

AFPPD

Hybrid Back-to-back Meetings

11.25-26.2021



Nairobi Commitments Follow-up under COVID-19

25 & 26 November

NAIROBI COMMITMENTS FOLLOW-UP UNDER COVID-19

11.25-26.2021 || 12:00-13:45 (Tokyo Time)



Prof. Kiyoko Ikegami, Interim Executive Director, opened the session by introducing Hon. Prof. Keizo Takemi, AFPPD Chairperson.



Hon. Prof. Keizo Takemi greeted the participants and welcomed everyone to the hybrid meeting on Nairobi commitments follow-up under COVID-19. He added that after the successful revitalization of the AFPPD, it has organized seminars on ageing, youth, and gender—the three pillars of AFPPD’s main focus areas—and also held members’ assembly. There was a series of capacity building on monitoring and evaluation, and exercise on communications strategy. These meetings were organized online, thus, the limitation posed in terms of communicating with new members of the organization. AFPPD plans to organize face-to-face meetings in February 2022 in Tokyo to discuss development and population issues and concrete strategies in the future. One of the agenda would be the population agenda post-COVID 19.

COVID-19 has caused prolonged and devastating effects and unprecedented impacts on many areas, including education and health care system. Attention has to be turned to the circumstance of women, who take care of children and aged members of the family. This is an opportunity to review the impact of COVID-19 which affects the quality of life of people, particularly sexual and reproductive health (SRH) and overall environment including control of infectious diseases.

With COVID-19, non-face-to-face communication has evolved and been supplementing traditional face-to-face network activities. It has been expanding in terms of network and access, particularly online social network. Under this kind of drastic communication change, the members of the parliaments had to rethink the traditional way of communication to help legislative support moving forward.



Hon. Yoko Kamikawa, Former Minister of Justice and Chair of JFPF, also gave an opening remark. She started by thanking the members of the parliaments attending the meeting of the AFPPD. She said that in February 2022, AFPPD and APDA will be celebrating their 40th anniversary, which serves as the legal and financial arm of the AFPPD. She hopes to look back at the steps that APDA and AFPPD have taken in the past, as well as discuss how people can live their lives with dignity. The theme of the meeting is global fund mechanism architecture for global health. In the past year, the world has been consumed with COVID-19. The spread of the disease has made everyone realize that all are inhabitants of the same single planet and that an incident originating in one country can affect the whole world very quickly. To respond to such global impact, there is a needed coordination and mechanisms at a global scale that go beyond the framework of the nation-state. The most urgent issue that needs to be addressed is how to respond to the new threats to humanity posed by COVID-19.

At the Asian-African Parliamentarians' Conference in New Delhi in 2017, they adopted a landmark declaration that placed parliamentarians' activities as the fourth pillar in achieving the SDGs. The sustainable development that the declaration seeks is to create a world in which the people living today can live humanely within the limit of the earth's environment. To achieve sustainable development, there is a need to go beyond the nation-state and establish a new set of standards and roles that will be required of everyone to live humanely in this planet and that will benefit human society as a whole; and this is exactly why it is critical for the parliamentarians to legislate on behalf of their citizens to further efforts of cooperation through AFPPD to solve global issues.

The topic that will be discussed at the meeting will be how to share funds appropriately and rapidly to respond to infectious diseases and other international emergencies. This indeed is an important attempt to concretely formulate global governance needed to achieve SDGs as well as international rules that will be its basis. She ended her remarks with confidence that the meeting will have wonderful results.



