

**The 25th Asian Parliamentarians' Meeting on
Population and Development
*Achievements and Challenges of ICPD+15***

2-3 May 2009
Jakarta, Indonesia

The Asian Population and Development Association
(APDA)

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**The 25th Asian Parliamentarians' Meeting on
Population and Development**
Achievements and Challenges of ICPD+15
2-3 May 2009
Jakarta, Indonesia

Organized by:
Asian Population and Development Association (APDA)

Hosted by:
Indonesian Forum of Parliamentarians on Population and Development (IFPPD)

Supported by:
United Nations Population Fund (UNFPA)
International Planned Parenthood Federation (IPPF)
Asian Forum of Parliamentarians on Population and Development (AFPPD)
National Family Planning Coordinating Board of Indonesia (NFPCB/BKKBN)

Friday 1 May 2009

17:00 Registration
-20:00

Day 1

Saturday 2 May 2009

(Venue: Crowne Plaza Tiara 1&2, Level 3)

08:30 Registration

09:00 **OPENING CEREMONY**

Address of Organizer

Hon. Yasuo Fukuda MP (Japan)
APDA/AFPPD/JFPF Chair

Address

Dr. Zahidul A. Huque
Representative of UNFPA Indonesia

Address

Datuk Dr. Raj Karim
Regional Director of IPPF-ESEAOR

Address of Host Organization

Hon. Hj. Aisyah Hamid Baidlowi MP (Indonesia)
IFPPD Chair

Opening Address

Hon. H.R. Agung Laksono MP (Indonesia)
Speaker of the Parliament of Republic of Indonesia

09:50 Group Photo

- 10:00 **KEYNOTE SPEECH**
- Beyond ICPD: The Need for a New Development Strategy for Family Empowerment*
Prof. DR. Haryono Suyono (Indonesia)
 Former Chief of BKKBN; Former Minister of State of Population Affairs
- 10:30 **Coffee Break**
- 11:00 **Session 1: 15 Years of ICPD PoA Review: Achievements and Challenges**
- The Cairo Agenda: A Time to Re-invest*
Ms. Nobuko Horibe
 Director of UNFPA Asia and Pacific Regional Office
- 11:30 *Regional Analysis: Asian Countries' Achievements and Challenges*
Hon. Dr. Pinit Kullavanijaya MP (Thailand)
 AFPPD Secretary-General
- 11:50 *Country Analysis: Indonesia's Family Planning Programme; Achievements and Challenges*
Dr. Sugiri Syarif MPA (Indonesia)
 Chair of BKKBN
- 12:10 **Discussion**
 Chair: **Hon. Maryamah Nugraha Besoes MP (Indonesia)**
- 13:00 **Lunch Reception Hosted by AFPPD**
- 14:30 **Session 2: Population and Sustainable Development in the Context of ICPD PoA with Focus on Food Security**
- Hon. Chiaki Takahashi MP (Japan)**
 JPFP Deputy Secretary-General
- 14:50 **Ms. Farhana Haque Rahman**
 Chief of Media Relations, Special Events and Programmes of IFAD
- 15:10 **Coffee Break**
- 15:40 **Session 2 (cont'd)**
- Discussion**
 Chair: **Hon. Mabel Rebello MP (India)**
- 16:40 **End of Day 1**
- 17:00 **Drafting Committee Meeting**
- 19:00 **Dinner Reception Hosted by IFPPD**

Day 2
Sunday 3 May 2009

(Venue: Hotel Crowne Plaza Tiara 1&2, Level 3)

- 09:00 **Session 3: Synergizing Health Initiatives in the Context of the MDGs**
- Hon. Tuti Indarsih Loekman Soetrisno MP (Indonesia)**
 AFPPD Treasurer

- 09:30 **Discussion**
Chair: **Hon. Jose Carlos Lacson MP (Philippines)**
- 10:15 **Coffee Break**
- 10:45 **Session 4: Public Private Partnership Activities to Achieve Sustainable Development**
Mr. Youzou Nakao (Japan)
Associate General Manager, CSR & Public Communications Dept. of Ajinomoto Co., Inc.
- 11:15 **Discussion**
Chair: **Hon. Lalith Dissanayake MP (Sri Lanka)**
- 12:00 **Lunch Reception Hosted by APDA**
- 13:30 **Session 5: PANEL DISCUSSION – Asian Parliamentarians’ Statement for the MDGs and ICPD+15: How to Achieve Them**

Panellists:
Hon. Dr. Donya Aziz MP (Pakistan)
Hon. Song Fatang MP (China)
Hon. Mamadsho Ilolov MP (Tajikistan)
Hon. Kim Young Jin MP (Korea)
Hon. Kim Gi Hyeon MP (Korea)
- 14:10 **Discussion for Adoption of Statement**
Chair: **Hon. Dr. Mal Washer MP (Australia)**
Vice-Chair of PGPD
- 15:30 **25th APDA Meeting Evaluation Form**
- 15:45 **Coffee Break**
- 16:15 **Adoption of the “Asian Parliamentary Statement for ICPD+15”**
- 16:30 **CLOSING CEREMONY**
Address
Hon. Chieko Nohno MP (Japan)
JFPF Secretary-General

Address
Hon. Dr. M. Hidayat Nur Wahid MP (Indonesia)
Chief of the Indonesian House of Representatives
- 16:50 **End of Day 2**
- 17:00 **Press Conference**
- 17:30 **AFPPD Executive Committee Meeting**
- 19:00 **Dinner Reception Hosted by APDA**
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OPENING CEREMONY

OPENING CEREMONY
Address of the Organizer

Hon. Yasuo Fukuda

Member of the House of Representatives, Japan;
Former Prime Minister of Japan;
Chair, Asian Population and Development Association (APDA);
Chair, Japan Parliamentarians Federation for Population (JPFP);
Chair, Asian Forum of Parliamentarians on Population and Development (AFPPD)

It gives me great pleasure to welcome you to the 25th Asian Parliamentarians' Meeting on Population and Development held here in Jakarta. I thank the Parliament of Indonesia and the Indonesian Forum of Parliamentarians on Population and Development (IFPPD) for your most generous effort in organizing this important meeting.

The main purpose of the meeting this time is to put our thoughts together to represent Asia's voice at the IPCI which will be held this October, and will mark the occasion of 15 years after the ICPD. Allow me this opportunity to speak, as the organizer, on the commencement of our work.

Last year, as Prime Minister I hosted two significant international conferences in Japan; the Fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido Toyako Summit. I wish to take this opportunity to express my profound gratitude for the tremendous support I received from all our Asian colleagues.

At these meetings, global issues such as economics, finance, environment, food, energy resources, population, and security were earnestly discussed. These global issues were addressed with the target being the achievement of a sustainable society. To this end, two progressive concepts were introduced at these conferences that made significant changes in the means in which to achieve these targets.

The first way to achieve this target is to

ensure "participation by all". We reaffirm that everyone is a stakeholder in tackling global issues such as population and environment. There is no point in arguing who is involved and who is not. The pertinent issue at hand is "what" each of us should do in "which field, function and role".

Another highlighted change was stressing the importance and understanding of stabilising the population. Currently, international society is making great efforts towards the achievement of the MDGs. The purpose of attainment is to ensure that all human beings can live with dignity, which is a basic condition of effectuating the MDGs.

Some Asian countries are still affected by high birth rates and rapid population growth. With this, they are facing a shortage of food and energy resources, making it difficult to fulfil social welfare. In contrast, countries such as Japan and Korea are being seriously faced with the plausibility of a society with fewer children. Predictions state that the younger population in these countries could be halved within the next 25 years. There is the possibility that other Asian countries will soon be faced with the same situation.

Achieving a sustainable society requires the stabilisation of population, thus proportionally excessive population increase or rapid decrease is inadequate. A rapidly changing population will affect significant damage on society, and impede the achievement of the MDGs and sustainable development.

The innovative perspective of these two points discussed at those two conferences was epoch-making. We are proud that our parliamentary activities have observed these 2 points and that these have been basic concepts for our actions for a long period. Now is the time to reaffirm the implications of our activities.

So far, Asian countries have taken great initiatives in population and sustainable development issues. Our activities were started by establishing parliamentarian groups in respective countries. It was then expanded to the Americas, Africa and Arabia, and Europe. Nowadays, we, the parliamentarians are committed to population and development on all continents.

In fact it was in 1974 that our seniors began activities in this field as parliamentarians. Where would we be today, if they did not recognise the importance of the issue and took no action? There is a simple calculation to press the point. Assuming that the world population continued to increase at the rate it was growing in 1974, by 2050 the world population would reach 17.5 billion. There will be a difference of 8.3 billion people compared with the present medium estimates, which reflect the efforts made. These are simple arithmetic calculations; however, these help us to understand the positive consequences of what we have done so far.

What possibilities does humankind have in a world that must support 17.5 billion people? If 35 years ago our parliamentary seniors did not have the sense of crisis or act, there would probably be very little we could do today for our environment. We should express our respects to the inspiring insight and efforts of the pioneers.

I believe today, 15 years since the landmark conference in Cairo, we should recognise the significance of what we have been able to achieve so far. History has taught us that when the population exceeded the limits of the earth's capacity, famine created wars and civil discord which, as a consequence of such tragedies, reduced an explosive population increase.

Today, we are conscious of the fragile foundation on which our very existence depends; understand its inter-related conditions; and are attempting, together, to establish conditions for survival in a humane manner, rather than leaving it to natural selection. We are literally pursuing changes that could be referred to as revolutionary. Future historians may well recognise that what we are grappling with together today compares favourably to the great inventions such as agriculture and literacy.

We all know that we are currently living amidst what is considered an economic crisis that occurs only once in every 100 years. We are aware that there are many areas in which the achievement of objectives publicly promised in Cairo have not been fully achieved. We are also aware that what we should be doing to ensure our future is unfolding before our eyes.

Based on our previous achievements and results, it is important to have faith in our efforts and be confident in the accomplishments which have borne fruit. This said, we must endeavour to persist in our actions towards the actualization of a brighter future.

Regardless of nationality, young people are filled with feelings of vulnerability and uncertainty as a result of the current global financial and economic crisis – these feelings create further psychological instability and are restricting their long-term visions and future goals.

It makes no sense for us to be pessimistic about what must be done. We should draw confidence from our past performances and achievements, and continue to make constructive efforts so that our future will be evermore hopeful.

I urge all of us to communicate with young people in our respective countries on how, for the first time in human history, both industrialised and developing countries are working together in collaboration. Because of our efforts based on mutual trust there is hope for our future and in order to ensure our hope, everyone must be involved in doing more.

Giving hope to the youth who are the bearers of our future should also be our responsibility. Rather than increasing their uncertainties by focusing on pessimistic aspects of our society, we should show them the fruits of our efforts and how bright hope can be built on them. As elected representatives of our people I certainly wish that our efforts will be multiplied.

Thanks to the efforts of the pioneers, parliamentary activities initiated in Asia are rooted throughout the world today and actively engage in promoting the principles, as well as practices, through parliamentary fora on population and development which have been established in every region.

To ensure that the foundation of our future is securer than ever, we must strengthen our parliamentary activities on population and development and provide efficient support where necessary. This requires strengthening collaboration through a global network of parliamentarians. I believe the IPCI conference gives us the opportunity to reconstruct the Global Committee of Parliamentarians on Population and Development (GCPPD). I very much hope that with your understanding and support, we will adopt this proposition as a collective will of the Asian and Pacific Region, to be presented at the forthcoming IPCI in October.

I am confident that you will contribute meaningfully to our deliberation and that we will adopt a powerful declaration for the IPCI conference.

Thank you very much.

OPENING CEREMONY

Address

Dr. Zahidul A. Huque

Representative in Indonesia,
United Nations Population Fund (UNFPA)

On behalf of Ms. Nobuko Horibe, Regional Director, and my colleagues at UNFPA, I would like to welcome you to Indonesia and to this important meeting. It is indeed an honour for me to speak before such a distinguished assembly.

As one of the world's most dynamic regions, Asia-Pacific has seen a decline in extreme poverty over the past decade. Countries in the region have witnessed important development progress, particularly in the Millennium Development Goals (MDGs) Indicators. In many countries, this progress is attributable to the contributions of the parliamentarians, thanks to their legislative and advocacy work.

However, as we gather here today, the global financial and economic crisis has made a negative impact on the nations in the region. The UNESCAP report demonstrates that food prices have rocketed, investment has dropped to the lowest point, and unemployment numbers have increased; the number of poor people is going to be increased. This situation is now further compounded by the recent threat of the swine flu pandemic.

This is a critical moment to advance the ICPD and MDG agendas further. Advancing the population and development agenda requires strong collaboration among stakeholders, including the one you are representing here. The MDGs' 8th goal on Global Partnership for Development has a great influence on the progress of the 7 other goals.

Over the last 2 decades, parliamentarians have made meaningful efforts towards creating favourable policy environments in order to eradicate poverty, stimulate

sustainable development, promote human rights, and enhancing gender equality. Your "2008 G8 International Parliamentarians' Statement; Tokyo Call for Action" is a source of inspiration to many countries.

We have seen growing awareness among the parliamentarians that maternal health is not just any health issue. It is about empowerment; community participation; protection of human rights, specifically the right to education, to SRH, to family planning, to development, and to lead a quality life.

We know that giving women options to pursue education, empowerment, and access to family planning can prevent more than 25% of maternal deaths. Community participation is needed to ensure pregnant women's timely access to high-quality delivery care by skilled attendants and emergency obstetric care, which can reduce the Maternal Mortality Ratio (MMR) by 74%. Promoting gender equality would enhance a country's performance in attaining the other MDG targets but it requires investment in women and other marginalised groups and involving them in the decision making and actual programme management.

This year marks the 15th anniversary of the ICPD and we are only 5 years away from the MDG deadline. The challenges ahead are enormous:

- We all dream of a better world to live in a world of opportunity, freedom and choices, for women and for us!
- We would like to see women having the economic and social ability to seek health services and become aware of how they should receive those services that are rightfully theirs.

- We want no gender gaps. A girl should not be kept at home in order to send her brothers to school. A girl should not be served food that is leftover after her brothers have eaten. A girl should not spend her childhood fetching water and performing chores when she should be playing and going to school.
- We want women to be treated with dignity and respect and not be the victims of violence. Most important of all, we want women to decide how to lead their lives and make their own decisions. We want society to respect and support women's decisions.

Excellencies, ladies and gentlemen, the United Nations Population Fund is here to promote and support your pursuit for a world that would ensure universal access to quality sexual and reproductive health and reproductive rights, for all women, men, and adolescents. Together, we can make the world an ideal place to live in for ourselves and for future generations.

Allow me to thank APDA and IFPPD for organizing this meeting. I wish you all a very fruitful meeting.

Thank you.

OPENING CEREMONY

Address

Datuk Dr. Raj Karim

Regional Director of the East and South East Asia and Oceania Region (ESEAOR),
International Planned Parenthood Federation (IPPF)

On behalf of the Director-General of IPPF, Dr. Gill Greer, I wish to extend warm greetings to all of you and to thank APDA/AFPPD for this invitation. Dr. Gill asked me to apologise to you for not being able to join you in person due to prior commitments and to wish you a very successful and productive meeting. She also would like me to convey her personal support and that of IPPF's in your collective efforts to move ahead in the ICPD PoA agenda and the achievement of the MDGs.

Parliamentarians play a crucial role in national advocacy and in getting the voices of NGOs and the grassroots, which IPPF represents, through the corridors of power and people of influence. We are grateful to you for your support to the organization and to the country member associations as we go about our daily lives facing and overcoming never ending obstacles, barriers and constraints confronting the issues around Sexual and Reproductive Health/Rights (SRHR).

It has been 15 years since the landmark Cairo Conference brought to the forefront the reality of the most personal and yet contentious issues affecting the lives of people, and for them to be able to exercise and enjoy their SRHR. The ability to exercise this most basic human right is vital for the health and wellbeing of individuals, couples, families, and communities. We need constant reminders that violence against women, forced early marriage, coercive family planning, and denial of sexual reproductive rights are just not acceptable and should not be condoned. When women are educated; empowered; and have the means to choose the number and spacing of their children, they will choose more for their children, and not for having more children.

Women are the drivers of development. Girls count and women matter. Fifteen years after ICPD, we see that the time has come to reinvigorate family planning and to ensure that all women have access to this basic right. To do this we must meet the unmet need of some 200 million women and the needs of the world's largest ever generation of young people. This will require increased funding for comprehensive sexuality education; youth-friendly services; and access to a wide range of contraceptive methods, including male and female condoms, which can prevent unplanned pregnancy and STIs including HIV/AIDS. We cannot deny young people, men, and women, the knowledge and means to protect themselves – we cannot place their lives in danger.

There is clear evidence that the ICPD PoA is crucial to the achievement of the MDGs, in particular MDG 3, 4, 5 and 6. However, MDG5, which is the closest to the spirit of Cairo, is the farthest from realisation. Hence IPPF calls upon you as parliamentarians, to call for urgent steps to address maternal mortality and morbidity knowing that with the knowledge and technology available today, we can prevent these pregnancy related deaths including unsafe abortions of girls and women in the developing world.

The full implementation of the unfinished Cairo Agenda is essential for the elimination of poverty, sustainable social and economic development and for the achievement of equity, social justice and human rights. In December 2008, we met in Hanoi to discuss the effects of climate change and food security on the population and we resolved to take measures to protect, support, and empower the poor and marginalised

people who are most affected by the crises. We also subscribe to the fact that in order to effect a successful response to climate change and food security, we need to adopt a multi-sectoral and comprehensive approach that gives attention to population concerns and integrates empowerment of women, SRHR, family planning, and prevention of HIV/AIDS.

Last week, at the UNESCAP Ministerial Meeting, the issues of food security, climate change, and energy security were highlighted again within the context of the global economic crisis and its effect on poverty, hunger, unemployment, and other undesirable effects on education and health.

It was said that 64% of the world's hungry people are in this region and that we need to promote sustainability and to adopt social protection measures, especially for the poor and needy. We need to work collectively and in genuine partnership with parliamentarians, civil society, governments, and the private sector to

manage this serious economic crisis which will result in social crisis or social unrest if people's basic needs are not met nor satisfied.

We look forward to this meeting addressing the challenges facing us and those lying ahead and to do our utmost for these times of uncertainty to be times of opportunity. We need to increase our national resources to achieve the MDGs, especially MDG5 and for a comprehensive approach to MDG5 and the Cairo Agenda that will ensure that the needs of the forgotten and marginalised including refugees, internally displaced persons, and that women and girls in conflict situations are recognised and addressed.

Finally IPPF wishes to reaffirm and renew our support to parliamentarians through APDA and AFPPD and to work together even more closely as we cross over these 15 years and strive to meet the targets of the MDGs in 2015.

I thank you.

OPENING CEREMONY
Address of Host Organization

Hon. Hj. Aisyah Hamid Baidlowi

MP, Indonesia;
Chair, Indonesian Forum of Parliamentarians on Population & Development (IFPPD)

On behalf of the Indonesian Forum of Parliamentarians on Population and Development (IFPPD), and the organizing committee, we would like to express our deep gratitude to the Honourable Speaker of The House of Representatives of the Republic of Indonesia, Dr. H.R. Agung Laksono, who is willing to open the 25th Asian Parliamentarians' Meeting on Population and Development. Your honourable presence here provides a strong spirit to all of us to produce a concrete plan of action through this meeting in an effort to solve problems on population and development by evaluating our achievements and challenges of ICPD+15 to improve our future actions.

This year marks the 15th anniversary of the ICPD and reminds us of the 5 years that we have remaining to fulfil the commitments made in Cairo. As Members of Parliament, we make up the part of crucial stakeholders whom can foster the effectiveness of population development, and as such we are responsible to our constituents to keep the wheels of development running. Since we are democratically elected to represent our constituents, we are obligated to perform our responsibilities by ensuring transparency and accountability.

This year, APDA is holding its 25th APDA Meeting in Jakarta, Indonesia in close cooperation with IFPPD, under the theme of the "Achievements and Challenges of ICPD+15". As the basis for achieving population and sustainable development objectives, the ICPD PoA will be reaffirmed and more effective, synergetic approaches will be discussed.

During the meeting sessions, the ICPD PoA will be addressed in relation to the MDGs; food security; public private partnerships; health initiatives, including Sexual and Reproductive Health/Rights (SRHR) and HIV/AIDS. Since the health-related MDGs are still seriously encumbered in many developing countries, the ICPD PoA will be promoted as a basic framework to ensure SRHR for all. Through the meeting, it will be ensured that parliamentarians are fully aware of the means which need to be taken to respect rights-based approaches, working in cohesion with international organizations.

A parliamentary statement that will emphasise the determination to work toward the attainment of the ICPD PoA and MDGs by 2015 is expected to be adopted at the meeting and will be presented at the IPCI, to be held in October, as a collective voice of Asian-Pacific parliamentarians.

As the world's most populated region, Asia-Pacific needs to rise as a leader in promoting MDG achievement, food security, Public Private Partnership, and health initiatives including SRHR and HIV/AIDS. Asia-Pacific countries, especially Indonesia, now need to turn and confront the problem of HIV/AIDS as a potential leader in the fight against it.

We have a lot of hard work to do in these next few days. I am convinced that this meeting will mark a turning point in the population development of Asia. I am confident that every participant will remember this meeting, and will also serve as a vital platform for Asian parliamentarians to promote policy dialogue and incorporate the outcomes into national development plans and

facilitate the strengthening of the regional partnerships to build national capacity to integrate population dynamics into national planning and implementation processes. I am confident that this meeting will not be filled with empty promises, but will come up with the energy for action. Let us start now.

Finally, we would like to thank all our honoured guests for your enthusiasm and

active participation in this two-day meeting. Let us hope that this meeting will effectively produce concrete plan of action to solve the above problems. As Members of Parliament, we are expected by our constituents to create a better living and future for our countries.

Wassalamu'alaikum wr wb.

Thank you.

Terima Kasih.

OPENING CEREMONY

Opening Address

Hon. H.R. Agung Laksono

MP, Indonesia;
Speaker of the Parliament of the Republic of Indonesia

Assalamu'alaikum Warahmatullahi Wabarakatuh.

It is a great honour to be here today, among distinguished guests on the occasion of Asian Parliamentarians' Meeting on Population and Development. I am optimistic that through this meeting we can add value in the way we form our ideas on establishing policies related to population and development. Furthermore, on behalf of the people of Indonesia and on behalf of the Members of the House, I would like to warmly welcome you to Indonesia.

It is an undeniable fact that rich countries and global development institutions have huge control over the structure of the global economy and they are cultivating a legitimate structure with economic growth in its orientation. In terms of progress achieved and adjustment made, their economic developments do not portray their concerns on poverty eradication.

With that idea in mind, we need to question our strong belief in "growth" as our economic strategy. Reality speaks that what matters most is equitable distribution of income. Human welfare is not only measured by economic growth number and economic contractions in one year. The nature of development that we have practiced so far tends to ignore the important points of population and environmental issues. These issues are closely related to welfare improvement and sustainable development of a country as proposed by the MDGs.

Consequently, it is not an overstatement to highlight the importance of this meeting, which is to build awareness for focused, all-round development. No matter how much we put into economic development,

we shall fall short if the population issue is denied. We need to be reminded that in the population pyramid, there are children, unemployment, and poverty problems – issues that can be found in most Asian countries. We have a global promise to eradicate poverty and to sustain development in the MDGs. Our global promise is to cut world poverty by half by the year 2015. This meeting can create momentum in getting back to the agenda of the MDGs.

I will take this opportunity to remind us of the International Conference on Population and Development (ICPD) in 1994. Every 5 years we discuss its success stories and question whether all factors in population have been considered in integrated development. At this event, I do think that we have to make a strong commitment as parliamentarians to remind our governments to integrate population development and welfare into all policies they are going to implement. One very clear message is that for sustainable development we need people-centred development.

The message has its own urgency for Indonesia, as the population is increasing. Based on the population census, the total population of Indonesia has grown rapidly within the last 3 decades. With a total population of 215 million, Indonesia is the world's 4th most populous country, after China, India, and the United States. If population growth is unmanageable, by 2050 the Indonesian population will exceed the United States' population. Furthermore, the United Nations has projected that the total population of Indonesia could reach 293 million by 2050.

The population problem is a long term problem and needs comprehensive,

systematic, and coordinated measures. It needs special attention and it is our duty and responsibility to ensure consistent policies on population.

One important issue that should not be neglected in building a better future is the principle of sustainable development. Development is as an attempt to meet the current needs without jeopardising the needs of future generations. For that purpose, there are some conditions that need to be imposed.

First, we need the improvement of product with environmentally friendly management; and second, fair and equal opportunities for all. With the above mentioned requirements, sustainable development is economic development with environmental, as well as fair and equal views.

From the Johannesburg Declaration we have learned that environmental development and fair distribution is essential to sustainable development. There are 3 pillars of sustainable development: economic development, environmental protection, and social development. Within rising democracies, there should be balance among those important pillars. Pro-people development is not sustainable development without environmental protection and social development.

I have addressed all my concerns regarding today's meeting for Asian Parliamentarians on Population and Development. It is my hope that this meeting will have necessary results for our constitutional duties and responsibilities. For all your kind attention, I thank you very much.

*Wassalamu'alaikum Warahmatullahi
Wabarakatuh.*

KEYNOTE SPEECH

Beyond ICPD:

The Need for a New Development Strategy for Family Empowerment

Professor DR. Haryono Suyono

Professor at the University of Airlangga, Surabaya, Indonesia;
Former Chief of the National Family Planning Coordination Board of Indonesia (BKKBN);
Former Minister of State of Population Affairs, Indonesia

On this auspicious occasion I would like to thank the Asian Population and Development Association (APDA) for the honour to deliver the keynote address at this most distinguished gathering. It is my duty to acknowledge the invaluable role and contribution of APDA for its support to bring forth the prominence of the population development movement in this 20th Century.

The track record of this organization in guiding parliamentarians the world over, particularly in the Asia-Pacific region, has brought many nations in these regions to become pioneers and champions in development, and more importantly, in positioning population as the central focus of development.

APDA's role has been most prominent since 1994, when world leaders and renowned experts converged and brought forth the consensus on the erstwhile differing and often conflicting positions on population and development, mostly on the relationships between population growth and other elements of development. This consensus has created a most conducive atmosphere towards the success of numerous complex elements of development.

The successes of population programmes in this region are all accruable to the strong political commitment of governments and the people, and the strong support of parliamentarians, both in their official as well as their individual capacities. It was those successes that brought about the comprehensive resolutions emanating from the International Conference on

Population and Development (ICPD) in Cairo in 1994.

At that paramount forum both the developed and the developing countries forged an inspiring and long range plans of action, commonly called the "Cairo Consensus", which integrated a wide range of population, development, and human rights issues into one comprehensive package labelled as the "Blueprint for 20 Years of Action".

This year marks the 15th anniversary of that momentous and historical event, which actually signifies that the world has only 5 years remaining to attain the commitments of 15 years ago. Therefore, APDA's initiative to host and organize this meeting is most commendable, with the particular aim to review past commitments and present achievements, and visions of the future; both in terms of accomplishing what we set out to do 20 years ago, as well as formulating new strategies to meet future challenges.

The Cairo Consensus positions individual populations as the focal point for development. As the ICPD was organized by UNFPA and other population-related world agencies, it reflects the dire need for family planning and RH services. And similarly for the need for health services and education, which if all are fulfilling, would signal that efforts towards the stable growth of the population are in place.

The Cairo Conference 15 years ago also culminated the commitment to achieve all of the above through the provision of

services for the people to meet their ideals in family size. The conference also gave appreciation to the role of women in development. All of those were explicitly stated in the recognition of basic human rights for all, and clearly mentioned explicit concerns for efforts to empower women whose rights have often been relegated.

