, and without the valuable information shared by our resource persons backed by their excellent academic knowledge and experience we could not have had such a sophisticated document.

As Ms. Kayoko Shimizu, APDA Acting Chairperson referred to at the opening ceremony, the G8 International Parliamentarians' Conference on Population & Sustainable Development will take place in Tokyo on 2nd and 3rd July this year. The meeting will deliberate on the interrelated issues of population and environment, and their significance as well as the prioritization of international assistance policies. The APDA Declaration we have just adopted will be sent to the participants prior to the meeting so that it will have an impact on the preparatory process in the countries concerned as they prepare for the G8 meeting so that parliamentary colleagues from the G8 countries will reinforce the commitments undertaken by their governments.

As AFPPD members are expected to be participating at the July meeting in Tokyo, perhaps some of you will be in Tokyo. As a representative of JPFP, I look forward to welcoming you in Tokyo.

Let us continue to do our best in the belief that our committed efforts and cooperation will make a difference and bring about a brighter future.

I conclude my closing address by thanking you again and praying for your safe return and your successful undertaking. Thank you very much.

Participation List

MP

Australia	Hon. Kerry Nettle	Member of Parliament
Cambodia	Hon. Un Ning	Cambodian Association of Parliamentarians on Population and Development (CAPPD)
India	Hon. Lakshman Singh	Vice-Chairperson of AFPPD, Indian Association of Parliamentarians on Population and Development (IAPPD)
	Hon. Prof. P.J. Kurien	Indian Association of Parliamentarians on Population and Development (IAPPD)
Indonesia	Hon. Dr. Hakim Sorimuda Pohan	Deputy Chairperson of Indonesian Forum of Parliament on Population and Development (IFPPD)
	Hon. Tuti Indarsih Loekman Soetrisno	Indonesian Forum of Parliament on Population and Development (IFPPD)
Iran	Hon. Ahmad Khas Ahmadi	Chairman of Iran Parliamentarian Population and Development Committee (IRPPDC)
Kazakhstan	Hon. Bexultan Tutkushev	Deputy Secretary General of AFPPD, Senate, Parliament of Republic of Kazakhstan
	Hon. Orynbay Rakhmanberdiyev	Senate, Parliament of Republic of Kazakhstan
Korea	Hon. Han Myeong Sook	Former Prime Minister, Former Environment Minister, Korean Parliamentary League on Children, Population and Environment (CPE)
	Hon. Noh Young Min	Executive Member of Korean Parliamentary League on Children, Population and Environment (CPE)
	Hon. Suh Gab Won	Korean Parliamentary League on Children, Population and Environment (CPE)
	Hon. Yoo Ihn Tae	Korean Parliamentary League on Children, Population and Environment (CPE)
	Hon. Kim Hyun Mee	Korean Parliamentary League on Children, Population and Environment (CPE)
Kyrgyz Republic	Hon. Kadyraliev Sanjarbek	Jogorku Kenesh, Parliament of Kyrgyz Republic
Laos	Hon. Dr. Bang On Sayarath	National Assembly
	Hon. Chanhom Mahaxay	National Assembly

Maldives	Hon. Mohamed Shareef	People's Majlis
Malaysia	Hon. Dato' Ahmad Husni Mohamad Hanadzlah	Chairperson of AFPPD Malaysia, Deputy Minister of Finance
	Hon. Dato' Liow Tiong Lai	Minister of Health Malaysia, AFPPD Malaysia
	Hon. Sen Tan Sri Datuk Jins Shamsudin	Senator, AFPPD Malaysia
	Hon. Dato' Dr. James Dawos Mamit	Environmental Advisor to the Sarawak State Government, AFPPD Malaysia
	Hon. Tan Seng Giaw	AFPPD Malaysia
	Hon. Mdm Hajah Nancy Shukri	AFPPD Malaysia
	Hon. Dr. Che Rosli Che Mat	AFPPD Malaysia
	Hon. William Leong Jee Keen	AFPPD Malaysia
Nepal	Hon. Mahadev Gurung	Interim Parliament of Nepal
Pakistan	Hon. Dr. Donya Aziz	National Assembly of Pakistan
Philippine	Hon. Darlene Custodio	Treasurer of AFPPD, Philippine Legislators' Committee on Population and Development (PLCPD)
	Hon. Rodolfo G. Biazon	Chairperson of Philippine Legislators' Committee on Population and Development (PLCPD)
Samoa	Hon. Tolofuaivalelei Falemoe Leiataua	Speaker of the Legislative Assembly, Chairperson of Pacific Parliamentary Assembly on Population and Development (PPAPD)
Singapore	Hon. Liang Eng Hwa	Parliament of Singapore
Thailand	Hon. Dr. Jetn Sirathranont	Asian Forum of Parliamentarians on Population and Development (AFPPD)
	Hon. Achara Techaritpitak	Asian Forum of Parliamentarians on Population and Development (AFPPD)
Japan	Hon. Chieko Nohno	MP, Secretary General of JPFP
	Hon. Chiaki Takahashi	MP, Deputy Secretary General of JPFP
	Hon. Wakako Hironaka	MP, Acting Chairperson of JPFP
<u>Resource Person</u>		
	Mr. G. Giridhar	Director of United Nations Population Fund