Mr. Bjorn Andersson, UNFPA APRO Regional Director began his message by saying that the Nairobi Summit could not have predicted the impact of the COVID-19 on the importance of the universal access to health care. These show that during the COVID-19 pandemic and beyond, and advancement towards universal health care coverage are critical. What can parliamentarians do to achieve this? As a review of the progress from the Nairobi Summit, 12 collective actions for achieving the goals of ICPD and SDGs are being looked into. There are four (4) collective actions needing continued support of the parliamentarians. First is the universal access to SRH rights and universal health care coverage. Second is the need to address gender-based violence and harmful sexual practices by committing to strive for zero sexual and gender-based violence. The third collective action is to mobilize the required financing to finish the ICPD PoA and sustain the gains already made by the increasing international financing in accelerating ICPD PoA and using national budget processes and exploring innovative and participatory financing instruments. And lastly, draw on the demographic diversity to drive economic growth and achieve sustainable development, e.g., by investing in education, employment opportunities, and health services.

In line with the COVID-19 pandemic, it is now more important than ever to increase public funding for health through strategic and targeted investments to achieve and sustain the health-related SDGs. Involvement of the parliamentarians in this endeavor is crucial. Mr. Andersson invited the parliamentarians to deliberate on practical ways to take advantage of their role in advancing the Nairobi Summit collective actions, including oversight functions, strengthening policies through enactment of laws, supporting implementation of programs and monitor results, and bring additional resources to universal health coverage, inclusive of SRH.

A. Global Health Governance Architecture on Universal Health Care (UHC) Coverage

Hon. Prof. Takemi, in consideration of the COVID-19 and Nairobi commitments, proposes for new issues on global health governance architecture, especially focusing on finance. Under the COVID-19 situation, countries face difficulties and realize the need to reconsolidate global governance financing structure. For instance, G-20 setup a high-level panel to propose the new idea of a global health governance. But there are many opinions among stakeholders that are not easy to build up the consensus. When thinking about the collective goal of the ICPD, Hon. Prof. Takemi asks the parliamentarians to think about the global governance finance structure which is closely related to the SDGs and SRH rights and socially vulnerable population, such as elderly and women. He then introduced Mr. Masato Kanda, Vice-Minister of Finance for International Affairs.



Mr. Masato Kanda, Japanese Vice-Minister of Finance for International Affairs, talks about the global health architecture in the context of COVID-19. Universal Health Coverage (UHC) builds an essential basis for sustainable and inclusive growth. Japan is committed in helping other countries backed by its own experiences in achieving UHC. Its success in universal health care insurance has improved and expanded coverage for its citizens. Experience has shown how investment became a basis for sustainable and inclusive growth. Progress towards UHC ensures that all people can access quality health services they need without experiencing financial hardship. It enhances health outcomes, thus developing human capital. It promotes economic inclusion, security, and macro stability. Identifying the challenges faced by developing countries is essential to build strong health financing systems to achieve UHC.

In achieving UHC, Japan underscored the important role of the finance ministry and enhancing collaboration between finance and other authorities. As countries adopt policies to move towards UHC, finance ministry has to be deeply involved and make important decisions regarding mobilization of domestic resources and allocation of donor funds for UHC in close coordination with health and other ministries. Japan has affirmed its commitment to the G-20 shared understanding on the importance of UHC in financing in developing countries (SUD). This presented a shared understanding of the critical role of financing for moving towards UHC with the common narrative:

- Power of an early start and preparedness for the future
- Prioritizing domestic sources in fair and equitable manner
- External funding sources to complement domestic sources
- Cost-effective and equitable domestic sources
- Public health emergency preparedness and response
- Building institutional capacity
- Contribution of the private sector

- Finance ministries' roles and collaboration with health authorities.

With the effects of COVID-19, investing in health is not only a moral imperative but it is economic imperative. Likewise, the threat of the pandemic on collective security, needs a new and coordinated national and global approach to invest in global public goods from which all nations benefit. The international system that is dependent on discretion is open to free-riding and complicates processes for ensuring accountability.