On the basis of that firm consensus, all those concerned in the population movement have worked very hard to achieve the 20 year target. Countries in the Asia-Pacific region have become pioneers in family planning and health movements, and have recorded significant strides in their demographic transitions. Many of these were adapted by countries in the African region and elsewhere. One would note that the developed nations required 100 to 150 years to achieve their demographic transition and appears to be the reason that they have given inadequate attention and concern to the plight of the large majority of developing nations.

In fact, countries which have experienced rapid demographic transitions, largely due to their successes in family planning and RH programmes, are actually facing greater challenges than just the mere increases in the number of deliveries and of infants. It is a fact that babies and infants do not need much in terms of basic health and other needs' fulfilment beyond the attention already given. What is daunting is actually the number of adolescents and youth who are uneducated and unemployed. They are the ones, if no firm actions are taken to remedy their conditions, who could pose the real threat to growth and stability. They are the ones who are so volatile and could explode and destroy all that has been done in terms of progress and development. Infant and child revolution can only encourage and motivate parents to take actions to raise them to become healthy youth, but revolution of the youth does not await parents to act. Revolution of the youth can be devastating and destroy all that they think could hamper their future. The youth demand that they

are guaranteed a better tomorrow; for them the past is best buried and forgotten.

Countries which have achieved rapid transitions, yet have not adequately responded to those transitions, may find themselves with multiplied younger segments of their population, increased number of youth and the elderly, while on the other hand, are faced with adverse conditions of poverty and inadequate access to education, training, employment opportunities and scarce capital funds. These countries may find themselves in a losing race of their population growth against welfare interventions. The result is that many of those countries cannot gain from the "population dividends" and, on the contrary, are beset by spiralling problems of poverty.

It is for the record, as illuminated by the ICPD in Cairo, that in the 1990s the world saw that many other countries organized and hosted several other important fora. Among those were the "International Conference on Women and Development" in Beijing; the "International Conference on Social Development" in Copenhagen, and various other international conferences. Approximately around the same time the world came to realise the importance of human rights and human development, which gave rise to the advent of the Human Development Index.

All of those conferences and fora ultimately came to the consensus on development targets, which in fact are mutually intertwined. The culmination of 1990s development was the consensus reached in the year 2000 known as the Millennium Development Goals (MDGs). It goes without saying that the Cairo Consensus of 1994 was indeed an indispensable part of the MDGs in the year 2000.

It is with regret that one observes that the MDGs Consensus of 2000 was marred by the fact that UNFPA and several other population-related agencies, such as USAID and others, have experienced declines in their programmes. It is also regrettable that at almost the same period

experts and officials within those agencies did not act decisively enough to maintain the prominence and importance of family planning and population programmes as the leading sector in efforts to attain the MDG targets. As a result, experts, officials, and professionals became engrossed in various dialogues to underscore that the Cairo Consensus was not adequately accommodated in the new consensus of the MDGs. They spent considerable time and effort in demanding improvements to the MDG consensus. This, in my opinion, is where we have wasted 5 precious years in those dialogue and diatribes. The implication is that all we have achieved in placing the Cairo Consensus to the fore has declined throughout the world, and most notably in Asia-Pacific. It is feared that if this is not adequately corrected, population growth in these regions will cease to decline and may even revert to an increase.

In 2005 we observed a new development in the MDG Consensus, i.e. the inclusion of the more prominent parts of the Cairo Consensus. Although some parts of the MDG Consensus have been improved and adjusted, UNFPA's programmes, and that of several other agencies, still explicitly focus on 3 major thrusts, i.e. population and development, SRHR and gender issues. If one were to link these programmes with the MDGs, one would note that within the rubric of population and development, many aspects could still be deliberated upon. Yet, from many plans that we know of, the deliberations are scant, with reference devoted to a greater extent on reproductive topics, pregnancy and safe deliveries.

One would also find that the deliberations on SRHR were also narrow in scope. Whereas the MDGs address much on the prevention of HIV/AIDS and other communicable diseases, one also finds that many population programmes in this region do not adequately address the issues of other diseases which could also threaten the fruits of development, such as malaria and the avian influenza.

On the deliberations on gender issues one finds that the focus is limited to human

rights, and more specifically to reproductive rights, and very scant – if at all – on the democratic rights to choose one's path of life in terms of education, employment and other opportunities, to contribute and excel in one's pursuit of welfare and happiness in accordance with one's social beliefs and norms. Neither could one find deliberations on crime and violence in households and in families. Furthermore, one also finds scant deliberations on the ways and means to convince policy decision makers on measuring the impacts of development using population-based indicators, which ultimately would result in establishing population-centred development policies and programmes.

Encapsulated, the general impression of the deliberations in this category is the narrowing of thrusts and the statements on the depreciation of many population agencies in this region. This could arrive at the undesired result where attention and priorities are curtailed and limited. It also appears that the principles of interdependence and interrelations among the various elements in population and development were ignored or waived.

In the Operational Principles as recently introduced by UNFPA, population and family planning agency-related programmes in this region were limited to only three major thrusts, i.e. human rights-based approaches, gender mainstreaming, and generally sensitive approaches. It is observed that as the global agencies that have been the champion and stronger advocate of human resources development and that have produced significant numbers of family planning and RH programmes in the past, UNFPA and many population institutions around the world appear to have ignored lessons learned that those successes were not attributable to adherence to human rights or gender mainstreaming issues, per se.

Lessons have indicated that those successes were attributable to the hopes instilled upon family planning and RH acceptors that their families will be able to enjoy enhanced welfare, improved health, and become more equipped to face future

challenges. In fact, family welfare approaches have become the main feature in many international gatherings of the past, and many within their respective programmes. Many have even debated which priority should be primary; whether it should be family planning or development.

Human resources development, as put forth in the MDGs, commands the attention of policy-decision makers as it deals explicitly with poverty alleviation, with general health matters; with prevention of HIV/AIDS; with malaria and other diseases, such as the avian influenza, and dengue fever; with child health; with education; with gender issues; with preservation of the environment; and linking all of the above with the broad base of international commitment and cooperation. Worth noting is that with poverty alleviation it is important to utilise the Human Development Index and other indices of human quality, such as expectancy of life at birth, average years of schooling, literacy rates, and indices on decent standards of living.

It should be imperative if we are to mention all of the above, that such population programmes, which we all have deliberated in all past international meetings, could remain current and consistent. It is also important to make all efforts in human resources development to be parallel with the overall development efforts, and to be consistent with the MDGs and Human Development Index ideals.

Whereas it is generally accepted that within the context of RH and gender issues we should give emphasis on mainstreaming young people's concerns; on the emergencies and in humanitarian assistance; and on the special attention to the marginalised and excluded population, the sad fact remains that scant attention is given to the plight of children of the poor; whose parents have adopted family planning ideals, and have raised them to survive to school-going ages, yet are unable to support them through school. It is also of serious concern to see the scant attention, if at all, of empowering the

younger segment of the population who have survived to join the youth and the adolescents, yet remaining poor and unable to enjoy proper education and training, and thus would remain unemployed and underprivileged. It would be desirable if we put more concerns – that within the context of establishing a harmonious family life – to make tangible efforts to equip the younger generations for a better tomorrow.

One would think of this as paramount considering the possibilities of having a “lost generation” in the midst of progress and development; a cohort of young people with no access to adequate health services, who are uneducated due to the poverty of their parents, and who are unemployed and hence a burden to society in general.

One should also consider the possible phenomenon of change in rural areas where one would find an abundance of young people, having survived childhood maladies such as infant and child diseases, enter the already overloaded agricultural workforce. The need is direly felt to give emphasis on empowering the communities based upon local potentials.

Despite the criticism about the lack of expedience, one should give appreciation to the UNFPA who gives greater authority to its country offices, although such a breakthrough is not enough. Agencies such as UNFPA, USAID and the like, who to date operate in the population area, would need to put greater focus on the need of Asian countries who have made great progress in family planning and health programmes, and who have recorded rapid demographic transition. Those countries are in urgent need for assistance, so much so that their achievements could be brought to the attention of the politicians, the leaders of the executive and legislative branches. They need to be socialised in the new approaches of development, placing family empowerment and the population as their main programmes. Family and population empowerment should be the nucleus to convert the MDG targets into just and equitable welfare in their respective countries.

The UNFPA, USAID and other population and family planning offices could become effective triggers and stimulators in establishing and strengthening operational networks at the local and field levels. Due to limited funds, these international offices usually become the source of funds and resources to plan and develop “models”, rather than concentrating on “final impact” projects. Model projects are generally small and can have little impact on large countries such as Indonesia. These models and pioneering activities will ultimately need to be further replicated, multiplied and expanded using local community and government resources. It should be emphasised therefore that UNFPA and other international donors could facilitate the mobilisation of complementary and supplementary resources from other international agencies, such that by-and-large all programmes and projects could be implemented with global standards, whilst fulfilling local needs.

In many undertakings, donor agencies such as UNFPA and others prefer to work with government agencies. They usually put emphasis on the development of a network involving and inclusive of the central government, provincial governments and local district governments. In this context we are reminded that a viable network should not be mainly built on partnering with government agencies, which at times lack stability, especially with the oft and periodic changes in government structures and administration. Emphasis therefore, is placed on considering socio-cultural approaches to strengthen the confidence, and giving greater empowerment to civil society.

With specific regard to network building and bridging partnerships with non-governmental and civil organizations, permit me to submit a vivid illustration of some NGOs; the one I am leading being one of those. Our intensive and sustained advocacy on new approaches and a new paradigm for family and community development, especially targeted to government officials at all levels, have swung away their bureaucratic visions to more innovative views adapting our

approaches in their public policies. This is the partnership we would like to institutionalise all over, considering that our vision and approach is on empowering people and their families, rather than dictating what the government wants to see done.

It is further emphasised that organizational and institutional development should not be solely based on knowledge-based considerations; rather it should also include the population-based premises. Project and programme locations serving larger numbers of population and clientele, should be given higher priority for capacity building and capacity enhancement with the aim of creating self-sufficiency and self-confidence.

The scope of advocacy should be placed on people as the focus of development. People should come forth as the potential and the strength for inviting investments in human resources, promising multiple returns and dividends. These human resource investments should be made so attractive, not only to the government circles, but also to the public in general.

Nurturing the enhancement of family welfare is to be done within the context of local and incumbent socio-cultural norms and values. It is proved that by heeding to these confines, that absorption of newly developed and changed values can be nurtured and institutionalised. Again using the Indonesian experience, it is submitted that those socio-cultural norms and values dictate 8 functions of Indonesian families, which would guarantee the success of all development endeavours. Those 8 functions are: (1) believe in the Almighty God; (2) the cultural function; (3) nurturing affection and care; (4) sanctuary for all family members; (5) the reproductive function; (6) the educational function; (7) the economic function; and (8) preservation of the environment.

It is further submitted that in the Indonesian programme, the most recent approach to empower the family and all members of the family has been best done by the establishment of *POSDAYA*, i.e. local

village posts for the empowerment of all family members. This is a regular forum of families and community members who deliberate, decide, and plan all community and family activities for the benefit of all family members. These posts can be community based, faith based, or even functional based. The activities of the *POSDAYA* are centred on the four broad elements of MDGs, i.e. health, education, economic activities, and the environment.

The *POSDAYA* has become institutionalised and inculcated in the daily fabric of social life, especially in rural life in all villages. The *POSDAYA* are led by local village leaders with strong support of the *ulamas* (religious circles), and the commitment of all local community prominents. This forum also becomes the nucleus of social and community movements based on the 8 functions of the family, as previously mentioned.

The forum also guarantees the democratic rights of individuals to choose their respective paths of life towards attaining their respective welfare ideals, both in terms of the fulfillment of their physical

and spiritual needs. It are these fora which have strengthened the validity of population-centred indicators. These, when appropriately applied, will at the same time attain the MDGs, which are indeed parallel with UNFPA's vision.

It is important to note that all the thoughts presented are based on the premise that our efforts to achieve the Cairo Consensus should not only give heavier emphasis to developing countries who have not yet gone far, or have not yet embarked in family planning and RH programmes. One would take this opportunity to encourage donor communities to also take side with countries who have taken significant strides in successfully implementing the programme. To the latter countries, donors' contribution would be more on encouraging those countries to make more tangible and significant investments in their human resources in its widest possible scope. Successes in human resources investments will certainly guarantee long-term dividends and will bring those countries to a higher plane of propelling perpetual development.

I thank you Honourable Chair.

SESSION 1

**15 Years of ICPD PoA Review:
Achievements and Challenges**

Chair:

Hon. Maryamah Nugraha Besoes

MP, Indonesia

SESSION 1

The Cairo Agenda: A Time to Re-invest

Ms. Nobuko Horibe

Director of the Asia and Pacific Regional Office (APRO),
United Nations Population Fund (UNFPA)

It gives me a great pleasure to address this very important audience of influential parliamentarians, as the Director of the newly established Asia and the Pacific Regional Office of UNFPA, based in Bangkok.

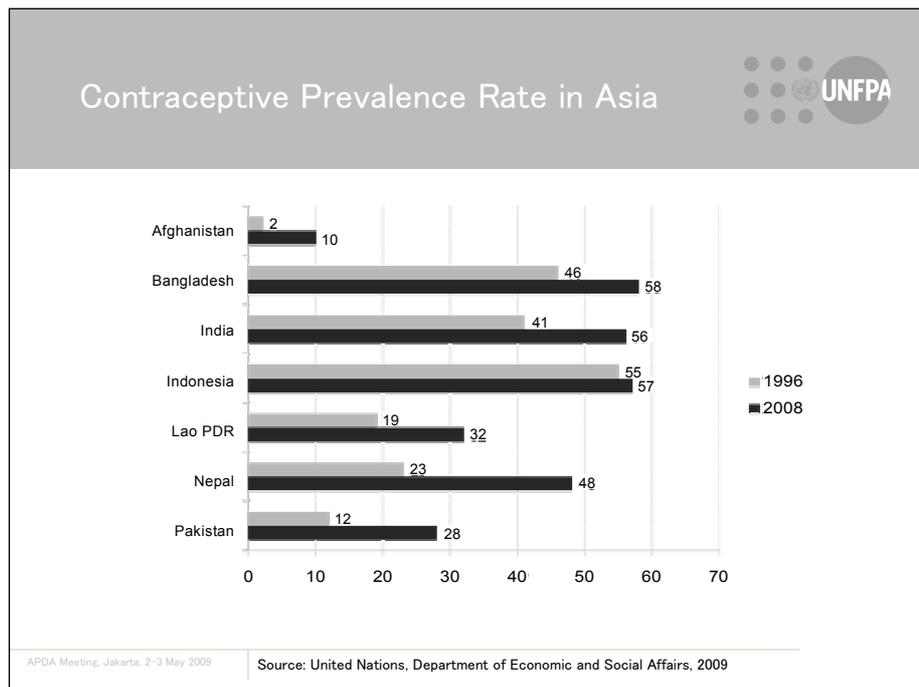
More than anything else, the Cairo Agenda is about human wellbeing. As we approach the 15th anniversary of the ICPD, the question to be asked is whether human wellbeing in the Asia-Pacific region has improved.

As a starting point, it would be useful to recall where the countries in our region were in the mid 1990s, the time of the Cairo Conference. Total Fertility Rates (TFRs) in the region ranged between 1.7 and 6.9. The contraceptive prevalence rates varied from a low of 18% in Pakistan to a high of 86% in China. Women and girls were worse off on most indicators

impacting their wellbeing, as compared to men and boys across the region, beyond differences by age, education, religion, ethnicity, and location.

Seen against the wider picture of the world, the Asia and the Pacific region was at the time, both among the more advanced and the least advanced regions in terms of population indicators. This confirms once more that the region is not homogeneous when it comes to starting points, and it flows from this that there are considerable differences in terms of achievements measured 15 years later.

What will be interesting in this context is looking at the causes and determinants of progress registered by various countries, and the kind of sustained investments in population programmes – mostly health and education, but also women's empowerment and life-skills development



– that have impacted on economic development, and therefore on better livelihoods and improved wellbeing.

Much progress has been made since 1994, although many challenges remain. TFRs in the region have fallen, and even in a country like Lao PDR, the TFR has fallen sharply from 6.7 in the early 1990s to the current level of 4.5.

Contraceptive prevalence rates have improved significantly in many countries.

Life expectancy has gone up overall, with a few exceptions, and the lowest rate now registered is that of Afghanistan with life expectancy of both men and women at 44, whereas the highest rate among developing countries in Asia and the Pacific has increased to over 70 years for both men and women.

Great gains have been made in girls' school enrolment, where we have witnessed a rapid climb, with slightly over half of the countries having achieved gender parity by 2005. However, the national data hide disparities at the sub-national level and among disadvantaged groups as well as low primary school completion. Also, in East Asia and the Pacific, the trend of disparities to the disadvantage of boys at secondary education is growing. Of the 774 million world adult illiterates, two-thirds live in the Asia and the Pacific region, which has the highest female adult illiteracy rate.

It is worth noting that although parity is seen as an indicator of "equality", the discussion should go beyond parity to ensure gender equality in other areas such as school environment, teachers' attitudes and practices, curricula and textbooks.

How does all this tie in with economic development and poverty reduction? It is known that the expansion of labour markets, through the inclusion of larger numbers of more skilled and healthy workers, has been the single most effective way to boost economic development. And this expansion of labour markets has mainly been caused by

allowing women to become economic actors in their own rights. Data corroborate this finding. For example, the great expansion of the successful Asian economies in the latter part of the last century was made possible to a large extent by promoting tertiary education, particularly from the late 1980s onward, which brought many women into the mainstream of these economies. In all these economies that experienced social and economic gains, access to SRH services has played a strong facilitating role.

Higher educational attainment rates have also contributed to lowering fertility rates. It is estimated that, based on varying education scenarios, the population of Asia and the Pacific could reach anywhere between 4.9 and 5.4 billion by 2050, from its current level of 3.7 billion. Take the specific example of Cambodia, we notice an impressive drop in fertility among women as educational levels increased. Other factors included the later onset of first birth, which in itself improves a woman's health as well as her integration into the labour market. Take a hypothetical example of Pakistan, the picture in 2050 would look so different if we invest more in education, compared to keeping the same 2005 level.

So it is clear that investments in education have paid off, in general. Investments in health go hand in hand with investments in education, as healthier women and men will be more productive, better educated, and their fewer children also tend to be healthier and more educated. If there is a vicious circle of poverty, it is through better health and education that people have been able to break out of this. The approaches that have worked centred on universal access to SRH services – including family planning, maternal and newborn health services, adolescent SRH information and services, prevention of HIV and other STIs, and the prevention of gender-based violence.

The general picture in the region is that much progress has been made, but serious challenges remain, with 250,000 women in the region dying due to childbirth and

pregnancy-related complications. The number of skilled birth attendants has improved, but awareness of women and male partners on danger signs of pregnancy has not increased with the same magnitude. The unmet need for family planning has fallen from 18% in 1990-95 in South and Southeast Asia but is still around 11% (2000-2005), indicating that millions of women and girls still lack access to family planning services. A majority of these are women and girls among the poor and in the age group of 15-19 years old.

The region has one of the highest proportions of adolescents, and unless their needs in family planning are met, the population growth will not stabilise as projected. Related to this is the continuing challenge of the high rate of child marriages and births to children, with the adolescent fertility rate not changing in the last 3 decades. Family planning, once the mainstay of population programmes, has seen a slipping of attention. Less money is being invested in family planning. It has often been alleged that the HIV epidemic, and the large amounts of money that have recently been poured into HIV/AIDS programmes has distracted attention – and money – away from family planning programmes. This makes it all the more important and urgent to advocate for, and invest in, integrated SRH programmes, as HIV/AIDS prevention and treatment is, or ought to be, an integral part of SRH service provision. And while the proportions of HIV positive pregnant women receiving anti-retroviral drugs to prevent mother-to-child transmission increased from negligible in 1994 to 33% in 2007, other commodities to protect HIV negative pregnant and non-pregnant women, such as male and female condoms and STI drugs, are not made available and accessible at the same increasing trend.

The integration of HIV and SRH pays off, in the same manner that AIDS spending has contributed to health systems strengthening and intensified behaviour change communications towards safer and healthier behaviours. However, whereas the funding that has flown to HIV and SRH has increased in absolute terms, the needs

have grown even more, and we are still facing a serious funding gap.

One of these is the persistently appalling situation of maternal health in many countries in the region, as witnessed by MMRs as high as 1,600 in Afghanistan or 830 in Nepal. The adult life time risk of maternal mortality, i.e. the probability of a 15-year old dying due to a maternal cause, in Asia is 1 in 120 compared to 1 in 7,300 in the developed world. Even in those countries which posted better figures, the picture is bleak when we look at differentials within countries, where the chances of a rural woman dying in childbirth are several times higher than that of her sister in the city.

Afghanistan, Lao PDR, Nepal and Timor-Leste report the lowest proportion of deliveries by skilled birth attendants (14-19%). Delivery by skilled birth attendants is directly proportional to reductions in maternal mortality. Shortage of skilled human resources in the health sector is a major issue and unless this is aggressively addressed, many more mothers will die.

Harmful socio-cultural practices and patriarchal structures create barriers for women's access to services and resources. Financial barriers further exacerbate the situation preventing many poor women to access life-saving interventions. It is expected that most of the countries in Asia will not achieve MDG5 for Maternal Health. Achieving MDG5 is critical for achieving the rest of the MDGs, particularly MDG4 (Infant Mortality) and MDG1 (Poverty Reduction).

A core concern I wish to touch upon is the issue of gender equality and the empowerment of women and its role in facilitating progress on the ICPD PoA. Investing in women's and girls' empowerment and gender equality is an indispensable tool for advancing development and reducing poverty. When women and girls are able to fulfil their rights and participate as equal citizens, they contribute to the health and productivity of whole families and communities and to improved prospects for the next generation.

As with education and health, the news on this front is mixed. We have seen an unprecedented change, over the past decade and a half, in women having more “voice” through participation in public and domestic life in many of our countries. For example, the number of elected officials in local governance structures has improved dramatically, such as a 33% quota for female councillors in Pakistan, and one-fifth of all ministerial posts filled by women in the Philippines and Timor-Leste. It is a testament to the way women have increasingly become accepted as equal partners in development. This also extends to the domestic sector, as we have seen a large number of laws and policies enacted that prohibit and penalise gender-based violence and outlaw other gender-discriminating practices.

On the other hand, the National Labour Force Surveys indicate that women are both unemployed and underemployed to a much higher degree than men, and constitute a disproportionately higher ratio of the “working poor” of most countries in the region. The incidence of poverty among women remains higher than among men, while female-headed households remain particularly vulnerable to poverty and have inadequate access to education and resources.

In many ways, the 1994 ICPD PoA has been a blueprint for achieving the MDGs, which have helped to further anchor some of the ICPD goals within the broader international development agenda. The Cairo Agenda neatly squares with MDG1 (Combating Poverty); MDG2 (Girls’ Education); MDG3 (Gender Equality); MDG5 (Maternal Health); and MDG6 (HIV Prevention).

Today, 15 years after the adoption of the ICPD PoA, we are faced with a new set of challenges. The financial crisis, and the ensuing economic crisis, is on everyone’s mind, as economies in the region and across the world are struggling to contain the damage. In times of serious economic crises such as this one, it is easy to overlook or forget the damage brought at the level of individual lives. A factory closes and a woman loses her job. Because

she loses her job, she may not be able to keep her children in school; she may decide to look for a job overseas, and fall prey to human traffickers. When financial resources are limited, governments may decide to “rationalise” the provision of public services including health care and education, by including co-financing schemes. The people who most immediately suffer from this rationalisation are the most vulnerable in our societies: women, rural populations, ethnic minorities, young and uneducated people, older people, and migrants. It is easy to imagine how the progress made over the past years, in terms of stopping the HIV/AIDS epidemic, access to RH services, girls’ school enrolment and prevention of gender-based violence, could be lost by shifting government priorities in times of severe resource constraints.

This is not the only challenge that may undermine progress on the important goals set forth in the ICPD PoA. Climate change, although largely the result of changing consumption patterns of an increasingly urbanised world, has consequences, again, for the most vulnerable population segments, as natural disasters caused by climate change affect them disproportionately. The frequency and severity of floods, droughts and hurricanes are increasing in the region, disrupting the already tenuous livelihoods of the most vulnerable people. Additionally, the high concentrations of displaced people caused by such disasters strains the capacity of health facilities to provide them with SRH services, and are often breeding grounds for gender-based violence.

Emergency preparedness, and investing in the capacities of governments and civil society to immediately respond to the needs of populations after a disaster strikes is therefore crucial. In addition, the rapid growth of urbanisation and the increasing number of megacities in the Asia and the Pacific region could further exacerbate global warming with rising CO₂ emissions if issues of more sustainable use of urban space are not addressed. Growing poverty in urban areas is another challenge for policy makers.

The rise of a new conservatism, often based on a religion-inspired view of the world that sees SRH as taboo and would like to reduce the role of women in society and limit their access to services and resources, is a worrisome phenomenon. The recent adoption of a law in Afghanistan severely limiting women's rights, or violating their human rights; or the acceptance of Sharia law in one of the Pakistan's tribal areas as the official judiciary regime, gives cause for pause, as it may resonate and be claimed elsewhere as well.

Population ageing, which is an inevitable part of the demographic transition, has taken on added importance over the past decade, as a number of countries are experiencing an accelerated pace of growth of their older population segments. In particular, the more developed nations of Japan, Singapore and South Korea have been experiencing this, but countries such as China, Malaysia and Thailand are also increasingly concerned about the prospects of a society with a weakened fiscal base and ever-increasing demands on social services by an ageing population. And even in countries that consider themselves to be "young", such as India, with 6-7% of the population over 60 years old, addressing the issue of population ageing is no farther than 15-20 years away. We are also well aware of an additional burden to the elderly affected by HIV/AIDS, as they find themselves taking care of their orphaned grandchildren whose parents have passed away due to AIDS. It is not only tragic but also counterproductive and pushing back development gains when the elderly, who are depending on their savings, now find themselves with new dependents.

A relatively new challenge in the region is that of the growing sex ratio imbalance, which has taken on serious proportions in a number of countries in the region, including China, India, and increasingly Vietnam. Traditional son-preference among some Asian societies has resulted in heavily skewed boy-girl populations due to sex-specific abortions. In 2001, India had 158 million infants and children, of whom 82 million were boys and 76 million were

girls. There was a deficit of 6 million female infants and girls. In China, it is estimated that there are now 120 boys for each 100 girls aged 0-18, and there are no signs that the tendency is abating. As these boys come of marriageable age, serious social unease may occur as they will be unable to find life partners. The issue, which is one of realising and accepting the equal value of a girl child to that of a boy child, will require serious social engineering in those countries affected, to ward off a looming social disaster.

The issue of international migration is a priority in Asia and the Pacific. The region accounts for a significant share of global migrants. As was noted in the UN High-Level Meeting on Migration held in Bangkok in late 2008, recent international migration in Asia and the Pacific has been driven by real and perceived inequalities in employment opportunities, income, and health services, while the growing imbalances in population size and structure has been an important contributing factor.

There has been substantial progress, however, with respect to migration-related goals of the ICPD. An increasing number of countries have developed and strengthened policies to regularise labour migration. Efforts have also been taken to address human trafficking, although success has been modest. Much more has to be done on this, just as greater efforts will have to be taken to incorporate international migration strategies into national policy frameworks.