	(UNFPA) CST for E&SE Asia & Representative in Thailand
Mr. Jose G. Rimon	Senior Program Officer, Global Health Policy and Advocacy Bill & Melinda Gates Foundation
Dr. Shuzo Nishioka	Senior Research Fellow of National Institute for Environmental Studies (NIES)
Prof. Pak-Chung Ho	Regional Chairperson of IPPF-ESEAOR, Head of Dept of Obstetrics & Gynaecology, International Planned Parenthood Federation (IPPF)
Dato' Dr. Hasan Abdul Rahman	Disease Control Division Ministry of Health Malaysia

International Organizations

Datuk Dr. Raj Abdul Karim	Regional Director of the East & South East Asia and Oceania Region (ESEAOR) International Planned Parenthood Federation (IPPF)
Mr. Harry S. Jooseery	Executive Director of Partners in Population and Development (PPD)
Ms. Yeoh Yeok Kim	Assistant Representative of United Nations Population Fund Malaysia (UNFPA)

National Committee

Ms. Jane Singleton	Secretariat Chair of Australian Parliamentary Group on Population and Development
Mr. Omaly Hap	Deputy Director of Cambodian Association of Parliamentarians on Population and Development (CAPPD)
Mr. Manmohan Sharma	Executive Director of Indian Association of Parliamentarians on Population and Development (IAPPD)
Ms. Lee Sang Mi	Director General of Korean Parliamentary League on Children, Population and Environment (CPE)

Hon. Datin Paduka Hajah Rahmah Osman	Executive Director of AFPPD Malaysia
Mdm Zoraida Ahmad	Staff, AFPPD Malaysia
Ms. Kalayaan Pulido-Constantino	CAPDEV Director, Philippine Legislators' Committee on Population and Development (PLCPD)

APDA

Ms. Kayoko Shimizu	Acting Chairperson
Dr. Osamu Kusumoto	Secretary General/Executive Director
Ms. Hitomi Tsunekawa	International Affairs Manager
Ms. April Lawrence	International Affairs Programme Officer
Dr. Yuji Mizukami	Programme Associate/ Researcher

AFPPD

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Mr. Shiv Khare	Executive Director
Ms. Passawee Tapasanan	Programme Associate
Mr. Oleg Shovkovyy	Programme Associate for Central Asia

Observer

Datuk Johan Thambu Abdul Malek	Chairman of Selangor/WP Family Planning Association
Dr. Camilo Naraval	Senior Programme Officer International Council on Management of Population Programmes (ICOMP)
Ms. Ning Bo	Second Secretary, Political Section Chinese Embassy
Ms. Lira Sabyrova	First Secretary Embassy of Kyrgyz Republic
Ms. Maki Kobayashi-Terada	Counsellor, Chief Economic Section, Embassy of Japan
Mr. Kentaro Sakai	Financial Attaché & First Secretary, Embassy of Japan
Mr. Maxat Ibrayev	Third Secretary Embassy of Kazakhstan

Interpreter

Ms. Akiko Ninagawa	Interpreter (Japanese)
Ms. Shiho Kawamura	Interpreter (Japanese)
Ms. Mari Yamada	Interpreter (Japanese)

- AFPPD : Asian Forum for Parliamentarians on Population and Development
APDA : The Asian Population and Development Association
CAPPD : Cambodian Association of Parliamentarians on Population and Development
CPE : Korean Parliamentary League on Children, Population and Development
IAPPD : Indian Association of Parliamentarians on Population and Development
IFPPD : Indonesian Forum of Parliamentarians on Population and Development
IPPF : The International Planned Parenthood Federation
IRPPDC : Iranian Parliamentarians Population and Development Committee
JFPF : Japan Parliamentarians Federation for Population
PLCPD : The Philippine Legislators' Committee on Population and Development
PPAPD : Pacific Parliamentary Assembly on Population and Development
PPD : Partners in Population and Development
UNFPA : The United Nations Population Fund

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