The first G20 Joint Finance and Health Ministers' Meeting was held at the margins of the G20 Osaka Summit in 2019. The COVID-19 pandemic has revealed significant gaps in both governance and financing the current global health system, including development, manufacturing, procurement and delivery of vaccine and medical equipment. The third G20 Joint Finance and Health Ministers' Meeting was held prior to the G20 Summit, to discuss concrete measures to respond to the spread of the COVID-19 pandemic, and the prevention, preparedness and response (PPR) to the future pandemics. One of the key points of the meeting is to support developing countries to help advance toward the global goals of vaccinating at least 40 percent of the population in all countries by the end of 2021 and 70 percent by mid-2022. It also agrees in strengthening inclusive and resilient national health systems and achieving UHC including commitment on the G20 Shared Understanding on UHC financing. They agreed to establish a G20 Joint Finance-Health Task Force (the Task Force) aimed at enhancing the coordination between finance and health authorities for pandemic PPR. At the G20 Summit, the task force decided to work and report back by early 2022 on modalities to establish a financial facility, ensure adequate and sustained financing for pandemic PPR.

Hon. Dr. Jetn Sirathranont, Thailand MP and AFPPD Secretary General, welcomes the financing for health especially in many developing countries. He says that global health financing is very important especially during COVID-19 pandemic and he supports this idea.

Hon. Shintaro Ito, asked the criteria for providing the finance - whether it is capability, willingness of the country, or stance of national leaders. Among these, what would be the priority consideration?

Mr. Kanda responded that this is complex, and all these criteria are relevant. The point is that medical issue is a public goods issue and there are lot of externalities that could affect it. For instance, if one region, such as the African continent, is not vaccinated, there are still threat of creation of new variants. There is a need for holistic, global, and long-term agenda. In each country, there will be politics of stakeholders and collective action can be effective if there will be international agreement based on scientific evidence. We hope to implement this once the international agreement is reached.

B. Working for Better Health in the Western Pacific



Dr. Takeshi Kasai, WHO Regional Director for Western Pacific presented the work of WPRO as a response to COVID-9. The COVID-19 Global Situation as of 19 November 2021 reached 3.5-M new confirmed cases and over 48,000 new deaths. At this moment, the fourth wave is mainly in European countries. However, it is important to note that even though they have vaccines coverage they still experience infections. The epidemic curve shows that the virus spreads with people's movement.

He underscored the need for international mechanism. WHO's response is guided by the International Health Regulations (IHR), an internationally agreed legal framework for protecting global health security. It provides an agreed framework for the collective international management of epidemics and other public health emergencies while minimizing disruption to travel, trade and economies. It was first adopted in 1969 and amended several times (1973, 1981, and 2005). It mandates all members states that have ratified information sharing and development of core capacity and Director General (DG) of WHO has given the responsibility and power for announcing the Public Health Emergency of International Concern (PHEIC). To do that, it needs to be based on the advice by the committee consists of independent experts. For COVID-19, the committee was convened but the opinion was divided.

WPRO facilitated connecting countries through facilitating information sharing under IHR and shared information and global guidelines and develop regional guidelines based on the COVID-19 situation. At the same time, WPRO provided direct support for the response. Pandemic needs mechanisms to ensure distribution of good. WHO developed the mechanism called ACT Accelerator in 2020 to accelerate development, production and equitable access to COVID-19 tests, treatments, and vaccines. COVAC is the vaccine pillar of the ACT Accelerator. Vaccine was developed fast but the challenge of equitable distribution still exists. Countries were criticized for low vaccination rate but it is due to lack of access, thus we need to improve the system.

WHO developed an action framework tailored to the region. With long-term vision, APSED TAG Meeting in 2021 reviewed the 500 days of COVID-19 experience. It concluded with two possible scenarios: consider treating COVID-19 as an endemic disease and occurrence of a "pandemic within a pandemic". After the meeting, the framework for endemic COVID-19 and beyond was developed. The key is to have consensus among stakeholders to avoid the 'red' line (line of exceeding capacities of ICUs) and protect the vulnerable as calibration point for measures and vaccine should be combined with risk-based approach in public health and social measures.