In all this, what is the role of parliamentarians? They enact legislation, and in that sense have tremendous powers for setting agendas and creating enabling environments for social change. Additionally, in more and more countries, parliamentarians have budget-setting and budget allocation powers, or are at least in positions to influence budget allocations by the executive branch. As resources are limited, choices for allocation must be based on sound analysis and judgment, and on the premise of the best possible return on investment. Parliamentarians are also

often seen as role models, particularly in their own constituencies, and therefore wield considerable power to influence the behaviour of individuals there. Finally, and this is particularly true for parliamentarians from developed countries, they are in a position to influence their government's international development cooperation policies and priorities, including the funding allocated to international development programmes in the area of population, where serious funding gaps remain.

The past few decades have shown that investing in girls' education, access to RH services and HIV prevention programmes, young people and women's empowerment initiatives pays a dividend, not only in terms of human wellbeing, but in terms of economic development. The Asia and the Pacific region is facing the largest generation of adolescents ever, and this represents a challenge as well as an opportunity. Making good use of this demographic window of opportunities where a productive segment of the population supports a relatively small dependent population, by investing now in the right social programmes and services will pay a dividend for a long time to come. This window is not open forever, and in some countries may be as short as 5-6 years. Waste the opportunity and the window will close, with the dire consequences of having to face a growing population

without the necessary infrastructure in place to grow into prosperous nations.

Fifteen years ago, the countries of Asia and the Pacific, and those of the rest of the world, agreed to invest in a new population agenda. The time to re-invest is now. It is clear that investments in better RH have a proven high return and the MDGs cannot be achieved unless further investments are made and the access of the poor, who disproportionately suffer, is improved. Fifteen years ago, the ICPD PoA began by noting that the world was at "a defining moment in the history of international cooperation", an unparalleled chance to advance human wellbeing by linking development to population, women's advancement and RH. Today's challenges – including security concerns, the continuing spread of HIV, and persistent poverty alongside unprecedented prosperity and the current food, energy, climate and financial crises – make it all the more imperative to carry out the Cairo Agenda so its dream of a better future may be realised. Better health does not have to wait for a better economy. In fact, measures to reduce the burden of disease and ill health, to give children healthy childhoods and to increase life expectancy will in themselves contribute to creating healthier economies.

Thank you.

SESSION 1

Regional Analysis: Asian Countries' Achievements and Challenges

Hon. Dr. Pinit Kullavanijaya

MP, Thailand;
Secretary-General,
Asian Forum of Parliamentarians on Population and Development (AFPPD)

It is a distinct pleasure to be here in Jakarta today on the occasion of the ICPD +15 Meeting. We are here today to reflect on our successes and challenges in implementing the Programme of Action of the International Conference on Population and Development (ICPD) of 1994. Fifteen years ago, governments, NGO representatives and UN staff met to create a plan of action for population and development issues. It has been a short 15 years and we have had many joys along the way, but we have also faced numerous challenges, and will continue to do so in the years to come.

When the Asian Forum of Parliamentarians for Population and Development (AFPPD) was formed in 1981, the founding conference of AFPPD called on UNFPA to organize a world population conference and observe a "World Population Day". This world population conference, ICPD, was organized by UNFPA in Cairo in 1994. This is the most important meeting on population issues in the past 15 years. The ICPD Programme of Action (PoA) that emerged from this conference was adopted as a platform for advocacy on population issues across the world. It is still the cornerstone for global work on population issues.

The ICPD PoA explicitly names parliamentarians as a key sector to develop policies on ICPD issues. The "Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development" adopted at the 21st General Assembly of the United Nations held in New York (1999) includes the following call:

"Parliamentarians and members of the national legislatures are invited to

ensure the legislative reform and expand awareness-raising necessary for implementing the Programme of Action. They are encouraged to be advocates for the implementation of the Programme of Action, including through allocation, as appropriate, of financial resources. There should be regular exchanges of experiences among parliamentarians at the sub-regional, regional, interregional and international levels, where appropriate." (Paragraph 87)

Since the conference in 1994, AFPPD has been working with parliamentarians to realise this goal. At the same time as the 1994 ICPD in Cairo, AFPPD organized an International Conference of Parliamentarians on Population and Development (ICPPD). Over 300 parliamentarians attended this meeting and demonstrated their support for the ICPD PoA. It defined the agenda for our work on population growth, RH, maternal health and many more issues.

Since then, AFPPD has worked to inform, educate and involve elected representatives to facilitate the implementation of this ICPD PoA. Parliamentary advocacy has grown significantly in the past 15 years. It has become a global movement and AFPPD has played an important role.

Realising that mobilisation of parliamentarians will only be successful if the representatives themselves are involved, AFPPD involved parliamentary standing committees dealing with population issues. The organization of a large number of parliamentary events helped AFPPD to be accepted by parliaments, and gradually 22 standing committees of parliaments became members of AFPPD; thus opening

the way for UNFPA country offices to support them. Thirteen of them have full staff, varying from 2 to 30 persons.

Since 1994, AFPPD has had several achievements in working with parliamentarians to promote and build advocacy on the ICPD PoA:

- a. As part of aggressive parliamentary advocacy, there have been several international and regional parliamentarians' conferences since 1994. These conferences have helped create a parliamentary movement globally. In some regions parliamentary groups are being created not only on population, but on related issues such as HIV/AIDS, good governance, and the Millennium Development Goals (MDGs). UN agencies are also trying to work with parliamentarians.
- b. In 2003 the "Person to Person" advocacy programme, with a US\$1 million grant from the Hewlett Foundation, enabled a meeting with a majority (60-90%) of parliamentarians in 5 countries (India, Cambodia, Laos, Indonesia, and Malaysia) on a one-to-one basis to discuss ICPD related issues.
- c. This engagement has also resulted in participating parliamentarians becoming Ministers and Prime Ministers in India, Sri Lanka, Cambodia, Malaysia, Indonesia, South Korea, Japan, Mongolia, China, Australia, and New Zealand.
- d. A parliamentary centre was constructed by the parliamentarians of India; the Indian Association of Parliamentarians for Population and Development (IAPPD) operates from there.
- e. Several legislations on ICPD issues were either reviewed, or new ones were drafted. Prominent among them is the "Elimination of Violence Against Women" in Thailand, Indonesia, and the Philippines. HIV/AIDS-related legislation in Cambodia, Vietnam, Indonesia, and Mongolia was also drafted.

AFPPD members' contribution for the resource mobilisation is quite significant.

- The Japan Parliamentarians Federation for Population (JPFP) members continue to work with the Japanese Government to enhance the Japanese Official Development Assistance (ODA) to activities with UNFPA and IPPF. This contribution reached its peak in 2002-2003. Similarly, JPFP members also worked to establish a Japan Trust Fund (JTF) of US\$1 million for parliamentarians. This fund has not only enhanced parliamentarians' advocacy in Asia, Africa and Latin America, but also given stability to parliamentary advocacy.
- Parliamentary groups in Australia and New Zealand have also successfully worked on an enhanced ODA for ICPD issues, UNFPA, and IPPF.
- South Korea, for the first time, provided ODA for IPPF when AFPPD alumna, Han Myeong-Sook, became the Prime Minister. She was also the Chair of the Korean Parliamentary League on Children, Population and Environment (CPE).

Small islands and small countries have always been part of AFPPD advocacy and therefore Pacific parliamentarians participated in most AFPPD activities. A Pacific event is also organized each year. Keeping with the aggressive advocacy policy, a Pacific parliamentary group was promoted in cooperation with UNFPA and the South Pacific Commission. The Pacific Parliamentary Assembly on Population and Development (PPAPD) is now a member of AFPPD and is conducting useful activism under the able leadership of Honourable Tolofuaivalelei, Speaker of the Parliament of Samoa, Chair of PPAPD, and Vice-Chair of AFPPD.

UNESCAP defines Asia-Pacific to include the countries of Central Asia. UNFPA has a Central Asian Programme, which include Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. The first 3 countries — Kazakhstan, Kyrgyzstan and Tajikistan — are AFPPD members. AFPPD

has a Russian newsletter, e-news updates, website, and a Russian-speaking staff member to serve the region. At least one activity is organized each year in the Central Asia region.

Empowerment of elected female representatives has been AFPPD's focus on gender-related programmes through the "Annual Women Ministers and Parliamentarians Conference". The priority for female parliamentarians' participation has been able to mobilise female parliamentarians to an extent, but more needs to be done under the Standing Committee on Women, which also needs to be strengthened.

AFPPD has documented its impact and an external evaluation has narrated its achievements and challenges. Fifteen years of its work on ICPD has also given AFPPD global recognition. AFPPD has the highest consultative status with UN ECOSOC. It is an Executive Board Member of the AIDS Society of Asia Pacific. This year, it is a Steering Committee Member of the following conferences:

- International Conference on AIDS in Asia-Pacific, in Bali
- Asia-Pacific Conference on Sexual and Reproductive Health/Rights, in Beijing
- International Conference on Harm Reduction, in Bangkok
- International Parliamentarian Conference on ICPD, in Addis Ababa

UNDP, UNAIDS, IFAD, DSW and WHO are working with AFPPD, providing financial and other support. It is a good measure of our success that harm reduction, drugs and HIV/AIDS groups and others are approaching AFPPD to provide parliamentarians' support to a range of activities.

However, there are challenges in our work as well. ICPD will complete its 20-year mandate, and despite progress on all fronts, population growth in real numbers is still of grave concern. This negates all development gains. Therefore there is still a need for family planning as population size and growth remains a factor in parliamentary advocacy. As parliamentarians normally change from time to time, we need to strengthen our continuous and sustained advocacy. This is an ongoing challenge and opportunity.

There is a growing expectation from parliamentarians and supporting agencies about work with parliamentarians. But I am happy to report that in a time when population issues are not at the top of the agenda, national parliamentary committees have kept the issue alive and continue to do advocacy.

UNFPA is one agency which has understood the advantages of continuous engagement and provided regular support for the parliamentary advocacy regionally and globally. AFPPD acknowledges, with thanks, the support of UNFPA regional and country offices, IPPF and APDA. We are also grateful for the support of the Japanese Government and other agencies such as IFAD, UNDP, and UNAIDS.

I must extend my sincere appreciation for the work being done by national parliamentary committees. I thank you for being here today. With the able leadership of Hon. Yasuo Fukuda and support from all of you, I am confident that our work with parliamentarians will continue to show success.

SESSION 1

Country Analysis: Indonesia's Family Planning Programme; Achievements and Challenges

Dr. Sugiri Syarif MPA

Chair, National Family Planning Coordinating Board of Indonesia (BKKBN)

It is my honour to speak in this forum and thank you to the committee for inviting me here. Within 20 minutes, I would like to explain the progress of family planning in Indonesia, so let me start in brief with the population growth itself.

If we look at population growth, Asia in the world and Indonesia, the history of the growth is similar. For thousands of years, world population growth was very slow. But then medical technology which has now resulted in a drastic decrease of death rates, and has led to very high rates of population growth in the world, including Indonesia. Indonesia is known as the 4th most populous country in the world, after China, India and the United States.

As of 2009, the population of Indonesia is estimated at about 230 million people. The important thing is that within 100 years, from 1900 to 2000, the Indonesian population increased by 5 times its size. If there is no family planning programme, the Indonesian population will grow to 300 million. You can imagine how many schools, health facilities, food, etcetera need to be provided for 100 million more people.

The first 2 presidents of Indonesia had contradicting policies with regards to population. Our first president, Soekarno, was a strong believer of the argument that a great nation is associated with a huge population. He believed that in order to be a great country we ought to have a large population. Thus during the Soekarno era, Indonesia was very much a pro-natalist country. This did not mean, however, that during his time in office, contraceptive services were absent in Indonesia. Family planning activities have been carried out

by the BKKBN, National Family planning Coordination Board of Indonesia, since 1957.

In contrast, our second president, Soeharto, was a strong promoter of anti-natalist policies. It started on the occasion of the country's 22nd year of independence on August 17, 1967. The president of Indonesia, speaking before the National Assembly, declared that the government was committing itself to adopt family planning as an official development programme. Five months later, on 10 December 1967, in support of the commemoration of the United Nations Declaration of Human Rights, the president signed together with 29 Heads of State the Declaration of Population, which stated that the population issue is a very important factor in national development, in order to achieve economic goals to fulfil the expectations of their citizens.

From the start, family planning has been a backbone in solving population problems. The goal of the family planning programme in Indonesia was not simply to reduce fertility, but rather the development of a small, happy and prosperous family, which was the vision of the BKKBN.

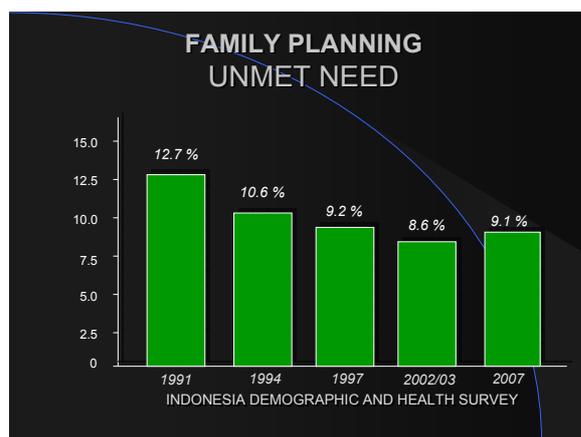
The achievements of family planning programmes since its establishment is that the Contraceptive Prevalence Rate (CPR) increased to 26% in 1980 and further increased dramatically to about 48% in 1987.

According to the result of the demographic and health service in Indonesia, the CPR of modern contraceptives in the country has steadily increased from about 50% in 1991 to 52% in 1994. In the demographic health

survey 2002, the estimated CPR is about 60%. However, based on the last demographic health survey in 2007, the CPR remains stagnant.

In line with the increase of contraceptive use, the fertility rate of the country has been consistently decreasing. The Indonesian TFR decreased from about 5.61 per woman from the 1971 population census to 4.68 in the next census in the 1980s. In the 1987 Indonesia CPR survey, the TFR was 3.39 per woman and it decreased to 2.86 in 1994; 2.78 in 1997; 2.6 based on the demographic health survey in 2002, and stayed at the same pace in 2007. As a result of the increasing use of contraceptives and decreasing fertility rate of the country, the population growth rate has rapidly declined from nearly 2.34% in the 1971-1980 census compared to around 1.49% from 1980-1990. Right now, population growth is estimated at about 1.3% per annum.

Based on the demographic health survey of Indonesia in 1991, the unmet need in family planning was 12.7%; down to 10.6% in 1994; 9.2% in 1997 and further decreased to 8.6% in 2002. However, in 2007 the family planning unmet need increased again to 9.1%.



Another remarkable achievement, with regard to the population and family planning programme in Indonesia is the fact that the country is considered the centre of excellence. Beginning in the late 1970s BKKBN started to host approximately 150 visitors per year to sell its experience and success in family planning. In order to

share the experience with other countries in a more subtle manner, an international training programme was formally established in 1987. Right now around 5,000 participants from almost 100 countries have visited Indonesia and gone through population and family planning programmes. Additionally, international recognition has also been awarded to Indonesia including management awards in 1989 and 1991, respectively. In 1997, the UN recognised and presented Indonesia with the population award for its accomplishment in the field of population and family planning.

The economic and monetary crisis in 1997 was followed by a multi-dimensional economic crisis which saw dramatic changes in Indonesia. One of the most remarkable was the change from a highly centralised to decentralised government. The centralisation of Indonesia was launched with the issuance of Law No. 22 in 1999. Law No. 22/1999 states that the basic policy of decentralisation is to authorise local government to take care and manage the needs of the local community according to their own needs, ability, and aspirations.

Based on the law, decentralisation was provided at the district and the municipality level. The head of the district party and the mayors are elected directly by the people. It was the establishment of local legislation, with the exception of foreign policy, security affairs, monetary and fiscal policy, and religion, which are all still in the hands of the national government.

In line with the mainstreaming of decentralisation and Presidential Decree No. 103, BKKBN was also one of the government offices which had to transfer its authority to local governments by the end of 2003.

As stated earlier, the essence of decentralisation is that local governments are given authority to meet the needs of the local community accordingly. Thus it is clear that there was no guarantee that after decentralisation the local government

would view family planning as an urgent and important priority. In fact, family planning is a long term social investment whose results are not immediately viewed.

The greatest challenge faced by the national family planning programme was convincing the local governments, the districts, and the municipalities of the importance of family planning programmes for the good of their own people and for sustainable development in their regions. Thus the most important activities of the BKKBN have been to advocate local governments, the districts and the municipalities on the importance of the programmes and persuade them to establish institutions to administer family planning programmes in their respective districts or municipalities. Advocacy on the importance of family planning programmes and the establishment of the institution to manage the programmes would only be the first step. Other challenges would be to advocate the local governments to adequately staff the local institutions and provide sufficient funds or resources to run the programmes. This is particularly true when most politicians usually prefer tangible development.

Another issue with regard to the decentralisation of family planning programmes is capacity building. To some extent these centralistic and top-down policies are related to the weak capacity of the local personnel in managing the programmes. In this regard, it is imperative to improve the capacity of the personnel in running the programmes effectively and efficiently.

After the issuance of law No. 22 in 1999, the central government realised that the autonomy was too strong and replaced law No. 22 with law No. 32. One of the significant changes in this new law was the fact that family planning became a mandatory affair. This is clearly stated in Government Decree No. 38 and No. 41.

During the celebration of the National Family Day in Ambung in 2007, family planning was highlighted as beneficial to all. The President stated, "Let us revitalise

the family planning programme. I am instructing all leaders to take part in revitalising the family planning programme. To all governors, mayors, and government leaders, I would like you to make this programme a success".

In accordance with these instructions, we are in the process of drafting a written presidential instruction for all government leaders to revitalise the family planning programme. We hope this presidential instruction will be strong enough to re-energise the programme and bring the success of family planning. Additionally, Law No. 39 states that the government should have an institution to deal with population issues. This is a very important law for the existence and sustainability of family planning and population programmes in Indonesia.

According to the 2008 revision of the United Nations Population Project, if family planning programmes in the country are successful, the TFR will be down to 1.35 in 2050 and the population of Indonesia will be around 250 million people. If family planning is only moderately successful, the TFR will be 1.85 children per woman and the population of Indonesia will be about 290 million. But if the family planning programme is not successful, the TFR will be 2.35 in 2050 and the population of Indonesia will reach more than 330 million.

Entering the era of reform and local autonomy, the family planning programme in the country has been facing strong challenges as indicated by local situations for family planning – reduced number of personnel, insufficient local budget, and lack of community support. After various advocacy programmes and activities at the central and local levels, the window of opportunity for family planning is open for its revitalisation. This is indicated by the government declaration of No. 38 and 41, the drafting of presidential regulation of family planning, and the issuance of Law No. 39, which includes the importance of population institution to deal with population issues in Indonesia. Thank you.

SESSION 1

Discussion

Chair: Hon. Maryamah Nugraha Besoes

MP, Indonesia

[Chair]

Thank you. Now we will start the discussion.

[Hon. Mabel Rebello MP, India]

My statement is to the first speaker, Ms. Nobuko Horibe of UNFPA. The first speaker mentioned that Pakistan and the Philippines have made changes in their legislative structure so that women are being empowered. I would like to also mention that India has made some changes in its constitution to bring one-third of women in the local bodies and that has brought 1 million women in the local bodies, both in the urban bodies and in the rural bodies, and that has politically empowered women.

Since women are politically empowered, it has led to social empowerment and that has led to action, which is thanks to awareness and consciousness of family planning. Once women are empowered – that helps. So I would like you all to take note of this and not forget that India has made a significant effort by way of legislation to reduce our population. Thank you.

[Chair]

Thank you, India. Vietnam, please.

[Hon. Dr. Nguyen Van Tien MP, Vietnam]

Thank you, Madame Chair. My question is to the chief of BKKBN Indonesia. Presently Vietnam is also facing the same problem, so I would like to ask you 2 questions: (1) What is the function of BKKBN presently, after these reforms? (2) What is the main reason for change? It is less political commitment? Thank you.

[Chair]

Thank you, Vietnam. Pakistan, please.

[Hon. Dr. Donya Aziz MP, Pakistan]

Thank you, Madame Chair. The UNFPA representative, Ms. Nobuko Horibe, mentioned a number of things and I am happy to hear that you mentioned women's empowerment as being a positive step. My humble submission is that you did also mention the implementation of Sharia law in one of our districts as a potential problem. At an international level, I would, again, humbly request people to understand that it is actually the misinterpretation of Shariat which is what is seen on the international level as a problem. The Islamic Republic of Iran implements Shariat law where women are perhaps the most empowered in all of the Middle East and that it is their interpretation of Shariat which allows that. It is the misinterpretation of Shariat that we see in the media and on the news and I personally believe that it leads to more polarisation. So my humble submission again is that before making a general statement like that, if you could please just amend it a little bit and say that a particular interpretation of Shariat is a problem, not a blanket statement on all of Shariat law. Thank you.

[Chair]

Thank you, Pakistan. Yes, Malaysia.

[Hon. Dato' Haji Kamaruddin Jaffar MP, Malaysia]

Thank you. I have 2 points: (1) I quite agree with my colleague from Pakistan, but I would further propose that APDA or UNFPA should have a special discussion with Muslim legislators, so that further clarification can be achieved between the understanding of what Islam actually says about either planned parenthood or population control and other matters related to that.

(2) The chief of BKKBN mentioned the differences between the older order view regarding population control and the new order's views. I have to say that in Malaysia, our former Prime Minister, Dr. Mahathir, was in favour of a large population — a partly similar view of that of President Soekarno. Dr. Mahathir also took into account the ethnic balance of populations in our country. I hope those issues can be understood. Thank you.

[Chair]

Thank you, Malaysia. The Philippines, please.

[Mr. Ramon San Pascual, PLCPD]

This is a question for all the panellists. I was just comparing your messages with the speech made by the President of the Philippines to prominent Filipino business people and said that in the times of the current global crisis, the large populations of Asian countries such as China, Indonesia, and the Philippines have made these countries more stable, more competitive, and have a better chance for survival simply because these countries have a large population. Can you comment on that statement, please?

[Chair]

I will now give time for the panellists to answer, starting with Ms. Nobuko Horibe.

[Ms. Nobuko Horibe, UNFPA]

Thank you for the questions. India commented on women's empowerment. I completely agree that women's empowerment has multiple effects. It has a multi-tier effect at various levels — the individual level, household level, social level, and eventually at the national level. Investment in women's empowerment is good, as well as education, because if the woman is a caretaker of the household it impacts immediately on the babies, the husbands, education, and also activities in the community. That role should be remembered. I was not exhaustive in these examples and I took note that India has the legislation and has really succeeded in empowering women, not only politically, but socially as well.

Pakistan's comment — yes, I also agree that

it is the media's interpretation. What is said in the original text was often misinterpreted and it is more traditional practices rather than religious practices that are used under the pretext of some religion, thus that differentiation has to be clearly made. It is also important to make it more clear in public statements to avoid misinterpretation.

Malaysia's suggestion is a good one. Recently I attended the regional planning meeting of the UNFPA in Cairo and I saw a lot of potential for inter-regional exchange. Because there are many areas more advanced in the interpretation of the Koran and the local practices, and the cultural harmful practices. If we provide a forum and a platform of bringing together those Muslim countries and then discuss common issues about what worked in other countries and what can be brought in your countries — we totally support that kind of inter-regional exchange for benefit. Our geographic division is not necessarily coinciding with the cultural and other divisions, so it is artificially divided. If we look at the real people's cultures and beliefs, we should look more into the inter-regional exchange.

If I did hear correctly, I have been asked to comment on the statement "If you have more population, that's a stronger country". I think that if you have all the resources to look after your large population, I suppose that is OK. But usually that is not the case. Even in the US, I think there are still people in need of help and assistance, like those who are homeless. Thus I think that on the whole, you have to have family planning and have quality population. I think this is my opinion.

[Chair]

Thank you. Now, Dr. Sugiri.

[Dr. Sugiri Syarief MPA, BKKBN]

Thank you, Madame Chair. I would like to answer the question from my colleague from Vietnam. According to decree No. 103 in 2001, it is stated that the BKKBN is the institution which is responsible for the success of the family planning programme.

So, based on this statement and then because it is the centralisation era, on the central level BKKBN's function is to produce policies for the success of family planning. We have come to face difficulties since the decentralisation started. Communication gaps existed between the central, municipality, and district level at the time because district levels can do by themselves whatever they would like. Based on the experience in 2000, there was a revision of Law No. 22 with Law No. 32 and the problem was solved.

The task of BKKBN at the central level is to produce the policy to coordinate and to make the norms, procedures, criteria, and set the standard of the family planning services. Based on these norms, standards, procedures and criteria, the local governments undertake the family planning programme.

Why did these changes happen? At the time, the Indonesian people believed that the government was too centralised and that it should be decentralised – the power on a central level should be reduced. That is why in 1999, the decentralisation law was published as Law No. 22. I think this is also happening in many countries. We hope that with kinds of consideration, family planning programmes can improve.

My colleague from Malaysia said that there is no ethic-based policy in Indonesia. There is no discrimination regarding family planning programmes. Families have the right to choose how many children they would like. Then it is our duty to make the family aware that the country has a population problem. If you have many children, 10 or maybe 20, it would increase the country's problems because the country should provide food and facilities for health, education, etcetera. That is the government's task. So, families can have how ever many children they want, but we encourage them to consider the problem facing the country if the population increases too much. So, our policies are not based on the ethic but based on the rights of the family.

The question from my colleague from the Philippines – I agree that a big population can benefit the country but it depends on the quality of the people. If the quality of the people is not so good, it is not a modality for the country to develop. That has to be done by the government to provide services for those I have already mentioned before, but we are having difficulties; however, if the quality of the people is good then the people will benefit the country. Thank you.

[Chair]

Thank you Dr. Sugiri. Japan, please.

[Hon. Teruhiko Mashiko MP, Japan]

Two questions – one question is for BKKBN. How is your country going to cope with or handle this high increase of the aging population in Indonesia?

My second question was about marriage, with regard to the imbalance of sexes and the difficulties in finding a life-partner, because the number of women is being reduced and men cannot find partners.

A similar situation is happening in Japan, but the main cause is not the difference in sex ratio. Because many young women have gained social and economic independence, they are not willing to marry – they are not interested in marriage, which is why the marriage rate is decreasing. May I kindly ask what your views are about fewer young women marrying?

[Chair]

Thank you. Mr. Shiv Khare, please.

[Mr. Shiv Khare, AFPPD]

This is a question for BKKBN. You said that if the quality of people is good, then the country is of bigger strength. I would like to ask you, suppose that all of the current Indonesian population is of good quality, do think that Indonesia will be able to provide them all the facilities, employment, etcetera, if the quality is good?

[Chair]

OK, Madame, please.

[Datuk Dr. Raj Karim, IPPF]

Madame Chair, our UNFPA colleague Ms. Horibe said, that we now have the biggest generation of youth and a present phenomena of early onset of sexual activity, unplanned pregnancies, and HIV/AIDS amongst unmarried girls. How would legislators in the countries talk to our people about the need to prevent such incidences and unplanned pregnancies, HIV/AIDS, STIs, etcetera, if we do not offer availability of technology; in this case is it contraceptives, condoms, or whatever? So, I would like to know how, as legislators, we can advocate these issues within the cultural and social norms of the countries that we live in, because this is a very big problem for IPPF.

[Chair]

Thank you, Madame. Ms. Nobuko Horibe, please.

[Ms. Nobuko Horibe, UNFPA]

The first question was about aging and the second question about marriage and how there are not many women marrying.

This is a new and interesting phenomenon and I was actually surprised to hear this similar concern in Arab states. In Arab countries, women are highly educated and they do not marry, or they divorce and stay single. Even if the headcounts are the same, the number of women willing to marry is going down. We do not know if this will translate into a reduction in number of births, which is maybe the case in many countries. That marriage equals births may also change and even though we are only speculating of the future, women can still have babies and raise them in a different structure framework.