There are also other challenges apart from COVID-19, such as health security including AMR, NCDs and ageing, climate change and environment, and reaching the unreached. This can be addressed through innovation, back casting, UHC and system approach, grounds-up, driving and measuring country impact, partnership, and strategic communication. The challenge is to make this happen.

Mr. Manmohan Sharma, IAPPD Executive Director, comments than in some countries, the status is 'endemic'. Hence, there is a need to have policies on long-term improvement and financing. It is not going to be over, but will continue. He asked whether there is a call from WHO to plan their UHC.

Dr. Kasai answered that it is necessary to synchronized national and local efforts and with international efforts to maximize global efforts. WHO is trying to work with other UN agencies and starting to come together despite different timelines.

Day 2

Prof. Kiyoko Ikegami, Interim Executive Director, opened the session by introducing the Members of the Parliament who will be presenting on the three pillars of AFPPD: ageing, gender, and youth (*note that the line-up is based on the design that was disseminated prior to the meeting. There had been some changes during the actual meeting*).

1. Hon. Damien Drum, MP, Australia, Vice Chair of AFPPD
2. Hon. Begum Meher Afroze Chumki, MP, Bangladesh on gender
3. **Hon. Ouk Damry**, MP, Cambodia
4. Hon. Bhubaneswar Kalita, MP, India, on ageing, gender, and youth
5. Hon. Malou Acosta-Alba, MP, Philippines
6. Hon. Parvina Maliqzod, MP, Tajikistan, on gender
7. Hon. Dr. Jetn Sirathranont, MP, Thailand, Secretary General of AFPPD
8. Hon. Angie Warren-Clark, MP, New Zealand, Co-chair of Standing Committee, Gender and Equality and Women Empowerment, AFPPD, on gender
9. Hon. Prof. Keizo Takemi, MP, Japan, Chair of AFPPD on ageing

Day 2 was devoted to the sharing of AFPPD member-countries of their policy efforts during COVID-19. **Hon. Prof. Takemi** laid down the flow of the presentations.

1. Australia

On behalf of Hon. Damien Drum, Australia MP and AFPPD Vice Chair, Mr. Nate Henderson, Family Planning NSW of Australia, expressed that since the NatCom of Australia is still undergoing transition, they requested to postpone their presentation for future meeting of AFPPD. Hon. Prof. Takemi replied that in case the MP of the countries cannot report on their country's activities, the Secretariat of the NatCom can prepare and present on their behalf in the future meetings.

2. Bangladesh



Hon. Meher Afroze Chumki, Bangladesh MP, presented the BAPPD responses to prevent gender-based violence (GBV) in the context of COVID-19. They conducted dialogues as a response to child marriage and to prevent GBV. They also organized capacity building workshops for parliamentarians to strengthen social movements against GBV and child marriage, produced IEC materials for policy advocacy, and provided a strong support to BAPPD to take these initiatives. Gender-sensitive budget in all ministries were activated along with reviewing current law on Domestic Violence and Protection Act 2010 and by-laws 2013 to make it women-friendly and service-oriented.

Child marriage is an even bigger challenge in the time of COVID-19. The Standing Committee on MoWCA (Ministry of Women and Children Affairs) in the Bangladesh Parliament is taking initiatives to end child marriage. Consultation meetings on standing committees on has been taken to prevent

sexual violence and child marriage. They are now reviewing High Court directives to ensure social security of adolescent girls and to prevent sexual harassment. The Parliament working with BAPPD (Bangladesh Association of Parliamentarians on Population and Development) is working with Home Ministry, MoWCA, and Education Ministry, as all these ministries have a role to play prevent child marriage and GBV.

In the field or ground level, advocacy is very important. They organized public hearing to prevent GBV and capacity building for local administrators and locally elected representatives and other stakeholders (students, teachers, parents, marriage registrars, religious leaders, etc.). As a result of organizing capacity building workshop at local level, now Upazila Nirbahi Officers are conducting programs to engage community to prevent child marriage and GBV. Local level administration included stop child marriage and promoting maternal health agenda in the district and upazila levels monthly coordination meetings, ensured discussions, follow-ups and regular monitoring.