For example, in Sweden and other Scandinavian countries, marriage rates are not necessarily high but other social welfare mechanisms do not discriminate babies outside of wedlock. This in turn increased fertility, thus this may happen if other conditions are met. Women's independence and lack of interest in

marriage may indeed lead to reduction of number of births, but not necessarily. Governments and legislators should think about how to look into the future and the kind of policies that need to be introduced.

I think that Japan is an interesting experimental case, as well as a few other countries. Why would they not like to marry; what are the causes; how can you make women willing or wanting to marry? I also hear and read that it is not necessarily that they would not like to marry, but they cannot find an ideal partner or ideal situation because once you have a baby it becomes very difficult to continue your career.

I think women are interested in working and here the difficult choice has to be made. In the current situation you have to really choose, because the support system is not there. If it is there, something may change. It is an interesting sociological experiment in looking at how things move in Japan and other countries.

[Dr. Sugiri Syarief MPA, BKKBN]

Thank you for the questions. The first is about the aging population. Of course we are faced with the problem that maybe, beginning in 2050, the aging population in Indonesia will increase dramatically. Right now we only have 2 options: those aging stay in their family, so in this case the family planning programme teaches the family how to deal with the aging people. We have the programme for elderly family development, and this is our own programme.

The other option is not done by family planning, but done by the social welfare ministries – that the aging population will be placed in geriatric homes. The Ministry of Social Welfare builds houses for the aging and also the community. Organizations such as the Islamic Religion Centre make houses, specifically for elderly care. Indonesia will face aging problems like Japan starting from around 2015-2020, so we are preparing based on the Japanese experience. Thank you to Japan for being involved in helping us prepare for this.

The changes in the ratio of sexes can create some problems in the community, with regard to finding a partner. In this case maybe there is some solution such as bringing in people from other countries in order to balance the male-female ratio. There are Taiwanese men asking Indonesian women to be their wives. In Indonesia there are some ethnic Chinese in West Kalimantan. There are some cases in which women go to Taiwan and marry Taiwanese men, which is a phenomenon that is happening. Perhaps this is not it is not a satisfactory answer for my colleague from Japan but we can discuss it later.

The question from IPPF is about the unmet need for contraceptives. We do not have exact data exactly on the mix of unmet needs of contraceptives but the number, based on data from 2007, is 9.1% for contraceptives as a whole.

The question from my friend from AFPPD is about the quality of people. Progress does not only depend on the good quality of the people but if we have good quality people and can then compete with other countries, we have a chance for development in the international job market.

For example, if we look at the experiences in Indonesia, there are many Indonesians who go to Malaysia as immigrant workers and work as labourers on a low salary in the agricultural sector but not in top ranking jobs. Of course, governments still need to provide facilities to serve the rights of all people. The quality will then increase, as well as government income and the tax can be taken from the good people.

What is the role of the legislative progress in family planning? I think that MPs have the function to formulate policies on family planning and then monitor and supervise policy implementation. Based on this function, we can monitor day by day and get information from the people on how the implementation of the policy has already been done. That is the role of the ruling Members of Parliament. Thank you.

[Hon. Dr. Pinit Kullavanijaya MP, Thailand]

I would just like to add to the question from our Japanese colleague about the aging population. Japan has a large aging population and I believe that we are experiencing some problems in Thailand as well, because the percentage of the population that is over 60 – we call the over 60s the “elderly” in Thailand – is now 11.3% and it has been forecasted that in about 20 years from now it will be about 20-25%. Some people who study population issues are a bit concerned. In a few years, Thailand will have a lot of elderly people and not many people in the age group of the workforce, thus we have to keep following population issues very carefully, though I think it will probably be a while yet.

Thailand still needs quality population and I think that the family planning programmes in Thailand are very good now but we still have to keep at it, whilst looking at the aging issue, like other countries.

Legislators, from my own experience, have to be well informed and educated on many issues of population and development regarding the MDGs. As a doctor, I did not know about the MDGs before I became a senator and I did not know about harm reduction. Luckily, I was honoured to be appointed and elected as the Secretary-General of AFPPD and I now know about the MDGs and harm reduction, through AFPPD.

From this point of view, at least in Thailand, we have to inform and educate as many parliamentarians as possible about everything we have said so that they can study ways in which to help. In my case, I am hoping to set up a sub-committee of parliamentarians on population and development in order to study and follow the progress of the MDGs and family planning in my country, and stimulate and help them. Thank you.

[Chair]

Thank you. India, please.

[Hon. Mabel Rebello MP, India]

I would like to know what the pre-natal diagnostic techniques are in Indonesia to find out the sex of the foetus; whether it is legal to find out the sex of the foetus? In India, we have what is known as “female infanticide”. It is now illegal in India to find out the gender of the foetus. Does Indonesia have such practices like female infanticide, child infanticide? Can these things be legalised? I would like to know and how you do it.

[Dr. Sugiri Syarief MPA, BKKBN]

There is no legal regulation regarding that issue. Some medical doctors can usually make a suggestion to the mother about the sex of the baby and it is OK, thus there is not any legal regulation regarding that. Thank you.

[Hon. Mabel Rebello MP, India]

In India, we have a very specific law on pre-natal diagnostic techniques and doctors are not allowed to find out the sex of the child and disclose it to the couple. This is because what is happening is that our sex ratio is becoming skewed and most of the time, the couple aborts the female foetus – that is why we have this technique. So, I would like to know how you protect your sex ratio and whether this is legal for you. That is what I was going to ask.

[Dr. Sugiri Syarief MPA, BKKBN]

We do not have that kind of regulation. Because of Indonesian culture and some ethnic reasons, couples have a sex preference but if they are not happy with the sex of the foetus, they usually do not go to the medical doctor to ask for an abortion. Abortion in Indonesia is illegal, so families cannot go to the medical doctor and ask for an abortion. Thank you.

[Chair]

Thank you Dr. Sugiri. We now have time to make the conclusion for Session 1.

As Ms. Nobuko Horibe has told us, the achievement of human wellbeing varies from country to country in the Asia and Pacific region. Much progress has been made, although many challenges remain.

One of these challenges is the persistently appalling situation of maternal health in many countries in this region. Today, 15 years after the adoption of the ICPD, we are faced with a new set of challenges. The global financial and the ensuing economic crisis is on everyone’s mind. Growing poverty is another challenge for policy makers. The time to reinvest is now. It is clear that the MDGs cannot be achieved and the poor will disproportionately continue suffering unless investments are made.

Dr. Pinit spoke of Asian parliamentarians’ achievement. AFPPD has been working with parliamentarians to realise the goals and parliamentary advocacy has grown significantly in the past 15 years. It has become a global movement and AFPPD has played an important role; the number of AFPPD members whom have contributed to resource mobilisation is quite significant.

Dr. Sugiri told all of us here that family planning is very successful, as indicated by the increase of CPR, decrease of TFR and population growth. Entering the era of reform and local autonomy, family planning programmes are experiencing severe challenges. Through law and regulation, we can advocate local governments for family planning programmes.

This all is our responsibility as parliamentarians to work together to overcome all the problems concerning population and development. Thank you.

SESSION 2

**Population and Sustainable Development
in the Context of ICPD PoA
with Focus on Food Security**

Chair:

Hon. Mabel Rebello

MP, India

SESSION 2

Population and Sustainable Development in the Context of ICPD PoA with Focus on Food Security

Hon. Chiaki Takahashi

MP, Japan;

Deputy Secretary-General of the Japan Parliamentarians Federation for Population (JFPF)

[MC: Dr. Osamu Kusumoto, APDA]

I would like to introduce the Chairperson of this session, Hon. Mabel Rebello who is a Member of Senate, Senior Parliamentarian, and Senior Leader of the Congress Parliamentary Party. She is a professional social worker and has spent most of her life working for the development of people, such as the indigenous, as well as social issues like poverty, hunger, social development, gender inequality, and rural people's empowerment.

[Chair]

Thank you very much for your kind introduction. We will be speaking through the afternoon on "Population and Sustainable Development in the Context of ICPD PoA with Focus on Food Security". Today the world has a population of almost 6.2 billion; 1.1 billion of the population suffers from hunger. In that context and on that perspective, I have 2 speakers.

My first speaker will be Hon. Chiaki Takahashi. He is a parliamentarian from Japan and is the Deputy Secretary-General of JFPF; he is Chair of the JFPF Committee on Food Security and AFPPD Standing Committee on Food Security. He is a member of the Committee on Agriculture, Forestry and Fisheries and before he came into parliament, he was a specialist in agriculture, so he is the right man to speak to us on the sustainable development of food security. So I now request Hon. Chiaki Takahashi to speak.

[Hon. Chiaki Takahashi MP, Japan]

Today, I would like to talk about food security issues. I understand all of you are from Asian and Pacific countries and I came here by way of Hong Kong yesterday.

As you are all aware, the swine flu is currently a big issue and I had to spend a lot of time in the quarantine section of the airport in Hong Kong – security was very tight. The swine flu pandemic is not only a big issue in the medical field at the moment, but also a big issue within the arena of food security; therefore, I would like to briefly touch upon this topic.

There is a lot of chaos surrounding this swine flu now but when it first started, no one predicted that it would be such a big issue. A few years ago, there was the outbreak of the avian flu. The WHO has been doing research and further investigation on the avian flu but people did not anticipate that this new influenza would start from pigs. We now know that pigs can catch avian and "human influenza" too.

Human beings do not just get the flu from direct contact with pigs and birds; it is now clear that contamination is happening from pig-to-person, and now person-to-person. This issue will most likely be discussed at the session under "Health Issues". It should also be discussed under "Food Security", as this new swine flu will effect food production, logistics, and the market.

I would like to speak more about food security issues. One issue is the quality and safety of food; whether the food does not contain any harmful substances and that you can eat soundly. Another issue is quantity. On occasions such as these meetings, we meet and discuss poverty issues. Food quantity is also related to the issue of poverty and we must ensure that quantity has priority over quality – people can pursue the quality and taste of food,

once the issue of poverty is addressed.

The world's population is on the steady increase and we must now think of ways in which to ensure that every human being is sufficiently nourished. In light of the swine flu, however, the issue of food quantity is becoming very complicated.

During the lunch break, I took a walk through this hotel and stepped out through the back door. In front of me was a small market stall selling watermelon; behind that stall was a big shopping mall which had a supermarket. The products sold in that supermarket are almost identical to those in Japanese supermarkets. Traditional Japanese food differs from Indonesian food but these days, whether you go the supermarket in Japan, Korea, or China, you will find that most supermarkets are all alike in this era of globalisation.

Securing enough food to feed everyone in this era of globalisation is becoming an important issue. Currently the world population stands at 6.2 billion but in 40 years it will exceed 9 billion people. Simply put, the population is going to be 1.5 times bigger, meaning that we need 1.5 times the quantity of food. Currently the supply and demand of food worldwide is "technically", relatively balanced, yet there are many countries with populations that face starvation. On the flip side, many developed countries, including Japan, discard an excessive amount of food each day. When comparisons are done, the numbers equal out — if you were to take the relative amount of food consumed and discarded, and distribute it over the areas facing starvation, the food would be distributed equally and every single person on the planet could be fed, in theory. In 40 years, however, when the population is 1.5 times larger, how will we be able to feed the people?

The population increase will occur mostly in developing countries — countries that are already experiencing an unequal distribution of food. These countries will be in a much more serious condition as the population increases over the next 40 years. We must think of how we can solve

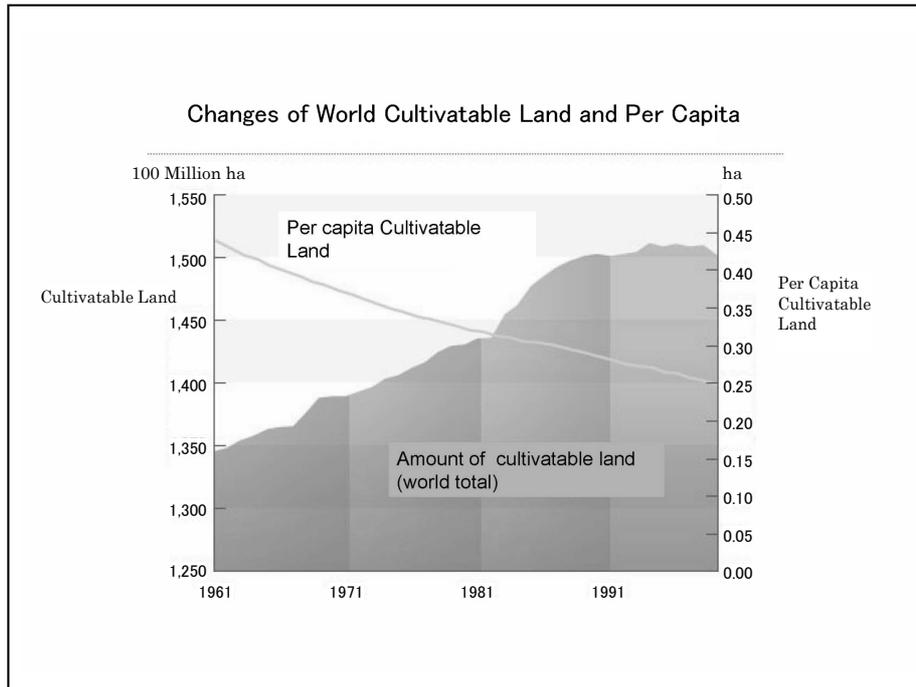
this problem.

Last year, we witnessed a surge in the price of oil — US\$100 per barrel. With that price surge, food prices also increased due to ethanol conversion, but as you may know, after the start of the financial crisis, these prices decreased, if only slightly.

Farmers are facing difficulties in making ends meet because the price of livestock feed has also increased. It is projected that the price will further increase in the future. This will put a lot of pressure on the businesses of farmers in poor countries — we have to solve this problem together.

The easiest and quickest way to do this is to ensure that each country produces the amount of food they will consume. This will be a challenge for Japan, since its self-sufficiency rate is only 40%, one of the lowest among developed countries. Whilst pursuing economic development, Japan exported industrial goods and imported food. Japan has also had a policy of cutting rice acreage, thus the foundation of agriculture has collapsed. The self-sufficiency rate of 60% in 1970, fell below 40% in 2008. This also applies to other Asian countries. For example, China now imports food. China used to export food to Japan but after China achieved economic development and became wealthier, lifestyles have changed and they must now import food from abroad.

In looking at this situation, we could speculate that there may be, one day, a conflict over food similar to the oil conflict, which eventually led to war. In order to avoid such drastic conflicts, every country must think about how to increase their self-sufficiency rate. Specifically, if they try to increase their self-sufficiency and food production, they need farming land.



The area of farming land worldwide in 1960 was 13 million hectares. It has now increased to 15 million hectares in total, but per person it has decreased dramatically from 0.45 hectares per person to 0.25 hectares per person due to population growth – the area of cultivatable land is not able to keep up with the population increase. Since each country has a limit as to the area of farmland that can be increased and if the population keeps growing, these countries will be facing a food crisis.

On the other hand, some scholars insist that there will be no such food crisis, since the population will not increase by 1.5 times if it is well controlled. I do think that the population will increase to almost 1.5 times more than what it already is, and that is why we are here at this meeting to address this issue.

Other experts say that there would not be such a food crisis because there will be more cultivatable land. This is true, in a sense, because there are areas of abandoned farmland, thus these experts state that food can be produced if this land is cultivated. But if you know about agriculture, once farmland is abandoned for some time it takes years for it to restore itself and become fertile again.

Other experts say that it would be possible to get 1.5 times more food by doing more research into genetically modified foods; however, safety standards for genetically modified foods have not yet been fully established. 1.5 times is a large amount, so whether genetically modified food will be possible is unsure. If we do not tackle this issue together in close cooperation, we will see problems everywhere.

Another important issue relating to the quantity of food is water. Food production requires water. Some countries, such as Indonesia, are rich in water. Rainfall levels in Japan are high, so people are not concerned about a water shortage there either. But Japan, as well as Indonesia, will be facing water shortages in the future.

Two tons of water is needed to produce 1kg of corn; to get 1kg of pork, you need about 6 tons of water; and 1kg of beef requires 20 tons of water. Japan imports a lot of food, which also means that Japan is importing a lot of water – “virtual water”. In the year 2000, Japan imported 65 billion cubic metres of virtual water. This is far more than the 59 billion cubic metres of “real water” it was already using for the fields. We have to collectively tackle this water issue, otherwise we cannot make enough food to feed the world.

Furthermore, climate change is becoming more and more noticeable. There are floods and droughts in many regions. Food prices are correlated with climate change, thus if climate change continues to worsen, it will have a negative impact on food production.

Just as a brief example, in 2007, Australia experienced what was called “the worst drought in history”. People said that this type of drought only occurred once every 100 years. The prices of flour and corn sharply increased. The following year Australia experienced the exact same drought making it twice in 2 years, rather than once every 100 years. This resulted in an unbalanced supply and demand of corn, flour, and grain and also became a source of instability in food production.

Back to the issue of the expansion of farming land, if we do indeed expand, we will potentially be facing the problem of water shortage and, as previously mentioned, this could, hypothetically, lead to conflict and in a worse-case scenario, war.

While the population continues to increase, we all face issues of quantity and quality of food. I would like to conclude my speech by asking everybody here to think about these matters seriously and work in unison to tackle these issues.

Thank you very much.

SESSION 2

Population and Sustainable Development in the Context of ICPD PoA with Focus on Food Security

Ms. Farhana Haque Rahman

Chief of Media Relations, Special Events and Programmes,
International Fund for Agricultural Development (IFAD)

[Chair]

Now I have a second speaker, Ms. Farhana Haque Rahman. She is the Chief of Media Relations, Special Events and Programmes of IFAD, which is a UN organization based in Rome. She has told me that she has come to my province and she has taken up some projects there with IFAD. She has lived and worked as a communications advisor and journalist in Africa, Asia, the Middle East, Europe and North America – she has worked across the globe. She has held several positions in the UN system, and she is a novelist and a former anchor person. So I now invite you, Ms. Rahman, to speak to us and inspire us. Thank you.

[Ms. Farhana Haque Rahman, IFAD]

Thank you very much Madame Chair. I would like to start this presentation with a short film that we have done in China on one of our projects. It is a biogas project, “Turning Waste Into Energy”; how animal manure is a source of methane which is the main component of natural gas and a potent greenhouse gas when released into the atmosphere. But methane can also be captured and used as a source of clean, renewable, and affordable energy. An IFAD-supported project in China provided about 30,000 poor households with nearly 23,000 bio-digester tanks for biogas production. As a result, methane emissions dropped, incomes rose, and household sanitation and health improved.

(To view the film, please go to:

<http://www.ifad.org/media/video/biogas/BIOGAS300k.wmv>)

My presentation today is to focus on the role parliamentarians can play within the

media, and the important role the media has in bringing forth issues that have been discussed today at this forum.

We at IFAD, the International Fund for Agricultural Development, which is a United Nations agency, as well as an international financing institution, firmly believe that investment in agriculture is key to lifting poor rural people out of poverty. It is after decades of talking about the importance of agriculture and the importance of increasing investment in agriculture that we see some signs from the international community of bringing the issue of agriculture back to centre stage. For the first time at the G8 Summit, which will be held in Italy and under Italy’s presidency, agriculture will be the main focus of discussions. A few weeks ago, the agricultural ministers of the G8 met in Rome. This is a way forward, particularly at a time when food security issues, rising food prices, and the financial crisis is being debated around the world.

Good journalism is critical for shaping public opinion and leveraging policy change. The media can help raise fundamental questions and champion the issues affecting poor people by raising awareness of their needs and by providing a vehicle for political and cultural expression for people. The media – the primary providers of news and information – the blogs, the fora, the twitters, are really becoming important communication tools as their means to disseminate knowledge and further opportunities for debate. Media can shape perceptions of development work.

On the downside, it can create despair about poverty in developing countries and resignation in developed countries thus influencing attitudes and investments. Parliamentarians, like you, have an important role to play with the media on issues related to poverty alleviation. You can be the agents of change, championing social and economic reforms, emphasising that the poor are able to overcome poverty. You represent your constituents' needs and views and can contribute to spreading the word to the media on what needs to be done.

As parliamentarians, we call on you to use your visibility to address the current crisis that is affecting poor rural people by cultivating a network of media and leading awareness campaigns. Many of you have excellent contacts at the national level of media within your constituencies and regions. In addition to talking to them about your constituent's needs in relation to food security issues and agricultural development we urge you to bring these issues up also on a regional level and with regional newspaper editors.

If you would take the opportunity to go and meet the top newspaper editor in the city every time you travel, for example here in Jakarta, it would be ideal. You could tell them what it means to be poor, what it means to have limited resources and yet try to produce food for the families of the farmers in your country. Your personal contact with the newspaper editors will make a very big difference – it is not a ripple-down effect, it is a ripple-up effect.

At the same time it would be crucial to strategically identify the most suitable media, especially in developing countries, to also disseminate knowledge on the discussions that are taking place. Newspaper readership, as many of you know is higher in the cities, and radio remains the most important media resource in rural areas, especially in Africa; television is now increasingly more popular in Asia and South America.

At a time of global recession, we are witnessing a decline in reports in major international media on what is happening in developing countries and how they are coping with the new economic situation. Parliamentarians debate and approve budgets that provide development assistance. Together with the media you can strategically disseminate informed messages on the situation in developing countries that are hit by the financial crisis.

During this global financial crisis it is all the more important that the public understands the conditions in developing countries and so endorses policies and actions in the international arena that will improve the situation there. You have, therefore, a key role in making sure that such issues do not get forgotten in the general debate.

Halving the proportion of people living in poverty and hunger by 2015 is at the top of the list of the internationally agreed MDGs. The UN Secretary-General, Ban Ki-Moon, has stressed the need for global leadership to help to ensure that the battle to achieve the MDGs is not forgotten by countries as they seek to shore up their own financial and economic systems. Increasing investment in agriculture is essential to achieving the MDGs. Investments in agriculture are often more effective in raising people out of poverty than in any other sector. They not only drive economic growth and set the stage for long-term sustainable development but have high dividends in terms of quality of life and dignity for poor rural people.

The world's 450 million small farms feed 2 billion people. Although there is widespread recognition today of the centrality of rural poverty reduction for achieving MDG1, IFAD remains one of the development agencies providing targeted support in agriculture and rural development for the economic empowerment of poor rural men and women.

Falling investment in agriculture and rural development has meant that MDG1 still remains in many ways woefully out of reach in many parts of the world, especially in Africa. In Sub-Saharan Africa,

33 countries have an annual per capita GDP of US\$270. In some countries of Africa poverty and hunger are increasing. South and Southeast Asia are on track to meet the goal due to the progress made in some of the countries with stronger economies. West Asia, Oceania, and Latin America are not so much on track; Sub-Saharan Africa even less so. Seventy-five percent of the world's poorest people live in the rural areas of developing countries. IFAD's mandate is to enable the poor rural women and men in developing countries to overcome poverty. Our overarching goal is that these poor people achieve higher incomes and improve food security. This requires improving their access to assets; resources; markets; financial structure; infrastructure, such as micro-finance and insurance.

Agricultural growth spurs overall economic growth. Every dollar earned by farmers in low-income countries raises incomes in the economy by up to US\$2.60, according to the World Bank. Improving country and global performance falls within the overarching goal of not just IFAD but many other partners in the field. There is no "one size fits all" solution to poverty. Solutions must be found on country and community-specific levels and the poor people themselves must be part of the process. Media can support the efforts of disseminating knowledge of the different scenarios and challenges poor rural people face at local, national, regional and international levels. Your visibility as parliamentarians is instrumental in raising awareness on what is affecting the most vulnerable development interventions.

IFAD support media networks and it is not without results because by supporting media networks we have found that they

are encouraged to report on development issues and how they do it. For example, we support the Inter Press Service – it is a third world news agency. They have reporters at the grass-roots level, so the reporters go and talk to the poor people at the grass-roots level and send information up to the Inter Press Service Headquarters, which then disseminates this information. Much to my pleasure and much to my surprise at the same time, a lot of these reports that come up from the field are picked up by international media.

In efforts to ensure that the voice of the smallholder farmers is heard and that new policies and laws reflect their needs through joint communication initiatives with a number of other UN agencies, NGOs, private companies, farmers' associations, and research institutes, IFAD works also to give visibility to the virtuous cycles created by combined efforts to advance development. Parliamentarians have the influence on the one hand to take advantage of their visibility and encourage the generation of such virtuous cycles by recognising these efforts, and on the other to empower such organizations to develop strong and informed plans, and actively participate in decision making processes.

I shall close by saying that parliamentarians can build momentum on issues such as climate change. Media often react to tragedies or emergencies but do not adequately cover issues related to rural poverty, as it does not make breaking news. It is critical that you, as parliamentarians, interact with the media to make them a powerful ally for your own constituents and the poor rural people in your own countries.

Thank you.

SESSION 2

Discussion

Chair: Hon. Mabel Rebello

MP, India

[Chair]

Thank you very much, Ms. Rahman. I now open the floor for you to ask questions please. Yes, Vietnam.

[Hon. Dr. Nyugen Van Tien MP, Vietnam]

Thank you Madame Chair. I would like to ask a question to Hon. Takahashi. I think food security for the Asian region is not much of a problem; I think it is a big problem for the rest of the world. What kind of measures do you suggest for dealing with food security in Africa, for example? In Asia, some countries like the Philippines and Indonesia imported rice from other countries some years ago but now most of them produce enough to sustain themselves. Other countries like China, India, Thailand, and Vietnam are self-sufficient enough, but what is your suggestion for food security in Asia and especially in Africa? Thank you, Sir.

[Chair]

I have a question to the panel, especially to Hon. Takahashi from Japan. China and Vietnam have made gains and the poverty rate has come down. But in India we have something like 350 million people going to bed hungry every day, and 320 million women and children suffering from malnutrition. We have food aplenty in our grounds but our people do not have the purchasing capacity. That is why this is a problem not only in Africa but also in Asia, my dear friend. You have no doubt. Yes, Mr. Shiv Khare?

[Mr. Shiv Khare, AFPPD]

Actually, he was trying to say that the stock of food is sufficient. The question is the buying power, which is what creates poverty. I wonder if somebody has a suggestion as to how to remove poverty? Countries are not giving due attention to

population programmes. Therefore, the population continues to grow but they do not have the income, so a large number of people in India, and even in richer countries, go hungry because they do not have buying power.

[Chair]

Yes, Pakistan.

[Hon. Dr. Donya Aziz MP, Pakistan]

Thank you Madame Chair. I think also in connection with food security for many countries like India and Pakistan that are food exporting countries, the distribution within our own countries is incredibly faulty. We have middlemen who make a lot of money and therefore reduce further the poorest of the poor's buying capacity. I know that in some parts of the world – we also tried this in Pakistan a few years ago – instead of having a ration system of distribution of processed flour, they actually distributed the whole wheat and left it up to the poorest of the poor families to process that wheat as they needed it throughout one seasonal period or one year, depending on how much they distributed. That is perhaps something that we can look at at an international level to eventually cut out the middlemen who are making money at the cost of the poorest of the poor.

Also I have a question to Ms. Rahman. In Pakistan I have made a request. We have a very boisterous new media and they would like to talk about politics but I have requested them an umpteen number of times to actually have some talk shows on population and other development issues but they never do these things. So I was wondering if you might be able to provide us with some kind of a handbook or some tools that are necessary to get the media

to take an active interest and make these issues political issues because right now they are mostly concentrating on parties fighting with each other or who said what to whom and when and where. They do not focus on population issues. Thank you.

[Chair]

I think that is all. Go ahead Hon. Takahashi.

[Hon. Chiaki Takahashi MP, Japan]

A colleague from Vietnam and Madame Chairperson have asked me about food security and especially that of Africa. Madame Chairperson has said that it is not only in Africa but that it is an issue in India too. I say food security means quality and quantity. First of all we have to think about the quantity of food. We have to think of how to manage food security, which means managing the population. Population is the biggest threat to food security, especially in African and Asian countries, such as India as well.

In Japan the population is currently decreasing and in 40 years, there will only be 30 million people left in Japan. Japan is not too worried about the population size, but that decrease is affecting the proportion of age groups and generations; the younger population will especially decrease at an earlier stage. For industry, it will be a bad situation, especially for agriculture.

We can say to Africa and India that first of all they have to stabilise the population. Japan, Korea, and China should export the agricultural technology to poor countries, especially technology for water management. Water civilisation will be the biggest point for cultivating agriculture.

[Chair]

My friend from Pakistan said that middlemen are the ones who raise the prices of food grain and I definitely agree with that. But I would like to give you one example from the Tamil Nadu region in India, a south eastern state. They have done very well on this front. They have reform on public distribution of food grain but it is not so in the rest of India – that is the problem.

Tamil Nadu has also contained population and their population is much less than the national average. Secondly, the increase in literacy worked well to contain population as well.

Similarly with primary health centres – 99% of deliveries are within the hospital of primary health centres. Because of that, people are motivated not to have more than 2 children and they have been successful, thus if the primary healthcare system is good, things can improve.

Yes, Mr. Shiv Khare.

[Mr. Shiv Khare, AFPPD]

I just wanted to ask a question to Ms. Rahman. In your programme at IFAD, you said that IFAD runs a large number of projects around the world. Do you also have projects, or some kind of provisions for educating people on population-related issues? Because food and population are very closely linked, so do you have any projects in that area too?

[Chair]

This was the last question please. Please, Ms. Rahman.

[Ms. Farhana Haque Rahman, IFAD]

Thank you. I have 3 questions to answer and a comment.

It is correct that people do not necessarily have purchasing power. We do have income-generating activities that are being encouraged in many of our projects and programme provisions. It may seem very small when you look at it from a global perspective, but you do see the difference when you go to the local level. For example, rural women do a lot of the farming work but are not paid; therefore there is not any income-generation, thus we encourage them to take up activities and that is a small boost. They do not need charity; they just need a little bit of help because the expertise is there. We do not go there and tell them what they have to do. We discuss and learn from them and then the right direction as to how a project should be implemented is undertaken.

On the middleman issue, which was raised by Pakistan, I think it is a very important issue you raised but at the same time we must be aware that the infrastructure in some of these countries is almost impossible. Until these situations are improved, it is difficult to cut out the middlemen.

There is an example of this in Vietnam. It was not an IFAD project but we went to see a nursery outside Hanoi where there was a young woman and her husband who were working very hard. We bought some flowers and plants from her at a very low price. I asked her, "Who do you sell your plants to?" She said, "To the man who comes on a bike and takes them to the market". My next question was, "Do you know the market? Have you been there?" and she said, "No, I do not". Then I asked her, "Do you know how much these are being sold for at the market?" and her response was "No" – she did not know.

Because she has children, a husband, a mother-in-law, and animals to look after, going to the market from her house is a full, lone exercise which requires very stringent planning and she cannot do that. Therefore, the middlemen are obviously enjoying the benefits of her hard work but she seems quite happy because she is still earning some money. But I am not suggesting that that we should not consider middlemen.

Again, Pakistan was asking about the media not responding to development issues and how you can do it. One of the ways you can draw attention to this is to form a group of 4-5 parliamentarians in your country who are development-oriented and understand the issues. You can then go to discuss the issues with an editor and make the editor feel important because the editor likes that. He would like to hear from you, he would like 5 parliamentarians to meet with him and tell him "Look, we have this fantastic experience in our area, we would like to show you a replication somewhere else, and we need your support to do this". Believe me, they respond. I have done it myself with a newspaper in your country. I

wrote to the editor and when we were having a workshop, he himself came along and we did get reports. The newspaper was then saying that others should learn from it.

To respond to Mr. Khare concerning the last question on educating people: In many of our projects we have partners and we take their roles into consideration but we do not go out and play the role of, for example, UNFPA. We have a project and in that project, if the government indicates regulation, that you need a certain type of activities and the World Bank is in the neighbourhood, then we work in that manner. We provide support to the project, but we work in a manner where we invite the expertise of those who are already operating there.

[Chair]

Thank you, Ms. Farhana. You have given us advice to parliamentarians to befriend the media, but I can tell you the media is always anti-establishment and anti-government. They will always befriend the opposition parliamentarians. Of course their role is to criticise the government, so let us not forget about that.

Any other questions? Yes, Nepal.

[Hon. Ramesh Lekhak MP, Nepal]

Thank you Madame Chairperson. I would like to say that regarding food security in developing countries, we have to first see the poor condition of small farmers. They are getting very low prices for their production, as we discussed before.

Secondly, farming is not considered a very prestigious job in society because of the low income, so the problem is that people are leaving the farming occupation. In my country, rather than staying in the agricultural sector, young boys and girls are going to other countries and taking "3D jobs" – Dirty, Dangerous, and Demeaning.

Now farmers are selling their fertile lands, because that will give them more money than regular production. What is your prescription or formula to improve the

economic situation of small farmers, especially in developing countries?

I believe that the government should subsidise small farmers. Do you agree with this policy? Thank you very much.

[Hon. Dr. Nguyen Van Tien MP, Vietnam]

Thank you Madame Chair. I would like to ask Hon. Takahashi a question. Firstly, I think food security is very closely related to national disasters. Even in exporting countries, export falls if the country is hit by natural disasters 2 or 3 times a year. How do you recommend dealing with natural disasters? Also, what do you think is the role of developed countries, like Japan, in supporting developing countries?

My second question in to Ms. Rahman. Japan has lost half of the cultivatable land these past 40-50 years. Developing countries such as Thailand, Vietnam, and Indonesia are being industrialised, thus their cultivatable land is now being used for more housing and industrial parks, which is a very controversial issue in every country. One side wants the country to become more developed, but the other side recommends conserving the cultivated land for food security. What do you recommend for developing countries, such as Vietnam and also China?

[Hon. Chiaki Takahashi MP, Japan]

Thank you very much. I would first like to answer the question regarding developing countries. We are currently talking about a new policy regarding agriculture in Japan. The government has paid lots of money for the subsidies to the agricultural sector for things like machinery. Now we want to give the subsidy directly to the farmers, which would be an encouragement to continue farming. In almost all European countries, the United States, and other large agricultural countries, subsidies go directly to the farmers so that they can continue farming, and we would also like this to happen in developing countries.

With regard to disasters, Japan is known as a disaster-ridden country. Every year, many big typhoons hit Japan and there are many earthquakes too. We have lost a lot of

cultivating ground because of this. We have had to stock a lot of rice in order to be prepared. The WTO decided to import 770,000 tons of rice to Japan every year, meaning that now we have to buy 770,000 tons of rice from other countries which is expensive.

We would like to donate to countries that are hit by disasters but we cannot do that under Japanese law, which we would like to change, however, the WTO has very strict rules, especially for agriculture. There should be a different way to import goods and we are discussing this in parliament but passing that law will take another 1 or 2 years.

[Chair]

I will answer that question from my neighbour, Nepal. I fully agree with you. The plight of the small farmers is pathetic in Nepal and India. The fertilizer subsidy that the Government of India gives goes to the factory that manufactures the fertilizer and a small farmer that does not get fertilizer at this market price has to buy it on the black market.

The majority of produce that the farmer harvests is immediately sold at a dismally low price and the person who has the holding capacity makes money. They then again have to buy their own product at the high price and that is how the farmer suffers.

In a country like India, only 40% of farming land is irrigated, so the majority of farmers only have 1 rain-fed crop. After harvesting that 1 crop, they migrate to the urban area to work as a labourer.

[Ms. Farhana Haque Rahman, IFAD]

Thank you, I think most of the questions have been covered by the Chairperson and Hon. Takahashi. The point raised by Dr. Tien is indeed very interesting and pertinent. Yes, in Thailand, Indonesia, and Vietnam, the expansion in the urban areas is obviously raising concern that it will creep into areas where cultivable or productive agricultural land is going to be used up. In this context, the expansion of urban areas and the plight of rural people

in the rural areas is a very complex situation and I think that the financial crisis has led to a decline in remittances. As you know, in many countries in South Asia people from the rural areas have sold their productive land to be able to go out to other countries to earn income. Many of you also know that US\$300 billion was generated last year only in remittances sent by people from developed and middle-income countries. This amount is equivalent to total foreign aid – US\$300 billion is a lot of money.

We had a seminar at IFAD just 2 days ago. Our Latin American Division experts are studying the impact of the financial crisis in that region. It differs from country to country but the estimate is that there is anything between a 5% to 25% drop in remittances. For many of these countries, these remittances form the lifeline in rural areas. If there is a drop in remittances for a country like Haiti, it becomes a major crisis for the people there without this inflow of money.

What I have also heard from the experts is that the job losses as a result of the financial crisis are forcing people to return to the rural areas, where there is no fallback mechanism to accommodate them. I cannot recommend something because I am not the expert in this field but I can only make you aware of the circumstances today.

[Chair]

Thank you Ms. Farhana. Yes, my friend from Tajikistan.

[Hon. Mamadsho Ilolov MP, Tajikistan]

My question is to Mr. Takahashi. What about the influence of global warming and greenhouse gas emission on eco-systems like small rivers, glaciers, forestry, and mountainous territories? Those are very sensitive to change. Thank you.

[Hon. Mal Washer MP, Australia]

I have 2 simple questions to any of the presenters. I would like to know where we are at in some of the developing countries in terms of individual farmers forming cooperatives – I have heard that it is a

problem. The second is the estimate of wastage of food from the production-side to the consumer-side, which I believe is quite high. What is being done to address those problems in developing countries? Thank you.

[Hon. Chiaki Takahashi MP, Japan]

First the climate change. There is a water crisis due to climate change all over the world, especially in Australia, China, and the United States. I even heard that there was a water crisis in Australia for 3 years in a row.

We can now farm rice in the north and the south of Japan but on the other hand, there are many fruits like apples and oranges that are getting less these days – both of these situations are due to climate change.

Japan has a very big agricultural cooperative system with Australia but it has changed for logistic reasons. Many companies are now importing directly from other countries, so we are making a new system for the direct purchase from farmers to consumers, which is something developing countries could do as well.

[Chair]

In India what we have is known as the “minimum support price”, but that is not sufficient. There should be a better mechanism between the producer and the consumer – the middleman should really be eliminated. Unless there is a direct linkage between the producer and the consumer, the producer will not get enough. All the farmers do not get adequate prices for their goods.

[Hon. Mal Washer MP, Australia]

Just on the second part of what I was saying, if I may, how much estimated wastage of food would there be from producer to consumer because of lack of infrastructure?

[Chair]

That is our problem. In a country like India I can tell you that 30% of vegetables and fruits are wasted. Infrastructure is awfully inadequate and roads, bridges, and

electricity have to be internally improved – only then will the farmer get a better price for his produce.

I think there are not any more questions, so I will wind it up and take a minute to give you some food for thought.

India has only 6% of the world's landmass, but 20% of the world's population, and 20 million more people are added every year.

There is what is known as the "Global Hunger Index". Recently, a Washington-based agency conducted a study with 88 developing countries and India ranks a poor 66th, even though 4 out of the 10 richest people in the world are Indians. This also shows the discrimination in India; 4 of the richest people among the 10 richest people in the world are Indians and have assets in India, but India has the absolute largest number of poor people in the world.

[Hon. Chiaki Takahashi MP, Japan]

Regarding consumers and wastage, the Japanese Government wants to make a new system for the recycling of food. We throw away nearly half of the food in Japan, as do some other developed countries, so we have to make new recycling rules.

Some pig farmers are making a new factory for the liquid feed for pigs which is made from wasted food. The government has put in a lot to subsidise the building of these new factories for that purpose. Also, we have to make new rules on transporting from factories or supermarkets and to farmers so that we can cut down on food wastage.

[Chair]

The panellists have been extremely good. Thank you very much to both my panellists for your informative discourse. Quite a few questions arose because of your speeches and you have satisfied all the parliamentarians and other friends that are here. I sincerely thank you and I also thank all the participants.

The last thought I would like to give you as you go home is that if population policies go wrong, nothing else will have the chance to go right; whether it is food security, whether it is water security, or whether it is ecological security. Those population policies are framed by you and I of the respective countries, as parliamentarians. Let us commit ourselves to this population policy so that we contain the people in our own countries, so that we do not put burden on Mother Earth. Thank you very much.

SESSION 3

**Synergizing Health Initiatives
in the Context of the MDGs**

Chair:

Hon. Jose Carlos Lacson

MP, Philippines

SESSION 3

Synergizing Health Initiatives in the Context of the MDGs in Indonesia

Hon. Tuti Indarsih Loekman Soetrisno

MP, Indonesia;

Treasurer, Asian Forum of Parliamentarians on Population and Development (AFPPD)

[Chair]

I would like to introduce the next resource person, Hon. Tuti Indarsih Loekman. She is a Member of Parliament in Indonesia and belongs to Commission IX that deals with population, health, labour, transmigration, food, and drug control. She is the AFPPD Treasurer and Chair of Gadjah Mada University's Women Association and Mother's Day Foundation of the Indonesian Women's Congress. Hon. Loekman, please.

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

Thank you, Chair. It is a great pleasure to meet all of you here in Indonesia to have this significant meeting. I would like to thank the organizer for giving me this honour.

Today, I would like to give a presentation on health initiatives and experiences in the context of the MDGs in Indonesia. High Maternal Mortality Ratios (MMR), high Infant Mortality Ratios (IMR), emerging and re-emerging diseases like polio, dengue fever, avian flu, malaria, tuberculosis, HIV/AIDS, and child malnutrition are among the main health problems related to MDGs 4, 5 and 6 that Indonesia is facing at the moment.

In achieving the country's health development goals, the Government of Indonesia has a health vision called "Healthy Indonesia 2010". To achieve this, the Ministry of Health, supported by parliament, has been carrying out the health development programme using the National Health Development Strategic Plan 2005-2009 with the aims of:

1. To increase life expectancy from 66.2 to 70.6 years old
2. To decrease IMR from 35/1000 to 26/1000
3. To decrease MMR from 307/100,000 to 226/100,000
4. To decrease malnutrition prevalence among children under 5 years old from 25.8% to 20.0%

However, this strategic plan has not been fully successful due to a series of incidences the country has been experiencing, i.e. continuous natural disasters starting with the tsunami at the end of 2004, followed by earthquakes, volcano eruptions, land slides, drought, floods, and the recent global financial crisis.

Parliamentarians, particularly from Commission IX, through its 3 functions of legislation, oversight, and budgeting, have been taking various measures together with the Ministry of Health to face the challenges to improve the health conditions of the population to be able to achieve the health development aims.

In carrying out the task, parliamentarians and the Government of Indonesia consistently refer to both the national laws such as the constitution and laws related to health rights, laws pertaining to human rights, the law on child protection, the law on domestic violence, Law of Manpower No. 13/2003 as well as international commitments, such as the International Conference on Population and Development (ICPD) Programme of Action 1994; Committee on the Elimination of Discrimination Against Women (CEDAW); the Beijing Plan of Action 1995; and MDGs 4, 5, 6 (2000).

“Everyone has the right to live well physically and mentally, having a home with a good and healthy environment, and has the right to get health services”
(Article 25 H (1), Indonesian Constitution, 1945)

At the moment, the Commission of Health of the Indonesian Parliament is in the process of doing the following:

- Amending Health Law No. 23/1992, to include articles on RH, mother, child and youth health
- Amending the Law on Population No. 10/1992 to give SRHR to women, especially in deciding when and how many children they would like to have
- Finishing the Hospital Bill, to ensure that hospitals participate in implementing a health insurance for the poor scheme by providing at least 60% of their beds for the poor patients
- Amending the Law on Narcotics
- Initiate a law on tobacco control
- Advocating the provincial and district parliamentarians to make local regulations on HIV/AIDS (supported by IFPPD)

In its oversight function, parliament has been a driving force for the Government of Indonesia to fulfil its commitment to achieve the ICPD PoA and MDGs 4, 5, 6, through the implementation of programmes and policies as follows:

Goal 4: Reduce Child Mortality

At the moment Indonesia has reduced 40/1000 live births compared to the MDG target of 32/1000 in 2015. However, a report from the national census shows that most infant deaths in Indonesia happen during the first days, weeks, or months of life, thus the neonatal health protection programme should be strengthened and prioritised.

The second indicator is the proportion of one-year-old children immunised against measles, where the number has increased to 72% in infants and 82% among the children age 12-23 months old, but it must be increased much more in order to reach the target. However at present, most children in Indonesia have been

immunised. By 2008, 88% were immunised against diphtheria, whooping cough and typhoid, although data also shows that only half of them received the full course; 82% against tuberculosis and 72% against hepatitis. With the polio outbreak incident that took place in 2005, the government had to revitalise its national immunisation programme, especially for polio. This includes public education for the parents on the importance of immunisation as a preventive measure against various diseases which allocate a higher budget for immunisation through promoting health care programmes proposed by parliamentarians to ensure a good supply of vaccines and their distribution to all parts of the country, especially to the outer islands and the remote areas.

To decrease the prevalence of malnutrition among children under 5, the Government of Indonesia has been revitalising the programme of *Posyandus* (Integrated Health Services Posts), community-based health services for infants and children under 5 in every village. Early breastfeeding initiation and 6-month exclusive breastfeeding programmes are also included in all hospitals and maternity clinics.

Goal 5: Improve Maternal Health

The MMR in Indonesia has come down from 450 per 100,000 in 1990 to around 370 in 2000, to 307 in 2007 and is expected to reach 226 by 2015, which is still far behind the target. In Indonesia, like everywhere else, the causes of death among women are mostly related to unhealthy pregnancy conditions and delivery complications like obstructed labour and haemorrhages. Most of them are treatable or preventable if there is easy access to skilled birth attendants and proper health facilities, especially those who are poor and undernourished living in the outer islands, in the remote areas.

To overcome this, the Indonesian Government, with full support of the parliament has implemented strategies, policies and programmes such as revitalising the “Mother Friendly Movement”. This includes the improvement of maternal health services, high-standard pre-service training for doctors and midwives; recruitment,

placement, clear job descriptions, and guidance and supervision of all health personnel. We have also set minimum standards for health facilities and an accessible referral system according to local needs and situations by establishing the “Alert Village Programme” where every village should have at least one well-trained midwife.

Another measure to decrease MMR is through the family planning programme. Based on Law No. 10/1992 on Population, the Government of Indonesia, through BKKBN (the National Family Planning Board), has tried to improve the availability of contraceptives, accessibility (including affordability and accessibility of information), quality of SRH services and increase the outreach of family planning services to the community, especially to the poor. These measures have helped to avoid undesired pregnancies and reduce MMR.

Goal 6: Combat HIV/AIDS, TB, Malaria and other Diseases

Data shows that for the past 5 years, there is a fast increase in numbers of people living with HIV/AIDS. From 1978 to 2007, there were 8,988 cases of AIDS and of that 1,994 died. In Indonesia, infections are still concentrated among the 2 high-risk groups: injecting drug users and sex workers. One of the most crucial issues is the low use of condoms, even among the commercial sex workers. Only around half their numbers use condoms, thus there is the potential for HIV to spread rapidly and recently the number has increased among housewives and newborn babies. According to the Ministry of Health, there would be half a million people in Indonesia infected by 2010, or even a million. Therefore, parliament supports the government’s efforts in combating HIV/AIDS through comprehensive programmes such as public education, youth RH education, harm reduction, VCT (Voluntary Counselling and Training) and CST (Care, Support, and Treatment).

To organize these activities, the Government of Indonesia has established the National Committee on HIV/AIDS (KPA)

which has branches in every province and district. Despite the fact that Indonesia is still supported by the Global Fund in combating HIV/AIDS, malaria and tuberculosis, Indonesia has recently succeeded to produce ARV locally to cure HIV/AIDS patients. And also medications to cure tuberculosis given to patients through the DOTS (Directly-Observed Treatment Short Course) Programme, where daily doses of 3 or 4 drugs taken over a 6-month period by the patients who are supervised closely to ensure that the patient completes the full course of the medication. Thanks to the DOTS Programme, Indonesia has already met one of the targets of the MDGs, i.e. to reverse the spread of the disease. A similar case is for malaria where the drugs have also been produced locally and we can lower the incidence to 18.6 million malaria cases per year.

All the above mentioned efforts through strategy plans and programmes can not be carried out without sufficient budget. Every year, parliamentarians strongly propose the government to increase the health budget from 2.1% to 5% of the national budget and to allocate at least 15% of the health budget for maternal and infant health, both at national, provincial, and district levels. Budget allocation priorities are also given to promotive and preventive health programmes.

To ensure that patients from poorer families are given the proper health services they need, parliament fully supports and closely supervises the implementation of the “Health Insurance for the Poor Scheme” launched by the Government of Indonesia in 2005 and proposes adequate budget to succeed this programme.

To conclude, efforts to achieve health-related MDGs can only be achieved if synergised health initiatives and programmes are comprehensively and seriously implemented. These efforts can only succeed if all sectors – government, parliament, community and civil society organizations, as well as donor organizations – work closely together to strive for the objectives.

We have seen that the roles of APDA and AFPPD have been crucial as fora in bringing together those who have serious concerns and commitments to succeed in the ICPD PoA and the MDGs, to find the best solutions by sharing experiences and opinions to accelerate the achievement of the above mentioned goals. Through their various programmes and activities, APDA

and AFPPD have also been able to make parliamentarians the “driving force” for their respective governments to fulfil their commitments to reach the ICPD PoA and MDGs 4, 5, 6 in the efforts to achieve the ultimate goal, i.e. a healthy world population.

Thank you very much for your attention.

SESSION 3

Discussion

Chair: Hon. Jose Carlos Lacson

MP, Philippines

[Chair]

Thank you Hon. Loekman. The floor is now open for discussion. Are there any questions? Yes, the gentleman from Sri Lanka.

[Hon. Lalith Dissanayake MP, Sri Lanka]

Regarding the new health insurance for the poor people that your government has introduced, could you explain what the contributions are and are there any criteria for the selection of the poor?

[Chair]

The gentleman from Vietnam, please.

[Hon. Dr. Nguyen Van Tien MP, Vietnam]

Thank you Mr. Chairman and thank you Hon. Tuti for the great presentation on the health situation in Indonesia. I share the same opinion as my colleague from Sri Lanka but I would like to know exactly what the share and ratio is between private and government hospitals in Indonesia. If every clinic is sparing 60% of the hospital beds for the poor, how about for the others? Also, do you provide free health services to the poor? Thank you.

[Chair]

Thank you. India, please.

[Hon. Mabel Rebello MP, India]

We also have a lot of laws, even a domestic violence law but our problem is implementation because there are mostly men in power and these men have a particular mindset against women. With that, it is becoming very difficult for us to implement this law. Have you all succeeded, and will you please explain this to us?

[Chair]

Yes, IPPF.

[Datuk Dr. Raj Karim, IPPF]

Thank you very much Madame Tuti for your very interesting presentation. From my experience in Indonesia, you have done really well in synergising and mobilising all health programmes that you do. I think this is very important now as we come to talk about the health MDGs, especially 4, 5, and 6 because we have to take them in relation to each other and not separate from each other which is something you have clearly mentioned.

I just would like to know whether now, in Indonesia, you have managed to work towards integrating HIV/AIDS with SRH, number one. And number two, how far are you going into it? I would like to hear about that.

I also think at some point in time we need to talk about health systems; how we deliver our services in a comprehensive and integrated manner and how we are going to have sufficient manpower and resources for all our countries. That is important for us to achieve the MDGs because I think we should take away from relying completely on donor support, as some of our countries are depending on now.

[Chair]

Anybody else? The gentleman from Lao, please.

[Hon. Doungdy Outhachak MP, Lao]

Thank you, Mr. Chair. My question is how Indonesia provides health services to people in rural areas?

The second question is how do you carry out a campaign to help people use condoms in your communities? Thank you.

[Chair]

We have about 5 questions now. I think now we will give Hon. Madame Tuti Loekman the opportunity to answer.

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

I would like to thank you and I appreciate your questions. First I would like to answer the question from Sri Lanka.

The government has decided the criteria for the poor. Among others, one of the items is whether the family has a house; whether this house is made of tile; whether this house has a television, motorcycle, car, or a bike; how many meals this family eats a day; how many times this family eats fish, meat, or eggs every week. Then it is decided whether they are the poor.

[Hon. Lalith Dissanayake MP, Sri Lanka]

Who is getting these details? Is it an officer appointed by the government?

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

Yes. The census is done by the Central Bureau of Statistics, but I am sorry to say that we, the parliamentarians, do not agree with the categories. They give us this category, "How many times do you eat?", but one package of cigarettes is the same price as 1 kilo of rice. So, if this family smokes 1 pack of cigarettes and they only eat 1 or 2 times a day, that is not poor.

[Hon. Lalith Dissanayake MP, Sri Lanka]

Your government does not decide based on income?

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

Yes, there is a category of that. It is something around less than US\$2 a day.

[Hon. Lalith Dissanayake MP, Sri Lanka]

In such category, what are they entitled to, free health services, etcetera?

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

Yes. These poor families are given subsidies every 3 months of around

300,000 Indonesian Rupiah. They are also included in the health insurance scheme programme, but they do not get anything else apart from that.

With regard to the question from the gentleman from Vietnam, how the private partner hospitals are sharing 60% of their beds, yes, it is an agreement between the government and hospitals. Actually, this is not free because the government pays for the expenses that the hospitals provide for the poor patients, as they are already included in the health insurance programme for the poor.

And to the Madame from India, we have many laws and regulations but the problem is the enforcement of the laws. It is the duty of the parliamentarians to always supervise and press government officials to implement the laws.

From my experience, having women in parliament does not guarantee that all the women's issues will be seriously considered. I would say we need more women and more men both at the legislative and the executives who are really paying attention to women's issues. Thank you.

And Dr. Karim, you asked how to integrate HIV/AIDS with SRH. Public sex education and health services are implemented by the government or by BKKBN and are always talking about how to prevent HIV/AIDS.

Yesterday we were listening to the gentleman from BKKBN and I was about to ask a question because they have a slogan at the moment, "Two children is better", whereas before it was, "Two is enough". Now I think that if you say 2 is better that means 3, 4, 5, 10 is also good. I would like to go back to the old slogan, "Two is enough".

And to Lao, I agree with you. Indonesia consists of 18,000 islands. We have a population of 230 million people and it is not always easy to give good health services to the people, especially to those on the outer islands who can only be

reached by aeroplane or boat. But the government has already set up a programme in that every village should have what we call, *wuskusmas*, community health services, where they have at least 1 medical doctor, 1 midwife, and 1 dentist. Thank you.

You also asked how we persuade people to use condoms. It is not easy. Every time we try to persuade people to use condoms, they always end up asking us if we are encouraging free sex – it is very difficult. Even among the sex workers their partnering persuasion is very weak. People will offer to pay double if they can go without a condom. Recently we had many housewives who were infected with HIV, which results in many newborn babies with HIV. Thank you.

[Hon. Lalith Dissanayake MP, Sri Lanka]

I have one last question regarding HIV. You said you have a projection of half a million HIV infections by 2010, but are there any programmes for school-leavers and the younger generation, as we do in Sri Lanka?

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

We have a programme called “Life Skills Education” for high school level students; from free blood tests, to SRH, and also about HIV/AIDS. Thank you.

[Chair]

The gentleman from Nepal, please.