Despite progress, there are challenges such as child marriage. They recognized the need for local level administrators and that these challenges can be addressed in working together at with the rest of the world as well.

3. India



Hon. Bhubaneswar Kalita, India MP, remarked that although the COVID-19 situation has improved, it is not yet over. India conducted studies on ageing, gender, and youth. One study's objective is to study the demographic and socio-economic profile of elderly population in India and to understand the responses of Parliamentarians on ageing by analyzing questions raised by them in the Parliament. Findings showed that there is a need to sensitize the elected representatives to increase their involvement issues and problems of elderly people.

Another study looks into different sources of data on sex ratio at birth (SRB) to suggest and recommend optimum source of data for estimating SRB. It studied the current levels of SRB in India and its various administrative entities. It could and should be considered the baseline level for monitoring the progress of efforts to bring favorable change. It also aims to study the regional pattern of SRB and link with associated factors and the recent trend in SRB to make recommendations to address the imbalances of SRB. Findings of the study showed that India has an SRB of 109 males per 100 females in 2015-2017. Only three states—Chhattisgarh, Goa, Kerala— has an SRB of 105 males per 100 females. Other seven states have an SRB of 105-107 males per 100 females.

The third study is on-going and it is on gender equality, equity, and women empowerment in India, particularly its status and challenges. The study provides an overview of indicators of gender equality, policies and programmes by the government, and gender issues of concern among the political leaders (e.g., awareness of dimensions of gender equity and equality).

What is now necessary is to advocate in sensitizing of the public servants and civil society and effective implementation of policies to achieve the desired results. The two studies conducted by IAPPD—'Elderly Population in India: Status and Support Systems' and 'Gender Equality, Equity, and Women Empowerment in India (Status and Challenges)'—were presented to President of India and

research reports were released by the Vice-President of India in August 2021. It is IAPPD's endeavor to be at par with the situation in other parts of the world and to reach people especially in rural areas by involving members of the Parliament and taking it into the grassroots.

4. Philippines



Ms. Nenita Dalde, Advocacy and Partnerships Manager from PLCPD, Philippines NatCom. On behalf of Hon. Edcel Lagman, Philippines MP. Among the activities conducted by PLCPD on behalf of the NatCom in the Philippines included *Usapang* (Conversation) Human Development, a conversation between policy actors, including civil society organizations. PLCPD is the first NGO in the Philippines to shift to online policy discussions during the lockdowns imposed in the country (March 2020). It is streamed live via PLCPD's multiple channels (YouTube, Facebook, and Twitter). To date, it aired 46 episodes on human development issues, including ageing, youth empowerment, unemployment and underemployment, social protection policies, and child protection policies. This is also available in Spotify and Apple iTunes. The discussions focus on the most pressing human development issues and guested parliamentarians and issue experts. As a form of monitoring and evaluation mechanisms, they hold on-the-spot feedback with viewers by embedding games and polls. Insights from social media informed the succeeding episodes of *Usapang* Human Development.

On the legislative side, the Philippine Congress was quick to enact a new legislation "*Bayanihan to Heal as One Act of 2020*" (RA 11469 or Bayanihan 1). *Bayanihan* means working together of people. The main provisions of the law include: medical response, aid to poor households, and grace period for loans and rents for the economic and productive sector. It is important to note that with the aid to poor households, the law provided cash USD 100-150 per household. This was provided twice in 2020 with the Bayanihan 2. Bayanihan 3 is currently being deliberated in the Philippine Congress. To access the aid, there are conditions that were modified for easier access of the beneficiaries. Families with infants and senior citizens are prioritized because of their co-morbidities and multiple vulnerabilities. The law also enumerates the duties and responsibilities of the citizens.