[Hon. Ramesh Lekhak MP, Nepal]

Thank you Chairman. Actually I have an experience related to that of the dear Madame from India about the implementation or education of law. Yes, we do have a lot of laws regarding the empowerment of women, like the domestic violence law and other laws, but actually the implementation of laws is in a very poor condition in developing countries’ societies. Our experience is that securing political representation of women in parliament or local authority is not enough to empower women. I can say that we have more than 33% women in the Nepalese Parliament right now, in the Constituent Assembly, but women are not

empowered as a whole. I do think that political representation is one of the components to empower women but we should empower all genders, all communities, by giving them quality education and giving them quality employment. What do you think about this? Thank you.

[Chair]

The gentleman from the Philippines.

[Mr. Ramon San Pascual, PLCPD]

Madame Tuti, I note the remarkable drop in the MMR over the years in Indonesia, but I would say that death from pregnancy is still a big challenge. Could you please give us further insight as to what are the causes, specifically in Indonesia, of maternal mortality and what health policy interventions being done to reduce further maternal mortality? Thank you.

[Chair]

The lady from New Zealand, please.

[Hon. Jackie Blue MP, New Zealand]

Thank you for your presentation. My question was not part of your presentation, but it is about human trafficking and I would like you to comment on what the extent of human trafficking of women and children in Indonesia is, and what measures is your government taking?

My comment to this group is that while the trafficking of women and children was not a part of the MDGs when they evolved in 2000, it could perhaps be a topic for future discussion. Thank you.

[Chair]

The gentleman from Australia, please.

[Hon. Dr. Mal Washer MP, Australia]

Thank you Mr. Chair, thank you Madame Tuti for a wonderful presentation and the efforts you put into Indonesia – it has been well appreciated. You mentioned that one of the reasons for the spread of HIV/AIDS is because of intravenous drug users. I was wondering what the policies in Indonesia are on harm-minimization?

[Chair]

We have now had 4 questions. Let us start with the one from Nepal.

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

Thank you, Nepal. Yes, we still also have the same problem with poor implementation of law and enforcing the laws, however, parliamentarians have legislative and oversight functions. Especially now with the decentralisation process of the government, we ask local parliamentarians to approach the local government to implement the law. As I mentioned in my presentation, we have already asked the local parliamentarians to make local regulations relating to HIV/AIDS.

You also said that you 33% of parliamentarians are women in Nepal. You are lucky. In Indonesia, female parliamentarians only make up 11% and, as I told you, the presence of women in parliament does not guarantee that women's issues will be seriously discussed or seriously considered. We have a female Minister of Health, but she is also not paying enough attention to women's health problems.

In early 2005, I made a proposal to the government. At that time, we had a hearing with the Minister of Health and also with the director of an insurance company. I proposed that pap smear tests should be free and should be covered by the insurance for the poor people scheme. Do you know what the Ministry of Health told me? She said, "Well, I do not know. Cancer is not the priority in our country, but you can ask the director of insurance." The director of the insurance company also happened to be a doctor and a woman. You know what she told me? She said, "Well, if there are medical indications, then of course we will cover that." I had to shout that pap smear tests are not just for the sick but for the healthy women in order for them not to get sick. I had to fight for two-and-a-half years until they listened to me because none of my parliamentary colleagues are medical parliamentarians in my committee. Nobody supports my suggestions. Thank you.

Philippines, you asked about the policy interventions to reduce MMR. I have mentioned here several measures that the government is already starting from the family planning because there is a close relationship between successful family planning and MMR in terms of avoiding unwanted pregnancies, especially amongst the poor and people living in remote areas. The health facilities are free but they have to pay for the transportation and this is the reason why there are many pregnant women from the poor families who do not go for a health check simply because they cannot afford to pay for the transportation.

We need to ensure that every village has a midwife and she has to make home visits. We also encourage community participation. There is one community where every pregnant woman has a flag in front of her house. If they are in critical need, then they put red, then yellow, then green and it is the duty of the community to take care of this pregnant woman.

To the Madame from New Zealand, yes, human trafficking is a very serious problem in Indonesia. It is very difficult to avoid because we still have some migrant workers abroad and they are very prone to being trafficked. We have a very large unemployment rate right now and one of the measures that we have had to take is sending migrant workers to Malaysia, Singapore, and the Arab countries, where they are very prone to human trafficking. We have a law on human trafficking and we try to involve locals because the communities are supposed to be responsible and take care of that. Usually the trafficker comes to the village and it is always somebody who the people know, like family or a friend, who comes to the village saying there are work opportunities abroad.

In the past, human trafficking was caused by local governments, which is prone to giving false identifications. We have a problem in sending the migrant workers abroad because the local governments sometimes lie about an individual's age to meet the minimum age for migrant workers to be sent abroad, which is around

20-25 years old. However, there are cases where young girls, younger than 18 years old, are given false identifications and money by the local government to be able to go abroad.

I have heard from my friends from the Middle East that when the workers first arrive, it is the first time they see “strange-looking” people. They are in a strange environment with a strange language and strange customs, and usually they just sit there and cry and do not want to work. The people who hired them have already paid a high price to get the migrant workers and then they are then not very happy about this.

This is an area of law that we have to implement and enforce further. I have already mentioned to AFPPD that migrant workers should become a very important issue, and mostly it relates to women. Thank you.

To the gentleman from Australia who was asking about intravenous drug users: We tried to give, at the prison usually, sterile syringes but it does not always work. I saw with my own eyes, that even when they are given sterile syringes, they prefer to share with each other because it is like smoking marijuana; they do not smoke individually and they prefer to smoke together – it is the same with the injections. We are doing the harm reduction by getting them started but also by using methadone. Thank you.

[Chair]

Yes, India please.

[Hon. Jayaben Thakkar MP, India]

Initiatives taken by the central government, as well as the state governments, will help to decrease the MMR issue. In the state of Gujarat, our state government has taken the initiative to endorse a gynaecologist for the deliveries of Below Poverty Line (BPL) women. Once they are registered, the state government directly pays to the doctor 7,000 Indian Rupees per delivery.

BPL women are also working women in the fields and at the farms, so the government

also gives 600 Rupees to the lady and a helping hand. If her husband, or her friend, or her co-worker goes with the lady to the hospital for 1 or 2 days, they can stay there and the government pays them 150 Rupees.

Strong political will can help decrease the MMR. The plan is called the plan “Long Live the Mother”. That is what I wanted to narrate. Thank you very much.

[Chair]

Thank you. Yes, a follow-up question from the gentleman from Sri Lanka.

[Hon. Lalith Dissanayake MP, Sri Lanka]

What about mental patients in your country? Are there any special programmes for mental patients?

[Chair]

Gentleman from Vietnam.

[Hon. Dr. Nguyen Van Tien MP, Vietnam]

Thank you Mr. Chairman. I have 2 questions. Because most of the MDGs focus on health, especially preventive health, the parliament has 3 functions. As you have mentioned, the first is legislation for preventative activity medicine. What is the proportion of preventive health?

Indonesia consists of 18,000 islands. Do you have a specific policy to help health staff on remote islands? Thank you.

[Chair]

We will first ask the resource person to answer the questions and then we will see if we still have time for a few more.

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

To Sri Lanka, in terms of the mental patients, we are currently amending our health law and we included mental health. We have a new approach that offers free community health services with a psychiatrist to take care of mental health. Before, every patient had to go to the special mental hospital which is not always available in every district in Indonesia.

And to Vietnam, the proportion of preventive health is 30%. This is what we agreed to, but what is actually being implemented is open-ended – it is always about maybe less than 10%.

There is a specific policy for doctors living in the remote areas. The doctors in the remote areas earn 5 times the salary compared to the others and they are only allowed to work 6 months, compared to 2 years in the urban areas.

[Chair]

The gentleman from Malaysia, please.

[Hon. Dato' Haji Kamaruddin Jaffar MP, Malaysia]

Thank you Mr. Chairman, and thank you Datuk Tuti. I have just 2 short and very simple questions. You were mentioning the BKKBN slogan “Two is better” compared to “Two is enough” and you were saying that some Members of Parliament in Indonesia are having 11 or 13 children. What is the average number of children per Indonesian family?

Secondly, you mentioned the Indonesian Parliament's intention of getting up to 5% expenditure of the national budget for health. I wish also to know and to ask of others here what the world average is, and what are you benchmarking the 5% against? Is 5% what the MDG target is; is that something set by an international body? Thank you.

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

We would like to have 2 children per family, but the average is about 4 or 5 children per family.

And why do we propose 5%? Please correct me if I am wrong, but I think that the WHO quotes that in Australia, the UK, and the US, the budget for health is 5% of the national budget, as is the budget for education. The problem in Indonesia is that 20% of the national budget is for education and only 2% of the budget is for health, which is hard to understand because how can you study if you are not healthy? Thank you.

[Chair]

The last question will be from Japan.

[Hon. Teruhiko Mashiko MP, Japan]

Thank you. I would like to know about the situation of child pornography in Indonesia, as well as the child organ transplant situation here in Indonesia.

[Hon. Tuti Indarsih Loekman Soetrisno MP, Indonesia]

Thank you very much for your question, but I do not have the capacity to answer that. I am sorry, thank you.

[Chair]

Thank you very much, Hon. Madame Tuti Loekman, and of course our delegates and guests for your kind attention and cooperation.

SESSION 4

**Public Private Partnership Activities
to Achieve Sustainable Development**

Chair:

Hon. Lalith Dissanayake

MP, Sri Lanka

SESSION 4

Public Private Partnership Activities to Achieve Sustainable Development

Mr. Youzou Nakao

Associate General Manager of the CSR and Public Communications Department,
Ajinomoto Co. Inc., Japan

[MC: Dr. Osamu Kusumoto, APDA]

The Chairman of this session is Hon. Lalith Dissanayake, Former Provincial Minister of Health and Agriculture. Professionally he is an attorney and a management graduate from Sri Lanka University. Chairman, please.

[Chair]

Excellencies, I welcome all of you to this session. Today our speaker is Mr. Youzou Nakao. The Ajinomoto Company was founded in 1909 and has now expanded their range of products to foods and nutritional supplements. Mr. Nakao was the Product Manager of some of the Ajinomoto products and he was also a part of the company's long-term business planning for 2005-2010. Currently, he is the Associate General Manager of the CSR and Public Communications Department of the Ajinomoto Company. I invite Mr. Youzou Nakao to give his presentation.

[Mr. Youzou Nakao, Ajinomoto]

Thank you for the kind introduction, Hon. Chairman. It is very much an honour and pleasure to be with all of you influential parliamentarians and distinguished guests, especially as this is a region where we have our business operating in your country. I would like to take this opportunity to express my deepest gratitude and appreciation. Before I go into the theory, I would like to do some public relations by giving you a brief outline of our company. I would then like to elaborate on various contributions and work within the agricultural sector.

Our company was founded in 1909, thus this year will mark the centennial anniversary. Ajinomoto has 26,000 employees and we have sales of 1.26

trillion Japanese Yen. The composition of those sales by business consists of 65% food products, and 23.5% amino acid and pharmaceuticals. Japan makes up around 70% of the revenue, followed by Asia, America and Europe; about 10% each is the composition in the global sales and Asia has been making large strides in recent years.

Our business started in 1909 beginning with the product, "Ajinomoto". Its largest product substance is monosodium glutamate, which we started to sell as a food seasoning. Later we diversified into the various products derived from the amino acids of glutamine. We have developed amino acid pharmaceutical products as well.

We have branched out and now have 115 companies worldwide. Japan makes up 45% of the business personnel and 36% are in the Asian region. Ajinomoto is sold worldwide as a common name. We also have diversified into the expansion of various processed foods locally to suit your needs.

In the period before Ajinomoto production, the Japanese diet was nutritionally poor. During that time people in the West had a fine physique, whereas the Japanese were in poor physical condition. Dr. Kikunae Ikeda, curator of Tokyo Imperial University, thought that the differences could be caused by nutrition; therefore, he worked on developing a tasty but reasonable food seasoning that would improve the Japanese diet. He advocated that it would improve the malnourished Japanese citizens and be able to contribute to an improvement in their health. Since its establishment 100 years ago, the

Ajinomoto philosophy has been to contribute significant advances in food and health on a global level, and ultimately create a better life for all.

What is glutamine? Glutamine is one of 20 amino acids which make up protein. It exists in various food resources, especially in the Japanese seaweed called *konbu* and *nori*. Cheese and tomatoes have quite a large amount of glutamine and an extremely large amount of glutamine is contained in breast milk. However, 100 years ago when we materialised our product, we received various harmful rumours and bad publicity. Around 1920, the crystals of glutamine looked like the scales of a snake, so there was a rumour that the ingredients contained snakes and many people believed it. At that time, the Great Kanto Earthquake hit Japan. Wheat flour, which had been used to make Ajinomoto, was taken from the warehouse and distributed to the people. It was then that they realised that the actual ingredient for Ajinomoto was wheat and not snake scales.

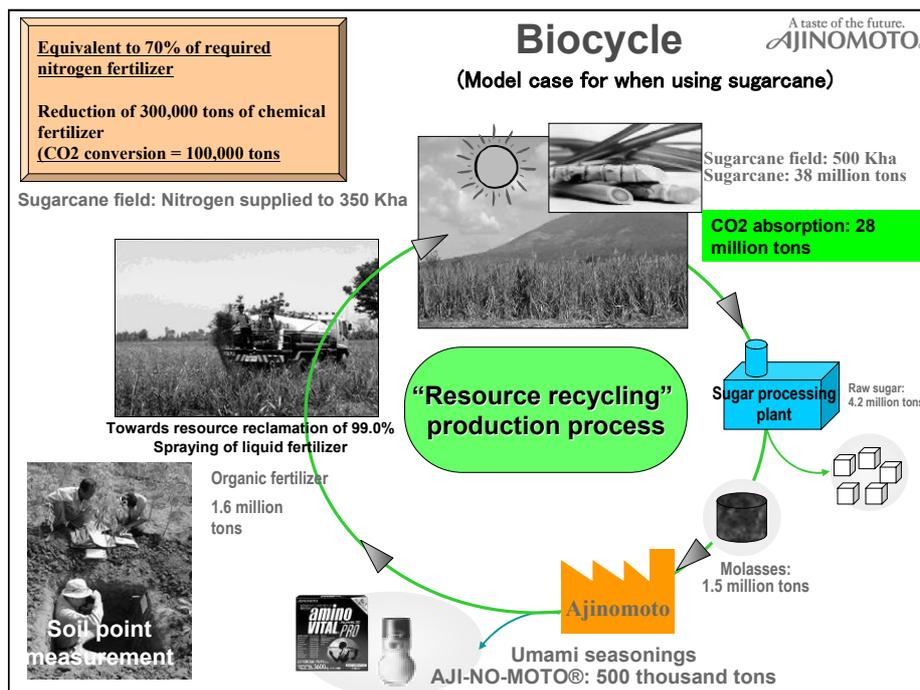
Since then, we have been able to solve and negate ungrounded rumours and criticisms by demonstrating our scientific research. Our product has had various official safety approvals by international societies such as the UN; Ajinomoto has been consumed in

Japan for the past 100 years, without any “safety” concerns.

As of 2003, the amount of “umami” (MSG) seasonings consumed worldwide is 1.6 million tons and we have very steadfast annual growth of 4-5%. This is a rare food product that has been growing steadily for the past 100 years. In 2008, there was a demand for 2 million tons of Ajinomoto worldwide.

It is produced in various parts of the world and the actual raw ingredients vary from country to country. The raw ingredients are fermented to produce monosodium glutamate (MSG) and we have many factories in various parts of Asia that produce this MSG. We have had a self-producing factory in the Philippines for 50 years already and we appreciate these long years of business and working together.

Ajinomoto production goes through the process of the sugarcane or the cassava to change into amino acids by fermentation. If we change various bacteria, it would actually ferment to alcohol. It is quite a similar process to that of making alcohol since we are using similar ingredients. Fermenting agents are added to a fermentation tank with carbon sources, vitamins, and phosphoric acid. Through



fermentation, we get glutamine and other amino acids. This fermentation liquid contains a lot of bacteria, protein, peptides, organic acids, and salts, so we discovered that it would be a very good fertilizer material.

This slide (previous page) shows a bio-cycle. In this model cycle, 500,000 tons of Ajinomoto is made solely of sugarcane. In order to create this half-a-ton of Ajinomoto, there are 38 million tons of sugarcane, from half-a-ton hectare field. From the sugarcane, raw sugar will be derived and the residue is molasses, 1.5 million tons. Then the fermenting bacteria will change molasses to amino acids which will make half-a-million tons of Ajinomoto MSG. Then we will get 1.6 million tons of by-products, which contain nutritious fertilizer components of nitrogen, phosphorous, potassium, and other organic elements, which can be put back into the fields as fertilizer. Of 3.5 million hectares, 70% of the land could be provided with this organic fertilizer thus the use of chemical fertilizer will be reduced and if converted, would be the equivalent of 100,000 tons of CO₂.

We are developing this type of cycle – the material-cycle business model. We used to dispose of these by-products as waste materials, but having found this effect as organic fertilizer, we are now using this in the agriculture sector. If you continue to use it, agro-chemicals would diminish various organic bacteria in the field and the farm products would be susceptible to disease. Instead of agro-chemicals, this type of organic fertilizer will sustain the soil bacteria, and therefore be able to maintain or even re-nourish the soil. Dr. Kusumoto of APDA has actually seen the spraying of this fertilizer in Vietnam and he was surprised by the size of the earthworms in the fields. In Pinatubo, the Philippines, this type of fertilizer is introduced to nourish the soil. This fertilizer has been utilised to nourish the soil and contribute to sustainable agriculture. Furthermore, this liquid fertilizer contains fermentation bacteria, which has disease resistance qualities. We have made it into a foliar spray product named “AJIFOL®” which is sold and marketed in Brazil, Peru and Thailand.

Compared to not using fertilizer, we can increase the yield by using the organic fertilizer and this foliar spray, and the yield can be doubled, like we have seen in Brazil’s coffee production and Thailand’s rice production. By using this foliar spray, we have found that the production yield can be doubled. In Peru, we interviewed our consumers and conducted questionnaires which proved that they are buying this product because it increases the production yield and also reduces the use of chemical fertilizers. When we compare a mango tree, with or without AJIFOL®, the flower buds in the tree with AJIFOL® are growing much more which increases production volume, as well as being more resistant against various diseases.

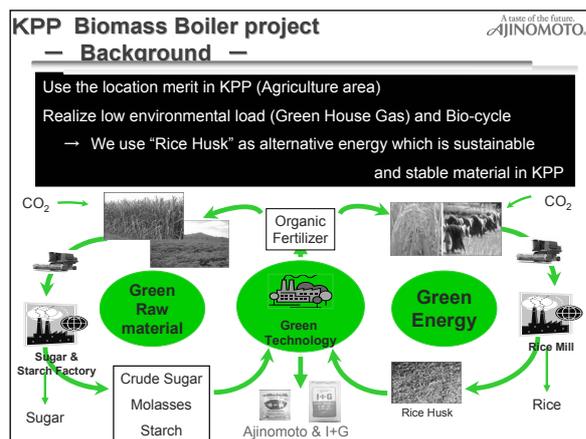
We also asked rice farmers to use AJIFOL® and compare that to chemical fertilizers. By using AJIFOL®, farmers increased their profits because of the decrease in fertilizer used; decrease in agrichemicals used; decrease in cost of spraying agrichemicals, and therefore the profits increased by 2.2 times. In Thailand, we have an affiliate company, FD Green, and they have summarised these study results. We are trying to ensure the safety and security of our consumers. They would not like to eat products that have been treated with chemical fertilizers, so this meets the consumers’ needs. It will also increase profit and conserve the soil quality. By using this, we can satisfy these 3 needs and Ajinomoto has been contributing to sustainable agriculture in this sense.

Regarding the recycling of raw materials, I think our model has been quite developed but when it comes to energy, we have not been fully able to recycle it, especially since CO₂ reduction is now the hot topic globally. Global warming would have a huge impact on the agricultural industry. Agriculture is actually the basis of our business, so environment is a big theme for our business as well.

In Surabaya, here in Indonesia, we have a factory in Mojokerto, which is one of our big hubs among the Ajinomoto group. Out of the Ajinomoto Group, this factory alone emits about 10% of CO₂, and we have been

trying to reduce this based on our Zero-Emissions Plan. In 2007, we installed a cogeneration system and the production increased by 40%, compared to that of 2002.

To further the reduction of CO₂, we are also planning to use biomass as renewable energy.



We have a factory in Kamphaeng Phet, Thailand. The left-hand side of this figure shows the resource recycling bio-cycle, and the right-hand side shows the energy cycling model – the rice husks actually become the core of this. This project has constructed a green energy cycle utilising rice husk biomass. This Kamphaeng Phet factory used to use fossil fuels, but now we use carbon-neutral rice husks. In the Kamphaeng Phet area, there are many rice paddies and from these rice-growing farmers, we can get a lot of rice husks. Previously, these were disposed of or burned, but now we can utilise this as energy.

In the biomass boiler, there are silos that can store about a month's worth of husks. About 350 tons a day is treated which produces about 70 tons of ash. The ash can be used for cement material and also as fertilizer since there is potassium left in this ash. Annually, we can reduce CO₂ by 100,000 tons. We think this is relevant under the Clean Development Mechanism (CDM), an arrangement under the Kyoto Protocol, so we are currently seeking approval from the Thai Government. Once they approve us, we would like to have further approval from the UN as a

recognised programme for the CDM.

These have been some of our activities to contribute to local agricultural industry. As I mentioned at the very beginning, we would like to contribute to the betterment of food and health of the citizens by working together with the local community. When doing our business alone we cannot fully contribute, but together with NGOs and NPOs we can expand our activities to address issues in communities. One such activity is the AIN (Ajinomoto International Cooperation Network for Nutrition and Health) Programme, in which we request that NGOs and NPOs present the activities that they have been conducting locally and Ajinomoto will provide subsidies. This programme is mainly active in Asia and South America.

We started this programme about a decade ago, when we celebrated Ajinomoto's 90th anniversary. Food and health is the theme for this programme, but it does not mean just providing goods; we would like to improve the health of the local community and also develop the human resources of the local community. Empowerment is the core of these activities, and we provide support for NGOs and other organizations running such activities. Over the last decade, 33 projects in 11 countries have been supported. These are in Thailand, India, Indonesia, Bangladesh, and Peru. We also provide support for organizations that run activities related to mother and child nutrition and health. In Peru, in the health worker's education, RH education is also carried out at the same time.

Growing cassava is another activity in the agricultural field. Cassava is one of our core raw materials and we have a project to increase the raw production yield of cassava in Lampung Province in Sumatra. With this project, we would like to increase unit-yield production for cassava by 5 times. By doing so, we would like to achieve social development in this rural area of the farming region. At the same time, we can secure our raw material, cassava, so technologically we would like to verify that this can work.

We use products which make leaves and roots grow bigger. By crossbreeding them, we can increase the production yield and give crossbreeding techniques to farmers. In cooperation with the Department of Agriculture of the Lampung Province, we are running an education programme to provide farmers with such agricultural and cultivation technology.

In addition, we are also supporting farmers in establishing cooperatives so that they become self-reliant. Such farmers' cooperatives are called *koperasi* in Indonesia. This project started in 2005. The cassava yield at that time per hectare was about 14 tons on average. However, in 2008, per hectare it has increased to 30 tons on average. Of course, the farmer's income has grown, together with the increase in the production yield. So we would like to make the farmers self-reliant and establish cooperatives so that the farmers can run this kind of programme on their own and we would like to promote this together with agricultural groups. With such cooperatives, they can purchase agricultural fertilizer together, at a lower cost. I only knew this after the project had begun that when the farmers sell this cassava, the middlemen take a big margin by purchasing it much lower than the actual price. By establishing local cooperatives, they can get information of the market price, and therefore, the farmer's income can increase to what they should have been getting in the first place.

We have another project using amino acid technology, which we hope to launch this year. As I mentioned at the beginning, amino acid makes up protein; it is essential for nutrition and the amino acid composition is very much different depending on the

food. For example, maize and flours do not contain much of the amino acid "lysine". If you add this lysine, you can actually absorb more protein and the nutritional value of protein can be increased. With the price of grain increasing these days, we have to think about how we can secure a good amount of nutrition and necessary amount of food for the population. With amino acids, we would like to come up with a technology to alleviate these problems. In Africa, facing a nutrition problem, together with Ghana University, we are trying to develop fortified food using lysine and we are hoping to get the system running to provide this food in the course of this year.

Finally, our business is very much closely related to agriculture. Sustainable development in agriculture and social sustainability for consumers is essential for our business to be viable – we are fully aware of that. We would like to have closer communications with all the stakeholders, including farmers and community members to grasp their needs and demands. We would like to utilise amino acid fermentation, the resource technology that other manufacturers do not have, and use our technology and achievements so that we will be able to have a major accomplishment, which can only be achieved by Ajinomoto.

We would like to have close cooperation with governments, NGOs, NPOs, and international organizations to accelerate the speed and expand the scale so that we will be able to contribute to the achievement of the MDGs. With this, we hope that we will be able to improve our corporate value in starting our next century of our corporate history.

Thank you for your attention.

SESSION 4

Discussion

Chair: Hon. Lalith Dissanayake

MP, Sri Lanka

[Chair]

I thank Mr. Nakao. We now have 40 minutes for questions. Yes, India.

[Hon. Mabel Rebello MP, India]

Thank you Chairman. Of course, with beautiful slogans Mr. Nakao is a very good advocate for his product but I feel that he is a commercial man. He has told us what is good. He is a good salesman as well but I would definitely say that scientists should examine and express their views. Only when the scientists agree to it will we have faith in that product. The commercial man will try to sell it and convince us but that is not sufficient. The scientists must endorse these views so that the products that they are promoting do not have a harmful effect on the human being. This is my apprehension.

We also grow plenty of mangoes in India but we do not use all these fertilizers, and we sometimes do not even use any fertilizers. Now the trend is not to use chemical fertilizers at all because people have faith in organic fertilizers. Our scientists brought us a green revolution in India, in the late 1960s. Say, 1 acre that was producing 1 ton of wheat started producing 10-20 tons of wheat without all this. That was done by scientists who had made painstaking efforts to invest in research and development for very good planting material. Could you comment on this? I would also like to know about the side effects of Ajinomoto.

[Chair]

Anymore questions on Ajinomoto? I think this topic is on Public Private Partnership used for sustainable development. I think that we need support from the private investors in every country all over the world.

[Mr. Youzou Nakao, Ajinomoto]

Thank you for your question. Of course we are working together with research institutes at universities and scientists have verified that the products have advantages. The study results are reliable and these were actually presented at academic meetings for scientists.

Originally the raw materials of our products are fermented farm produce, so they are organic fertilizers which do not damage the soil the way chemical fertilizers do. So far, there have not been any reports of side effects. As for the foliar spray I mentioned, we are going to apply for a patent and present the study results at academic meetings.

At this moment, we do not have a factory in India. If we build a factory, we will focus on farmers in the vicinity of the factory, due to logistic costs. Having said that, we are hoping to sell the foliar spray that will develop a stronger resistance to diseases in more countries.

[Hon. Mabel Rebello MP, India]

I think this verification is not sufficient. Scientists should endorse your point of view and only then will we have faith in your product.

[Mr. Youzou Nakao, Ajinomoto]

Yes, it would be best if the scientists could endorse our products. We will work in closer partnership with scientists to get their endorsement, since we have to assure scientists that such products are good for the agriculture and society in that area. We will start commissioning scientists and when the scientists are satisfied, I hope the people of India will start using our products.

[Chair]

Vietnam please.

[Hon. Dr. Nguyen Van Tien MP, Vietnam]

Thank you Mr. Chairman and thank you Mr. Nakao for the presentation. There was another company which was also producing glutamine, like Ajinomoto. They use cassava like Ajinomoto and produce glutamate. They reported that their technology was very friendly for the environment, however, they put tubes underground and then pushed all of the waste water from the factory to the river which damaged fishing places and the environment close to Ho Chi Minh. After 10 years, the government police found out and decided to fine that company US\$10 million. Many farmer cooperatives are making appeals to the court with them as well. During last 10 years, they always reported that they were environmentally friendly. This has been quite an experience for the Members of Parliament and for the people in Vietnam. Like India suggested, we need a scientific report from the Inspector of Environment for that technology. I do hope that Ajinomoto's technology is different from that company in Vietnam.

[Chair]

Next please, Philippines.

[Mr. Ramon San Pascual, PLCPD]

I noticed in your slides that the community work being done by Ajinomoto has spread to countries such as India and Bangladesh, and even certain parts of Africa. But you have not mentioned the Philippines where Ajinomoto has been present for over 40 years now. Are Ajinomoto CSR projects being done in communities in the Philippines as well?

[Chair]

Are there any more questions? Nepal.

[Hon. Ramesh Lekhak MP, Nepal]

Thank you Chairman. Actually, Public Private Partnership activities are necessary to achieve sustainable development. No doubt it is an excellent idea, but we have some problems as well in this issue although we also add up to this policy.

Number 1, the private sector is guided by product motive; number 2, poor people do not have the capacity of paying. As Mr. Nakao mentioned, cooperatives may be a good instrument to avoid unnecessary surplus value. If the cooperative movement is a good instrument, then why do we not go for massive cooperative movement?

Secondly, if through the cooperative instrument we get service or commodity at a reasonable price, then do Public Private Partnerships and their cooperatives go together simultaneously or not? How do you fit cooperative movements in this issue? Thank you.

[Mr. Youzou Nakao, Ajinomoto]

First to answer the question from Vietnam, we heard the news that our competitor's factory in Vietnam emitted pollution into the river. We also have business operations in Vietnam and in order not to cause such environmental pollution, we demand that every one of our factories abide by the unified standards for environmental requirements, whether it is in Japan or Indonesia or Thailand. In Vietnam, we are working on a system to convert waste into fertilizer for agricultural benefits. The year before last, our Vietnam factory was commended by the Minister of Environment in Vietnam for being an environmentally excellent company. For that, onsite inspection was done and it was proved that the company excels in the area of environment.

We heard that the competitor was doing their business without paying attention to the impact on the environment and that our local factory was seeing protecting the environment as a cost burden for the actual manufacturing, however, environmental protection is essential for our corporate value and we always advocate it in our business operations. We are constantly taking preventive measures to ensure safety, thus we position ourselves different from other companies.

To the Philippines, I would like to mention that it just happened that the support region did not include the Philippines but

we have conducted various projects there in the past. We have had 40 years of good relations and ties with Filipino counterparts and we will continue to contribute. It just so happens, however, that the project for health and hygiene activities, and empowerment was not assigned to your country for this year. This is why the Philippines was not mentioned in our CSR activities but we would definitely like to take it up in our future projects.

For Nepal – we see that the cooperative itself is in a different nature from how we operate our business. Our support is for the local community, or the local government, or NGOs/NPOs whom should have initiatives in the formation of cooperatives. We are providing support and agricultural technology to them. With this, we would be supplied with quality cassava for our ingredients constantly; therefore, this partnership is beneficial to both of us. If the Indonesian initiative goes well, we would like to expand to other regions.

[Hon. Mabel Rebello MP, India]

We had plenty of cooperatives in India but cooperatives do not make people financially stable because office bearers are the only ones who make money – the farmers really do not make money. How would you say that cooperatives can empower people and small farmers? The basic thing is that the human being is very selfish. Profit motive is the main thing, so office bearers of cooperatives make good money and they enrich themselves.

[Chair]

Any more questions? Australia.

[Hon. Dr. Mal Washer MP, Australia]

The idea of adding lysine to flour is an excellent idea and that is already scientifically proven, but the question is how much extra cost would that involve,

and how do you do that with the wheat flour that you spoke of? Thank you.

[Chair]

Mr. Nakao, please.

[Mr. Youzou Nakao, Ajinomoto]

To answer the question from India, it is true that operating such an organization is not so easy. In some regions, office bearers may take advantage of it and make their own profit. Regarding the cooperatives in Indonesia, it was not easy to get understanding among people that the setup requires a collaborative and consolidated effort. There are benefits in setting up cooperatives. For example, farmers can increase the production yield per unit, they can buy fertilizers in bulk at a lower cost, and they do not have to go through the middlemen to operate the sales. We need a framework to inform farmers of the benefits of cooperatives, as well as to fight against the corruption of office bearers. NGOs could play a valuable part in this.

As for Australia, right now lysine is not exactly added to the wheat flour itself. We are looking into the processed food, including wheat flour, to add lysine for processed food marketing.

There is a food called *kenkey* that is made from fermented maize and is eaten in Ghana and other West African countries as part of their staple diet. We are considering making *kenkey* into a beverage and selling it. One bottle would be around US\$1 and the lysine would only cost 1 cent of that. People would then be able to have very nutritious beverages.

[Chair]

Then I thank Mr. Youzou Nakao, and also the other Members of Parliament, who gave me and my country the occasion to chair this session. I thank all of you.

SESSION 5

PANEL DISCUSSION

***Asian Parliamentarians' Statement
for the MDGs and ICPD+15:
How to Achieve Them***

Chair:

Hon. Dr. Mal Washer

MP, Australia

SESSION 5
Panel Discussion;
Asian Parliamentarians' Statement for the MDGs and ICPD+15:
How to Achieve Them

Panellists:

Hon. Dr. Donya Aziz MP, Pakistan

Hon. Song Fatang MP, China

Hon. Mamadsho Ilolov MP, Tajikistan

Hon. Kim Young Jin MP, Korea

Hon. Kim Gi Hyeon MP, Korea

[MC: Dr. Osamu Kusumoto, APDA]

Yesterday evening's Drafting Committee was chaired by Hon. Chieko Nohno of Japan. For the adoption of the statement through discussion, we would like to ask Hon. Dr. Mal Washer to chair this session. He is a Medical Doctor; Vice-Chair of the Australian Population Development Group; and the Chair of Climate Change, Environment, Water and Sustainability in the Australian Parliament.

We would like to put countries' situations into the statement, so that we can bring this statement from all the participants of this meeting to the IPCI. Hon. Dr. Washer, can you please chair this session?

[Hon. Dr. Mal Washer MP, Australia]

This is coming towards the end of our sessions, and probably one of the more valuable components because we get to hear from people from different countries. To start, I would like to ask the Hon. Dr. Donya Aziz, MP from Pakistan to take over. Thank you.

[Hon. Dr. Donya Aziz MP, Pakistan]

Thank you, Mr. Chair. Good afternoon everybody. First of all, I would like to thank all the organizers for organizing this event. It is really imperative to get all the parliamentarians onboard the issues, especially the MDGs and the ICPD PoA. The deadlines for these 2 major international commitments are fast approaching.

I was looking over the statement that we will be adopting this afternoon and I think

it is really imperative for us to first congratulate ourselves and all the people throughout the world who have tried so hard to put the ICPD PoA into motion. I think that within the past 15 years, we have really come a long way; from a government-controlled statement on how many children a family should have, to the new, more clear stand that we now have which is the family's right to choose for themselves, to the very forward-thinking commitments that a woman has the right to choose how many children she will or will not have. I think these are really fantastic achievements and many times, when we talk about the ICPD PoA, we forget the things that have been achieved. For much of the developing world, especially the Islamic world, these are very strong and tangible achievements. I think also throughout the developing world in the past 15 years, women have seen a lot more empowerment than they have in the past.

Yesterday we heard the honourable UNFPA Regional Representative mention the role of women in the community. India also added that there is a reservation for women at local government levels or at the provincial and national levels and even though it is only been 6 years since we have had this reservation for women, politically it really has changed the social fabric of Pakistan; changed the way women think about their own roles in society; and forced the men to change the way they view women's roles in society. This is really a fantastic achievement.

Moving on towards the MDG commitments and the ICPD commitments, I think it is imperative that parliamentarians continue to take the front seat on these issues. Parliamentarians are not only global and national leaders but they are also local leaders. Each one of you is a recognisable figure in your own country. In my country for instance, 1 constituency consists of 300,000 voters, so you meet hundreds of thousands of people – millions of people know who you are and thousands have voted for you to send you to where you are going. That kind of local recognition is a cornerstone of being an opinion leader. Within the MDGs and ICPD PoA that your national governments have committed to, when you take it to your local constituency it is amazing how much of a difference you can make in the way that people think about issues; many times even issues that perhaps in a very conservative society might seem taboo.

We have a fantastic example for this in Pakistan where a local mayor of one district, after winning his election in 2005, visited all the local government departments that were operating in his district. He went to one of the family welfare centres of the population department where the government gives free vasectomies and tubal ligations, and got a vasectomy himself. And not only did he get it at that government facility, but then he went to tell everyone in his district that he did it and that they should all consider getting a vasectomy. And he comes from a very rural constituency where it perhaps would have been almost impossible to achieve the results that they did in such a short period of time. Those results were that in a matter of 6 months. The number of vasectomies in this area went from 30 per month to 300 per month – that is the power that a parliamentarian or an elected representative has in his or her constituency.

Towards the end of the statement, we talk about how we should be the driving force and we really should continue to be the driving force. Many times organizations and donors think that it is almost redundant to continue to involve parliamentarians in this fashion, but I think that they need to

realise that parliamentarians also have a really high turnover rate.

I was not a Member of Parliament 15 years ago, so I was not there when my country committed to the ICPD PoA. Therefore, it was imperative for me to learn as I went along for the past 6 years that I have been in parliament. After me, there will be new people in my parliament, who will again have to be re-educated, re-taught and convinced that this is something they need to be forceful about, and ensure that this is something that their governments commit to and implement.

I would like to make a submission to the Members of Parliament here. I know that in many of our countries, these health-related and social development issues are heavily based on donor funding. Personally, I believe that although donor funding is incredibly important, donor funding does tend to move from issue to issue and then some issues get left behind. For instance, family planning got left behind when the HIV/AIDS issue came up. I think that it is imperative for us to ensure that our governments spend our own money, or a majority of our own money, on these health sector and other social sector issues. Unless we spend our money on it, I think that the commitment to achieve the results will be lacking. Of course, for economic times as we have these days, it is difficult for developing countries to allocate a lot of money for the social sector, and unfortunately the social sector is the first to suffer. But I think that donor agencies also play a role in doing that.

When donor agencies come into our countries with money, many times these agreements have stipulations on them. I know that Pakistan has just received a loan from the IMF for US\$7 billion, with very heavy stipulations in that loan agreement. Unfortunately, very few of those stipulations deal with ensuring that Pakistan increases its own budget expenditure for health and education. Many of the donor agencies or large lenders tried to stabilise things in different ways, but the social sector always gets left behind. These are really the most important things – these are really the

things that affect the everyday lives of your constituents.

Some of you may have agriculturalists in your constituencies; some of you might not, but all of you have people who need education and health. These are the ways that I think we can ensure we can achieve these goals.

In closing, I would also like to mention that when countries face conflict situations, such as my country is facing these days, the situation politically and security-wise is very turbulent. Again, the social sector gets left behind. Parliament is not debating the fact that our MMR is not going down; they are not debating the fact that we are having insurgency problems in many parts of our country. So again, the onus falls on the public representatives to ensure that the social sector does not get left behind.

In conflict situations, it is the women and children that suffer the most and it is our responsibility to ensure that we keep them on the front burner, and that we do not negatively affect their lives which are already so difficult because of poverty and because of security issues. Thank you very much.

[Chair]

Thank you very much, Dr. Donya Aziz. We will come back and ask some questions. The next speaker is the Hon. Song Fatang MP from China. I now hand over to you. Thank you.

[Hon. Song Fatang MP, China]

Distinguished guests, Ladies and Gentlemen – the success of ICPD in 1994 marked the beginning of a new era, when 179 participants ratified the ICPD PoA, which put forward a new concept of human development and of sustainable development between population, economy, society, resources, and environment.

China is a developing country with the largest population in the world. We are fully aware of the fact that population is always the principle issue in achieving comprehensive and sustainable development, and is a key element in promoting

economic and social development. China resolutely commits to the ICPD PoA and has achieved positive progress after 15 years.

China has worked hard to strengthen protection for women and children through legislation. In March 2004, the National People's Congress examined and approved the amendment to the constitution and incorporated the article of the Respect and Safeguarding of Human Rights into the Fundamental Law.

China has also successfully promulgated the Family Planning Law; the Maternal and Infant Care Law; revised the Marriage Law; and the Law on Protection of Rights and Interests of Women, providing legal protection insurance. A responsibility system has been established in the law enforcement process to increase the awareness of the government and the public; to better protect the rights and the interests of women and children, according to law.

During recent years, the Chinese Government ratified many major conventions such as the Convention on the Rights of the Child; Convention of the Elimination of All Forms of Discrimination Against Women; and the International Covenant on Economic, Social, and Cultural Rights. China also submitted relative contracting reports on schedule to the United Nations.

We also develop the economy and apply poverty reduction strategies. Since China started a reform and open policy in 1978, it has maintained an annual growth rate of 9.8% during the past 30 years, laying a solid foundation for the improvement of people's livelihood.

China also closely connects poverty reduction with population strategies, carrying out comprehensive poverty relief policies. The number of poor people in rural areas went from 250 million to 40 million, achieving relative MDGs ahead of schedule.

The third point is that we abide by the basic state policy of family planning and solve the population issue in a coordinated way. In this regard, we stipulate a low fertility rate and improved population quality. Thanks to the implementation of family planning policies during the past 30 years, the overall fertility rate of China has decreased from 5.8 in 1970, to around 1.8 at the current level.

The total population ratio has reached 1,328 billion at present and it is estimated that the population has reduced by about 380 million over the past 30 years, due to the family planning policy.

The average life expectancy of Chinese people increased from 68 years old in 1978 to 73 in 2007, with the mortality rates of infants and children under 5 years old decreasing to 15.3‰ and 18.3‰ respectively. The MMR also dropped to 36.6 per 100,000.

The average education level of people increased from 4.5 years to 8.5 years and compulsory education is now accessible to 99.3% of the whole population. The Human Development Index of China ranked 81st in the world in 2007, which is better than 105th in 1990 – all this demonstrates the fulfilment of relative MDGs ahead of time.

We have also accelerated an institutional revision and worked harder to improve a social security system for the aged people in rural areas; while in urban areas, more and more people receive old age welfare support through the community and the social organizations.

We have also deepened reforms in the medical and healthcare system by building a basic health system covering both urban and rural areas, making basic medical services accessible to everyone. The central government is considering a 3-year plan of 850 billion Chinese Yuan for the improvement of the system.

We also promote gender equality and satisfy the unmet need for family planning and RH. To guarantee women's rights for

development, we also take every effort to put the programme for women's development into practice and adopted many measures to create more jobs for women, protection of rights, insurance for women and children, and built household harmony. The central government also puts RH and gender equality into population and family planning programmes and brings about a quality service for RH. The government also provides free public service and increased awareness of family planning and modern contraceptive methods.

The government also promotes elderly population flow and distribution, and provides equal public services for non-native residents. China is now undergoing the largest population flow ever seen in history. The government strives, in coordination, to implement programmes for population development, steadily work out policies and measures of elderly population flow, and balanced development between the urban and rural areas.

In addition, the Chinese Government also takes efforts to pursue harmony between humans and nature. It is our major target to take a long-term and balanced development of population, economy, society, resources, and environment. The government urges the whole society to conserve energy and reduce emissions in order to build a resource-conserving and environmentally friendly society, making a positive contribution to the global efforts of combating climate change. Thanks to the family planning policy, the total population of China has been cut by 22%, relieving the burden of population on global resources and reducing its impact on the environment.

China has achieved outstanding progress in the area of population development, but is also confronted with many challenges. Considering the interconnection between population and resources and environment, the population issue, generally speaking, remains a major problem restraining China's economic growth over a long period of time.

The current financial crisis is having adverse impacts on each country's efforts in realising the ICPD PoA and MDGs, so in this context, it is even more urgent for us to focus on poverty relief and gender issues. We should take into full consideration the urgent need of the impoverished women and other disadvantaged people in the process of legislation and resource distribution to combat the international financial crisis.

Also, infectious diseases are one of the major causes of death and instability. SARS, swine flu, and other acute infectious diseases come out one after another, posing a threat to the health of human beings. It has an adverse impact on social stability and economic development. We appeal to all countries and parliamentarians to strengthen leadership of public health work, including the prevention and treatment of infectious diseases.

China will continue to fulfil its international commitment and further reinforce exchanges and cooperation in areas of population and family planning with other countries and other regions. Our joint efforts are targeted at realising the ICPD PoA and the MDGs, as well as building a harmonious world of lasting peace and common prosperity. Thank you very much.

[Chair]

Thank you, Hon. Song Fatang. Next I would like to introduce Hon. Mamadsho Ilolov from Tajikistan. Thank you.

[Hon. Mamadsho Ilolov MP, Tajikistan]

Firstly, I wish to say thanks to the leadership of APDA and AFPPD for their kind invitation to attend this prestigious meeting, and to our Indonesian friends for their brilliant work on the organization and kind hospitality.

We are here to lead some results of our activity from the last 15 years in the field of population and development. As you know, in 1994 the International Conference on Population and Development took place in Cairo and now before the new IPCI conference (in October 2009), it is

necessary to specify the new conclusions which have arisen before us in connection with hitherto unprecedented demographic explosion.

It is important to note that AFPPD, together with UNFPA, have promoted many new ideas about development over the past years. They have conducted various actions in the countries of the Asian-Pacific region. For the first time in Dushanbe, the capital of the Republic of Tajikistan, on 3-4 September 2008, AFPPD and UNFPA organized the Conference of Women Members of Parliament of the Central Asian Countries on the theme "The Role and the Contribution of Women Members of Parliament in Development of the Society", which was actively participated by the representatives of the Parliaments from Azerbaijan, Afghanistan, Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan. Also present at the conference were experts and professionals from various international organizations, scientists, representatives of the mass media, and heads of the executive authority of Tajikistan.

The result of the work at the conference in Dushanbe was the adoption of the collective statement in which members of Central Asian parliaments agreed with such conclusions that for the successful achievement of the MDGs by 2015, it is necessary to concentrate on the problems of legislation; the control over budgetary revenues and expenditure; and the improvement of the status of Members of Parliament through their representative functions. I wish to emphasise that the contents of conference were published in the form of a separate brochure, and also in the information bulletin of AFPPD, for which I wish to express my gratitude to Mr. Shiv Khare and his assistant Mr. Oleg Shevkovy.

Concerning the agenda of the present meeting, I shall say that all the questions which are subject to consideration are extremely important. Such global concepts as economy, finance, resources, environment, and population and development demand steadfast attention. The Chairman, Hon.

Yasuo Fukuda, in his opening speech, clearly and precisely formulated the purposes of our meeting and I agree with them from the point of view that for the achievement of steady development, the participation of all countries is necessary. I think that in this direction, the transition to a moderate growth of the population all over the world is important, whether it be in Great China or my native land, Small Tajikistan.

Russian Professor S.P. Kapitsa published a small book in 2008 under the title *The Outline of the Theory of Population Growth (Demographic Revolution and Informative Society)*, in which he expounded the results of the research on demographic development of human kind as a global dynamic system, based on the quantitative description. The essence of Kapitsa's idea is that the world's population is considered as the whole of the developing dynamic system. Traditionally in demography, where the problem was seen within the country or region and the growth of the population was connected with concrete social and economic conditions, such sight was denied.

Recommendations for demographic policies were formulated on these premises. It is obvious that it was impossible to define the reasons of growth of the population which were common for humankind. To describe development of humankind as a whole was possible only by shifting from local-level analyses to global-level analyses, where the world population will be considered as uniform object, as the interconnected system.

Understanding that nonlinear dynamics of population growth submits to its own internal forces defines not only explosive development of humankind, but also its limit, leading to a new paradigm of the population. The popular principle of Malthus – exponential variant of growth – has come to a phenomenological principle of demographic imperative, or hyperbolic variant of growth. According Malthus' principle, the limits of growth derive from the basic resources such as ground, energy, and food; while in the phenomenological

principle numerical growth is determined actually by the internal process of development, in which the population's consciousness is one of the primary factors.

Dear colleagues, we are responsible to bear on the agenda of the Cairo Conference a new paradigm of population and development, which follows from the cooperative mechanism of development taking into account the diversity in the structures and communications. Thank you for your attention.

[Chair]

Thank you Hon. Ilolov. The next speaker is Hon. Kim Young Jin from Korea. Thank you.

[Hon. Kim Young Jin MP, Korea]

Thank you for your impressive presentations. Considering the progress in achieving the ICPD commitments, many programmes related to the ICPD have greatly contributed to human prosperity and world peace over the past 15 years. It has been particularly productive and useful for Asian countries. In addition, the principles of the ICPD functioned as the standard to cope with diverse conflicts and controversial arguments and to allow Asian countries' aims to harmonise in global times.

The ICPD Principles Are:

- Equal dignity and rights for all human beings (Principle 1)
- Improvement of the quality of life of all people (Principle 5)
- Education as a human right (Principle 10)
- Countries should receive migrants and refugees, and provide proper treatment and adequate social welfare and services (Principles 12 and 13)

Regarding the basic human rights of migrants and refugees, I would like to stress that the ICPD needs to address the problems of violation of their human rights, justice, and equality in North Korea, Myanmar, and other Asian countries. Additionally, the issue of improvement of quality of life of all people – including underprivileged, underserved, physically-challenged people, the poor and uneducated, farmers with debts and

workers – should be examined with a priority in each countries' parliamentary meetings. We should approach the concern from a policy perspective and through proactive relief activities, rather than simple sympathy and temporary benefits. All national assemblies should focus on and examine the pressing matters above.

Last October, parliamentarians from 16 countries in the Asia-Pacific region convened in Jakarta to establish the Forum of Asia-Pacific Parliamentarians for Education (FASPPED) to uphold the universal right to education and to reduce the number of 910 million illiterate people in the developing world, especially in countries like Bangladesh and India.

Honourable parliamentarians working with the ICPD, I am earnestly calling for your cooperation and attention on the illiteracy matters of developing countries in designing budget plans and major policies in your respective countries.

Lastly, I would like to mention protecting basic human rights of refugees and supporting their right to be accepted and resettle. As the only divided country in the world, Korea has the problem of 200,000 refugees from North Korea who have wandered into other Asian countries such as China, Mongolia, Thailand and Myanmar. Their status was not accepted as "refugee" until now, so they are still roaming around the world. Korea's Christian Alliance sent a petition signed by 12 million people to our National Assembly. Hon. Hwang Woo Yea and I made a visit to the UN Secretary-General at the time, Kofi Anan, to submit the petition indicating that the people who fled from North Korea should be approved as international refugees.

It is the time to call for your active action on this issue. Moreover, I would like to emphasise Asian countries' harmony and solidarity. In the era of globalisation, the United States and European countries monopolise many interests through alliances and regional agreements as NAFTA and the EU. Even though the Asian population consists of 4.5 billion out of the

world's total population of 6.5 billion, we failed to take leadership against the United States and European countries because of our limited coalitions and harmony. Asian countries should be more allied together to make a balance in this world structure.

ICPD can lead it. I sincerely hope that the concerns that I have mentioned are adequately reflected in the Asian Parliamentary Statement that we will draft and approve today. I appreciate your attention. Thank you very much.

[Chair]

Thank you very much. Now I would like to Hon. Kim Gi Hyeon from Korea. Thank you.

[Hon. Kim Gi Hyeon MP, Korea]

Honourable parliamentarians, health experts and distinguished delegates, I am pleased to be here with you. Through this meeting, I have learned many things on population and development by hearing your diverse opinions.

Among our Korean delegates, Hon Chung Mi Kyung was born in 1965. In 1967, her mother died during her sister's birth because of limited access to health services. My mother also gave birth attended by neighbours, not health workers, in 1959. Like these stories, Korea also has experienced similar problems in the health area.

In 1960, Korea's TFR was recorded at 6.0. Most women could not get any access to SRH services. It means that RH and maternal and child health was seriously inferior. However, over the past 4 decades, Korea has made constant investments in health programmes which have seen recently improved RH. As a result, the number of underprivileged people who do not receive SRH services has almost disappeared, and most have access to health services for maternal care of pregnancy and birth.

Korea implemented successful family planning programmes as campaigns: "1 or 2 Babies per 1 Family". Now we are faced with low fertility. Our TFR went down to 1.08 in 2005, compared to a TFR of 6.0 in

1960, and so we have experienced a drastic change in population.

Recently, we have concentrated on coping with the problems caused by a declining birth rate and aging population. These rapid changes in population are based first on the increase of higher education; second, the change on social values and lifestyles; and third, the government's policy on focusing on controlling birth rates.

Population issues in the Asia-Pacific region, especially Indonesia's case, motivated me to feel more responsible for human welfare and our future generation by sharing our experiences on population and health.

I appreciate and thank Hon. Yasuo Fukuda, Chairperson of APDA, for organizing this conference. I have decided to make every effort in order to increase Korea's committees' participation in international programmes on population and development.

Korea greatly supports UNFPA's Campaign to End Fistula and IPPF's Africa Sexual Reproductive Health improvement project in Burkina Faso, Lesotho, and Uganda. In addition to these programmes I will make efforts to increase Korea's contribution to improving global SRH and poverty.

Thank you for your careful listening.

SESSION 5

Discussion

Chair: Hon. Dr. Mal Washer

MP, Australia

[Chair]

Thank you. We will now take questions. Please, India.

[Hon. Mabel Rebello MP, India]

Thank you Chairman. My question is to Hon. Dr. Donya Aziz. You did mention that we should spend our own country's money on social and health sectors. I fully agree and endorse your view, but I would like to know, how do you ensure that this allocated money from your own budget is used properly for the targeted group to achieve the targeted goal? How do you ensure that the bureaucracy and the executives play the role of ensuring proper utilisation of these funds and achieve the desired targets?

[Chair]

Thank you – next.

[Hon. Dr. Nguyen Van Tien MP, Vietnam]

Thank you Mr. Chairman. As you know, the ICPD programme includes different issues; the gender issue is one of them. I would like to ask China and Korea, is the sex ratio at birth at a high level? Meaning, in the near future, there will be less women for men to get married to?

This is happening in Vietnam and it is very difficult to deal with. Presently, in Vietnam, the sex ratio at birth is around 114 males to every 100 females. I think in China it is around 120, and also higher in Korea. What are the measures being taken to create a better balance? This is important with regard to gender equality in the ICPD programme. Thank you.

[Chair]

Thank you, Vietnam. Japan, thank you.

[Hon. Chiaki Takahashi MP, Japan]

Thank you, Chairperson. I would like to ask this question to the Korean panel members, especially Hon. Mr. Kim Gi Hyeon. You mentioned the birth rate. In your country about 40 years ago it was 6.0 and it declined to 1.08. It is similar to the Japanese situation. Japan's population has been decreasing since 2006 and we will lose 30 million people over the next 40 years. It will be a very serious problem for industry, health, and every policy.

Your country's generation is younger than Japan's now, but your country's birth rate is lower than Japan's. So, in the near future, your country will be faced with a similar situation as Japan's. I would like to know if you have some ideas about this issue in your country, and if your government has a new policy to deal with that.

[Chair]

Thank you. We will take one more question from Malaysia.

[Hon. Dato' Haji Kamaruddin Jaffar MP, Malaysia]

Thank you. We have seen from the presentations today and yesterday that there are countries within Asia whose populations are expanding practically and, therefore, have to have plans to control it. But we also have a few countries whose populations are shrinking and we have the consequence of an aging population, which require taking care of by the younger generation. So, I would like to propose that we devote sessions to this topic at future APDA meetings.

Related to that, there is also a brain drain in the poorer Asian countries to the richer, smaller Asian countries with shrinking populations. I wish to hear your comments on this. Thank you.

[Chair]

Thank you. I now hand over to the panellists to respond to those comments and questions.

[Hon. Dr. Donya Aziz MP, Pakistan]

Thank you Chairman, and I thank the honourable member from India for her question. I see that you have asked this kind of question a lot and we face the same kind of issue in Pakistan. I think that most post-British colonial countries have been left with a legacy with a very strong bureaucracy that many times is quite slow and not as responsive to the needs of the people as the elected representatives would like them to be. But this is where parliamentary oversight comes in, with very strong health committees and education committees in parliament.

Also, I think that in the 21st Century, at least in Pakistan with the advent of free media and access to information through legislation like the freedom of information act, a lot of the people who need these services are getting more and more empowered. As they become more and more empowered, they will actually help the elected representatives ensure that the bureaucracy and the state machinery responds to the needs of the people. I can understand that in India you probably have almost the same bureaucratic system as we do. It is very confusing and bizarre, and many times if you ask the bureaucrats for the actual rules of business by which they operate, they do not like to give you that book. It took me about 6 months to finally get that book from them. And that's part of the process. I had to learn all of those rules also so that when there was an impediment, I could quote the rule and ask them to go ahead and implement what they needed to.

I think that the honourable member from Malaysia raises a very pertinent point. There are a number of issues; the right to seek employment is a basic human right, as is the right to migrate.

I think that for the more developing Asian countries, it is imperative for us to put into place the incentives for us to keep our

brains within our country, even if it is for a small period of time; perhaps you can let them go out for some period of time and then have them come back.

For some developing countries, remittances that these brains that are working abroad send home are actually a large part of the economy, which cannot be overlooked either.

I also think whenever we talk about these issues and globalisation, we tend to gloss over the WTO commitments on the trade of services. A lot of countries have forced other countries to open their markets, but when it comes to intellectual property transfer and the trade of services agreements, they turn a blind eye. The Korean delegate was saying that Asian countries and the developing world need to bond to ensure that the developed world lives up to those commitments as well. Thank you.

[Chair]

Thank you. I now call on Mr. Fatang from China to respond to Vietnam.

[Hon. Song Fatang MP, China]

Thank you for the question from Vietnam. The generation ratio is an issue that the Chinese Government pays a lot of attention to and we have adopted a variety of measures to address this issue.

We have expanded the education and publicity campaign to tell the public that it is equal and of equal importance for both boys and girls to be born.

The second, in terms of policy making, is that we have adopted many measures and regulations to protect the rights of women and children. For example, we launched a nation-wide campaign to safeguard the rights of women and children, care for women's programmes, and create more jobs for women.

The third measure is a comprehensive system for the pension or welfare system for the elderly. There is a traditional mindset that people would like to have boys rather than girls because boys will

support the family. We try to inform them that their pension and welfare will be supported by the government and society, so they do not have to worry about their children if they cannot support them when they are old.

Fourthly, we have strictly prohibited the appraisal for the sex of the foetus and the infant for non-medical purposes. If the medical workers have done an illegal appraisal of sex for the pregnant woman, they will be punished according to law. These are the comprehensive measures we have taken. Thank you very much.

[Chair]

Korea, would you like expand on your response to Vietnam?

[Hon. Kim Young Jin MP, Korea]

Regarding the imbalanced sex ratio, as you know, there is sex discrimination in many Asian countries. In Korea, boys were given more rights than girls with respect to family affairs. From 1970, until 1980, there was some sensation that people would like to have boys because at that time the government implemented strong family planning programmes campaigning 1 baby per family. It caused people to think that they would like to have 1 baby boy.

In 1994 the unbalanced sex ratio was 100 to 115.2. To struggle with this serious problem, a gender equality policy was included in the school curriculum, so there are many campaigns in education toward addressing sexual discrimination by increasing people's awareness regarding rights.

At that time, we increased the budget for this education programme against sexual discrimination. First we increased the budget and then enforced policy against this sexual discrimination awareness. We designed many policies and coordinated

this budget, and education and campaigns. As a result, the sex ratio in 1994 was 100 to 115.2, but it dropped drastically to 106.1 in 2007 because of our consistent campaigns. I think these rapid changes show us that we successfully enhanced the gender ratio and we also successfully eliminated sexual discrimination, thus it is not a big problem in Korea now and I think we have improved that.

Korea also fights with the same problem in the aging population and low fertility rate, like Japan. As I mentioned, our TFR was 6 in 1960 but went down drastically in a short period of time to 1.08 in 2005. Since 2000, the Korean Government has adopted policies to deal with this issue. To design the policies, we researched Japan's case. First we found that low fertility is caused by Korea's high education fees and expenses. To deal with this problem, we now support education expenses for families. Sometimes we also support people's housing because housing is also related to fertility, so if some families have more than 2 or 3 children, we will give them some priority in housing for the family.

Also, we implemented education campaigns to change people's awareness and mindset about birth. Christianity is a major religion in Korea and according to the Bible, abortion is illegal. We have been working with religious groups, especially churches, implementing campaigns urging people to have more children.

Also a committee in government and parliament has been set up on the issue of low fertility in Asia. With these endeavours we have had success in increasing the birth rate. Thank you.

[Chair]

Thank you very much.

Statement of the 25th Asian Parliamentarians' Meeting on Population and Development For IPCI 2009

Adopted on 3 May 2009
Jakarta, Indonesia

Preamble:

We, the Parliamentarians from 21 countries gathered in Jakarta, Indonesia from 2nd to 3rd of May 2009, have discussed population and sustainable development issues, reviewing the obstacles and achievements of the previous 15 years in relation to the agreements made at the International Conference on Population and Development (ICPD) in 1994. We herewith adopt the Asia and the Pacific Parliamentarians' Statement for the 2009 IPCI.

We also commemorate the 40th anniversary of the establishment of the UNFPA and celebrate its valuable role and great achievements. We sincerely appreciate UNFPA's initiatives in facilitating and the promoting of parliamentarians' movement and their activities on population and sustainable development.

We are proud of the partnerships established and honour the dedicated commitment of Parliamentarians' activities for population and sustainable development over the past decades. We will endeavour to maintain and further strengthen these networks.

The ICPD PoA is indispensable to achieving all MDGs and population issues must be considered in all MDG areas.

We welcome the outcomes of the IPCI (International Parliamentarians' Conference on the Implementation of the ICPD PoA) meeting series.

We RECOGNISE that:

1) Previous efforts for stabilizing population and development have laid the foundation for achieving sustainable development, which is an essential

condition to harmonize the global environment and mitigate climate change.

- 2) Achievement of both ICPD and MDG targets requires consideration of population factors and dynamics gender equality, universal access to sexual and reproductive health, including family planning and assisted deliveries, and reduction of maternal, infant, and child mortality and morbidity.
- 3) Strengthening health systems is a priority for improving reproductive and sexual health, especially maternal health, family planning, and the reduction of HIV/AIDS.
- 4) Global security is affected by issues such as conflict, unemployment, infectious diseases, climate change and environmental issues, including pollution, scarcity of fresh water resources, and food security which in turn impacts on the state of population.
- 5) Smallholder farmers are important players in natural resource management, carbon sequestration and climate change mitigation strategies. Some 500 million small farms feed over 2 billion people in rural areas worldwide.
- 6) Population issues, including sexual and reproductive health and gender, are integral to effective strategies relating to climate change and natural disasters.

Call to Action to:

- 1) Integrate population issues and poverty reduction into all responses.
- 2) Revitalise the reproductive and sexual health including family planning agendas worldwide by providing adequate technical and financial resources to achieve gender equality, reduce maternal, infant, and child mortality and morbidity, and enhance the prevention of HIV, especially mother-to-child transmission.
- 3) 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, ensuring essential preventative commodity supplies, and arming greater numbers of health personnel with relevant knowledge and resources.
- 4) Invest in the world's 500 million smallholder farms, with particular attention to the most vulnerable segments like indigenous peoples and women smallholders, to enable them to increase production to help meet growing global demand for food, and ensure that increased competition for agricultural land – in particular for biofuels or food production by domestic or foreign investors – does not jeopardize traditional land rights and the food security of poor rural communities.
- 5) Seek solutions for the population issue in a coordinated way for sustainable development among population resources and environment.
- 6) Take into full consideration the urgent need of the impoverished, women, and other disadvantaged people in the process of legislation and appropriate

resource allocation to combat and mitigate the negative impact caused by the global financial and economic crisis.

- 7) Reduce the illiteracy figure of over 1 billion people in Central Asia, Asia, and the Pacific, by ensuring that every Member of Parliament strengthen their efforts to increase budget and consider policies to address this issue.

Call on Parliamentarians to:

- 1) Actively take the role as the “driving force” for the respective government to fulfill their international commitment (ICPD Programme of Action and MDGs).
- 2) Actively act as the agent of change in development in their constituency to achieve The ICPD PoA and MDGs in their respective countries and regions.
- 3) Ensure that legislation and policies, including sufficient budget related to the above issues are clearly defined, prioritized and enforced to achieve universal access to reproductive and sexual health, gender equality, reduction of maternal, infant, and child mortality and morbidity, enhance the prevention of HIV and AIDS, and violence against women and ensure the targeted communities and groups benefit.
- 4) Revitalise the Global Committee of Parliamentarians on Population and Development (GCPPD) as a result of IPCI and the encouragement of parliamentarian networking activities.
- 5) Promote Public Private Partnerships (PPP) in resource mobilization, advocacy, service delivery, research, science and technology development, to achieve the ICPD targets and the MDGs.

CLOSING CEREMONY

CLOSING CEREMONY

Address

Hon. Chieko Nohno

MP, Japan;

Secretary-General, Japan Parliamentarians Federation for Population (JFPF)

Ladies and Gentlemen, thank you for these 2 days of active discussion and contribution. The organizer of this meeting, APDA, also acts as the Secretariat for the JFPF, as well as the office for the AFPPD Chair, and as the Tokyo Office of AFPPD.

The Chairperson, Hon. Yasuo Fukuda, has also taken up many roles, as you know, within AFPPD, and as APDA Chairman, and as the Chairman of JFPF. Under the leadership of Hon. Fukuda, parliamentary activities in population issues are undertaken with the support of APDA, just as two sides of the same coin in regard to this close working relationship. I would like to express a few words on behalf of the JFPF as we close this meeting.

Last year, as the incumbent Prime Minister of Japan, Hon. Fukuda hosted the Fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Toyako Hokkaido Summit which played a significant role as international meetings for international development. At these meetings, a clear message was that everyone is a stakeholder to tackle such alarming global issues as climate change and population, and shared internationally. In other words, we cannot solve these global issues without involving each and every one of us. This means that it is not a matter of who the stakeholders are but a matter of how for everyone concerned to tackle these issues.

The aim of our activities is to protect all forms of life so that they may live with dignity. In order to realise a sustainable society in a true sense, where a life is valued and dignity is upheld, we must build on the achievements and efforts made by our predecessors to further

activate our actions and fully enhance it continuously – that is very much essential.

We represent our people and take part in national policy in respective countries. You have a big responsibility for the future ahead of us. I will try hard to make efforts in JFPF in working with APDA to make our actions more fulfilling and also we will further strengthen our partnership with you.

This year marks the G8 Parliamentarians' Conference on Population and Development in Rome, Italy in June and there will be the IPCI in October to commemorate 15 years since the landmark ICPD.

At this meeting, we are able to adopt a wonderful statement with all your dedicated efforts. This statement is the consolidated will of the parliamentarians in the Asia-Pacific region, which will no doubt be reflected in the Rome and IPCI meetings. I firmly believe that these efforts will enable a brighter future.

I would also like to take this opportunity to make one request to all of you. In order to increase the effectiveness of Reproductive Health and the MDGs, I urge all of you to make your best efforts to make better provisions for childbirth and maternal health in your country. It is essential to have all childbirths attended by skilled birth attendants and ensure a safe and healthy delivery for the newborns and their mothers to bear a new life into this world. I hope we will bless each and every new life and welcome them to this earth – to this end I would like to ask for your heartfelt support.

Finally, I would like to congratulate APDA and our Indonesian host, IFPPD, for their efforts in making this a very successful conference. My congratulations, and I now call this meeting to a close.

My deepest appreciation to you all; thank

you very much for all your contributions, and I wish you all the best in your future endeavours, and look forward to seeing you all on different occasions in different parts of this earth.

Thank you very much.

CLOSING CEREMONY

Address

Hon. DR. H.M. Hidayat Nur Wahid

MP, Indonesia;
Chief of the Indonesian House of Representatives

First we would like to thank God that upon His guidance and support, we are among such distinguished guests here at the occasion of a happy moment at the 25th Asian Parliamentarians' Meeting on Population and Development here in Jakarta.

Let me personally extend my highest appreciation to the Asian Forum of Parliamentarians on Population and Development (AFPPD) for their high commitment to population and development. We all hope that through this forum we may contribute to solutions regarding the population and development issues faced by most countries in the world.

As we know, almost all countries in the world have problems concerning population and development. On that note, Indonesia, in relation to other Asian countries and countries all over the world, would like to offer their collaboration and effective partnership so that we can unite not only in Asia, but all over the world, to sit together to better the welfare of humankind, deriving from global commitment and action.

The effort of humankind development and the increase of people's welfare must be started from the reduction of extreme poverty and hunger. Unless we are able to eradicate extreme poverty and hunger, it is impossible for us to increase the welfare of the people as one of the MDGs. The eradication of poverty and hunger is of such utmost priority in the development of Indonesia, that the government has been running – since the old order – new order until the reformation era cabinets; although the methods and policy may differ depending on the challenges faced in each period.

Indonesia has been implementing poverty eradication efforts over the past 3 decades and has managed to reduce the number of poor people significantly, especially during the pre-economic crisis period. However, the effects of the economic crisis have made an impact on Indonesia and the circumstances have now changed. This is due to the susceptible nature of Indonesian people with regard to change in politics, economy, and social and natural disasters happening in some areas.

This condition is a lesson learned for our nation that the efforts for poverty eradication requires a comprehensive, united, and continuous strategy, involving all aspects of the people. All this time, the efforts for poverty and unemployment eradication have been implemented by ministries and institutions or regional governments, but they were divided vertically into divisions; therefore, there are overlaps or lop-sidedness in programme implementation from region to region.

Problems in the eradication of poverty and unemployment are not caused by a lack of funds, but by lack of coordination in the implementation of related programmes. Funding or budget allocation to eradicate poverty has been increased from year to year; from 18 trillion Indonesian Rupiah in 2004, to 32 trillion Rupiah in 2005, to 42.1 trillion Rupiah in 2007, and to 66.2 trillion Rupiah in 2009, including subvention for the poor.

By learning from previous experiences, we found that our poverty eradication methods must be changed; that the leading actor in pulling the poor from the circle of poverty is the poor themselves, it is not the government or others. Therefore,

we must increase their capability into social capital so that their autonomy can be used and increased. In practice, poverty eradication programmes which have been implemented based on community empowerment have shown more effective results and are sustainable.

Experience has also taught us that if we give the poor the opportunity to choose their own path to escape from the poverty circle, they will not hesitate to contribute in whatever form they are able to get involved in that community's empowerment.

In principal, the community empowerment programmes for poverty and unemployment eradication must include efforts to increase and turn community capability into social capital, social entrepreneurs that are run through community partnerships and efforts to increase access to economic capital resources, i.e. Community Direct Aid (BLM).

Since the year 2007, the government has laid down policies to increase the efforts in poverty eradication and broaden work opportunities on the basis of community empowerment into the PNPM Mandiri structure. This includes expansion of job opportunities based on people's empowerment in which people receive the training from the facilitator. The aim of this programme is to re-strengthen the basic character of Indonesian people: "social and economic mutual assistance".

In 2009, the planning for all subdistricts in Indonesia will be managed by PNPM Mandiri, which is one of the major instruments for the achievement of the MDG targets such as to improve the maternal health and to reduce child mortality rate. In the future, in the framework of MDGs achievement, PNPM Mandiri will continue its programme until the year 2015. For the target to eradicate poverty and hunger, PNPM should achieve the target in 2015, based on the global agreement.

Before I close this session, please allow me to close my speech with one moral appeal.

The developing countries, including Indonesia, keep fighting for the improvement of quality of life but due to the world situation, we all have serious problems. We really hope that the developed countries and the multinational corporations are empathetic to the countries that face this problem. In order for the nation to continue to work to increase people's quality of life; to decrease poverty; to increase self esteem and dignity, it will not be wasted because of the impact of the recent of global crisis. We are very concerned that the impact of this will disturb international peace and security.

I believe we should handle it together. In this matter, Indonesia would like to be in the first line to participate to solve the global problem, so emerging issues of the inter-country relationship because of the crisis can be solved.

Those are some matters I share with you all in this valuable opportunity. I hope through this meeting, there will be new frameworks to increase the quality of people's life in the development of a fair world, more democracy, more peace and prosperity.

May Allah *Subhanahu Wa Ta'ala*, always give peace and blessing upon you. *Amin*.
Wassalamu'alaikum warahmatullahi wabarakatuh.

[MC: Ms. Sri Utari Setyawati, IFPPD]

Thank you very much, Hon. Dr. M. Hidayat Nur Wahid. Thank you very much to all participants, Honourable Members of Parliament, distinguished participants and guests – this is the end of our meeting. Thank you very much for all the efforts and contributions to this and have a safe trip back to your countries. Thank you.

List of Participants

Members of Parliament

1. Hon. Dr. Mal Washer, Vice-Chair of PGPD.....Australia
2. Hon. Song Fatang, Vice-Chair of ESCPHChina
3. Hon. Wang Wenrong.....China
4. Hon. Mabel Rebello..... India
5. Hon. Jayaben Thakkar India
6. Hon. Dr. H.R. Agung Laksono, Speaker of the Parliament Indonesia
7. Hon. DR. H.M. Hidayat Nur Wahid M.A., Speaker of People’s Consultative Assembly Indonesia
8. Hon. Aisyah Hamid Baidlowi, Chair of IFPPD Indonesia
9. Hon. Tuti Indarsih Lekman Soetrisno, AFPPD Treasurer Indonesia
10. Hon. Hakim Sorimuda Pohan SpOG Indonesia
11. Hon. Drs. Tosari Widjaja..... Indonesia
12. Hon. Dr. Maryamah Nugraha Besoes Indonesia
13. Hon. Javad Arianmanesh.....Iran
14. Hon. Yasuo Fukuda, Chair of AFPPD/APDA/JPPFJapan
15. Hon. Chieko Nohno, Secretary-General of JPPFJapan
16. Hon. Teruhiko Mashiko, Director of JPPFJapan
17. Hon. Hiroyuki Nagahama, Director of JPPFJapan
18. Hon. Chiaki Takahashi, Deputy Secretary-General of JPPF.....Japan
19. Hon. Aitkul Samakova, Vice-Chair of AFPPD Kazakhstan
20. Hon. Dariya Klebanova Kazakhstan
21. Hon. Serik Ospanov Kazakhstan
22. Hon. Young Jin Kim.....Korea
23. Hon. Mi Kyung Chung.....Korea
24. Hon. Gi Hyeon Kim.....Korea
25. Hon. Doungdy Outhachak, President of LAPPD Laos
26. Hon. Dato' Haji Kamaruddin Jaffar Malaysia
27. Hon. Ali WaheedMaldives
28. Hon. Dagvadorj Ochirbat..... Mongolia
29. Hon. Ramesh Lekhak.....Nepal
30. Hon. Dr. Jackie Blue, Chair of NZPPD New Zealand
31. Hon. Dr. Donya AzizPakistan
32. Hon. Jose Carlos Lacson Philippines
33. Hon. Falemoe Tolofuaivalelei, Speaker of Legislative Assembly; Vice-Chair of AFPPD..... Samoa
34. Hon. Lalith DissanayakeSri Lanka
35. Hon. Mamadsho Ilolov Tajikistan
36. Hon. Dr. Pinit Kullavanijaya, Secretary-General of AFPPD..... Thailand
37. Hon. Dr. Anan Ariyachaipanich..... Thailand
38. Hon. Dr. Nguyen Van Tien, Vice-Chair of VAPPD Vietnam
39. Hon. Dr. Phan Trong Khanh Vietnam

Resource Persons, International Organizations & National Committees

40. Mr. Youzou Nakao, Associate General Manager, CSR & Public Communications Dept., AjinomotoJapan
41. Mr. Shunichi Komatsu, President Director of PT. Ajinomoto..... Indonesia
42. Mr. Kaoru Kurashima, President Director of PT. Ajinomoto Indonesia
43. Mr. Wahyu Darmayani, CSR Manager of PT. Ajinomoto Indonesia
44. Mr. Muhammad Fachrurozy, Public Relations Manager of PT. Ajinomoto..... Indonesia
45. Mr. Turiadi, Advisor Public Relations of PT. Ajinomoto Indonesia
46. Mr. Shiv Khare, Executive Director of AFPPD Thailand
47. Ms. Pariyaporn Sappapan, Administrative Associate of AFPPD Thailand
48. Ms. Jane Singleton, CEO of ARHAAustralia
49. Dr. Sugiri Syarief MPA, Chair of BKKBN Indonesia
50. Mr. Eby Purwanto, BKKBN Pusat Indonesia
51. H.E. Kim Hoyoung, Ambassador of Korea Indonesia
52. Ms. Young Sun Yoon, Programme Officer of CPEKorea
53. Ms. Jung Hyun Hee, CPE Korea
54. Mr. Ding Wei, Deputy Director-General of the General Office of ESPCPH China
55. Mr. Chen Naikang, Senior Staff of ESPCPH..... China
56. Mr. He Tuo, Staff of the General Office of ESPCPH China
57. Mr. Chen Fangfang, Staff of the Foreign Affairs Committee; Interpreter.....China
58. Mr. Manmohan Sharma, Executive Secretary of IAPPD..... India
59. Ms. Farhana Haque Rahman, Chief of Media Relations, Special Events and Programmes, Communications Division, IFAD Italy
60. Prof. DR. Haryono Suyono, Professor at the University of Airlangga; Former Chair of BKKBN; Former Minister for Population Indonesia
61. Dr. Pudjo Rahardjo, Damandiri Foundation Indonesia
62. Ms. Inne Silviane, Executive Director of IPPA..... Indonesia
63. H.E. Kojiro Shiojiri, Ambassador of Japan Indonesia
64. Mr. Makoto Iyori, Counsellor to the Embassy of Japan..... Indonesia
65. Mr. Toshiharu Kawagoe, First Secretary of the Embassy of Japan Indonesia
66. Mr. Yasuhiro Sugata, First Secretary of the Embassy of Japan Indonesia
67. Ms. Yuko Hirose, Administrative Staff for the Embassy of Japan Indonesia
68. Datuk Dr. Raj Karim, Regional Director of IPPF-ESEAOR Malaysia
69. Ms. Lee Yuet Ngor, Programme Officer IPPF-ESEAOR Malaysia
70. Dr. Ahmad Khas Ahmadi, Secretary of IRPPDC.....Iran
71. Mr. Bounlert Louanedoungchanh, Secretary of LAPPD Laos
72. Mr. Medet Makulzhanov, First Secretary of the Embassy of Kazakhstan..... Malaysia
73. Ms. Naomi Williams, NZPPD Project Coordinator New Zealand
74. Mr. Ramon San Pascual, Executive Director of PLCPD Philippines
75. Ms. Liberty Lopez, Advocacy Officer of PLCPD..... Philippines
76. Ms. Nobuko Horibe, Director of UNFPA APRO..... Thailand
77. Dr. Zahidul Haque, Representative of UNFPA Indonesia Office..... Indonesia
78. Mr. Samidjo Samidjo, Advocacy Officer of UNFPA Indonesia Office Indonesia
79. Mr. Masayuki Osaki, Special Services.....Japan

Indonesian Forum of Parliamentarians on Population and Development (IFPPD)

- 80. Ms. Sri Utari Setyawati, Executive Director..... Indonesia
- 81. Ms. Cut Idawani, National Project Coordinator Indonesia
- 82. Ms. Nelita Abdullah, General and Administration Indonesia
- 83. Ms. Itsnaeni Abbas, Project Officer Indonesia
- 84. Mr. Hezzy Andiarwan, Head Finance Indonesia
- 85. Ms. Milliana Endah Wardani, Finance and Administrative Assistant..... Indonesia
- 86. Mr. Noor Imansyah, General and Administration Assistant Indonesia
- 87. Mr. Deny Pamungkas, General Helper Indonesia
- 88. Mr. Dede Suparman, Driver..... Indonesia
- 89. Mr. Juanda Azhari, IT Advocacy..... Indonesia

Asian Population and Development Association (APDA)

- 90. Dr. Osamu Kusumoto, Secretary-General/Executive Director.....Japan
- 91. Mr. Masanori Takemoto, Programme ManagerJapan
- 92. Ms. Hitomi Tsunekawa, International Affairs Manager.....Japan
- 93. Ms. Katie Dönszelmann, International Affairs Programme Associate.....Japan

Interpreters

- 94. Ms. Akiko NinagawaJapan
- 95. Ms. Mari YamadaJapan
- 96. Ms. Shiho KawamuraJapan
- 97. Mr. Menddavaa Ulambayar.....Mongolia
- 98. Mr. Yook Chan Kim Indonesia

*Please note: Names and titles are listed as applicable in May 2009

List of Abbreviations

AFPPD	Asian Forum of Parliamentarians on Population and Development
APDA	Asian Population and Development Association
ARHA	Australian Reproductive Health Alliance
ARV	Antiretroviral drug
BKKBN	Badan Koordinasi Keluarga Berencana Nasional (National Family Planning Coordination Board of Indonesia)
BPL	Below Poverty Line
CDM	Clean Development Mechanism
CEDAW	Committee on the Elimination of Discrimination Against Women
CPE	Korean Parliamentary League on Children, Population and Environment
CPR	Contraceptive Prevalence Rate
CSR	Corporate Social Responsibility
DSW	Deutsche Stiftung Weltbevölkerung (German Foundation for World Population)
ECOSOC	United Nations Economic and Social Council
ESCPH	The Education, Science, Culture and Public Health Committee of the NPC
GCPPD	Global Committee of Parliamentarians on Population and Development
IAPPD	Indian Association of Parliamentarians on Population and Development
ICPD	International Conference on Population and Development
ICPD PoA	ICPD Programme of Action
ICPPD	International Conference of Parliamentarians on Population and Development
IFAD	International Fund for Agricultural Development
IFPPD	International Conference on Population and Development
IMF	International Monetary Fund
IMR	Infant Mortality Ratio
IPCI/ICPD	IPCI International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action
IPPA	Indonesian Planned Parenthood Association
IPPF	International Planned Parenthood Federation
IPPF-ESEAOR	IPPF East and South East Asia and Oceania Region
IRPPDC	Iranian Parliamentarians Population and Development Committee
JPPF	Japan Parliamentarians Federation for Population
LAPPD	Lao Association of Parliamentarians on Population and Development
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MP	Member of Parliament
MSG	Monosodium Glutamate

NAFTA	North American Free Trade Agreement
NGO	Non-governmental Organization
NPO	Non-profit Organization
NZPPD	New Zealand Parliamentarians' Group on Population and Development
ODA	Official Development Assistance
PGPD	Parliamentary Group on Population and Development
PLCPD	Philippine Legislators' Committee on Population and Development
PoA	Programme of Action
PPAPD	Pacific Parliamentary Assembly on Population and Development
PPP	Public Private Partnerships
RH	Reproductive Health
SRHR	Sexual Reproductive Health/Rights
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
TICAD	Tokyo International Conference on African Development
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNFPA APRO	UNFPA Asia and Pacific Regional Office
USAID	United States Agency for International Development
VAPPD	Vietnamese Association of Parliamentarians on Population and Development
WHO	World Health Organization
WTO	World Trade Organization