Three other important bills in 2020-2021 are either in the bicameral conference or transmitted to the President for signature. These are mostly for youth: prohibition of child marriage, increasing the age to determine statutory rape from below 12 to below 16, and inclusive education for learners with disabilities. Two important legislations pending in the committee or under plenary deliberations which can be passed during the 18th Congress until June 2022 are online sexual abuse and exploitation of children, and prevention and management of adolescent pregnancy.

5. Tajikistan



Hon. Parvina Maliqzod, Tajikistan MP and a member of the Committee on International Relations and Public Relations, reported that in over the 30 years since Tajikistan gained independence, the government has paid increased attention to issues related to the protection of women's rights through effective gender policy.

The Constitution of Tajikistan provides that men and women have equal rights (Article 17)—the constitutional principle of equality of men and women and the guarantee of equality of human rights

are in all legislative acts of Tajikistan. To ensure the dignified position of women in a society where traditional values are still strong, strong political will is needed. The country has developed specific institutional measures aimed at the formation and strengthening of national legislation and the fulfillment of international responsibilities. This shows the political will and commitment of Tajikistan for the effective promotion of gender priorities. The Parliament of the Republic of Tajikistan—working group and a national committee—are ready to organize a conference on the topic of Gender Policy and Youth.

6. Thailand



Hon. Dr. Jetn Sirathranont, Thailand MP and Secretary General of AFPPD, shared that there is major change in Thailand by amending criminal court on sexual reproductive health and right in 2021. On February 7, 2021, following the court ruling declaring a portion of the abortion statute unconstitutional. This upholds the rights of women to their own bodies and fundamental right to dignity. The Parliament moves the penalty of abortion to 6 months, which was originally up to three years. It also provides provision that the woman is not guilty if: (1) the pregnancy puts the mother in physical or physiological harm, (2) the fetus is not yet developed, have mental disorder or disability, (3) the mother is impregnated due to rape, (4) there is no other option but the abortion of a fetus more than 3 weeks but not more than 20 weeks and is approved by a doctor. The amendment was approved by the Minister of Health and is going in effect on February 12. It provides relief to women who are not yet ready to become mothers in ending unwanted pregnancies. Nearly 40% of pregnancies in 2015 were among adolescents. Thailand has ratified CEDAW(Convention on the Elimination of All Forms of Discrimination Against Women) and its optional protocol and the BPFA(Beijing Declaration and Platform for Action)

7 Cambodia



Hon. Ouk Damry, Cambodia MP, presented their progress on the issue of ageing. The population of Cambodia is more than 60 million according to 2019 census. The population increased by 14.1% in 2008 to 2019. There is also an increase in the proportion of the population aged 60 and above, now above 1.3 million people (8.9% of the population). Older people are protected under the Cambodian Constitution. It stipulates that Cambodian family must pay attention, take care and look after their older parents. Older people's problems have been prioritized in the national policies. The Royal Government laid out the laws and social security by including the pension fund and the establishment of the National Committee on the Elderly on 15 July 2011. It also released guidelines on the organization's plan of action. As a response to the COVID-19 pandemic, the Royal Government of Cambodia has a special social assistance program for monthly cash transfer for the poor and vulnerable households. Around 320,000 older people have benefitted from this special program. Around 88.3% of the population are already vaccinated.

From 2003, the government has focused on the finance sector and policies to develop social inclusion of older people, especially women and those who are in the rural area. For the medical sector, UHC coverage is being pursued. Medical care is being provided to older people in the community especially those in the remote area, including medications. The Royal Government also provide tax relief to products for older people and free transport.

8. New Zealand



Hon. Angie Warren-Clark, New Zealand MP and Co-chair of Standing Committee on Gender and Equality and Women Empowerment, through a video recording presented their country's efforts. She noted that their government is focus on COVID-19 recovery while investing in the well-being of people. Their economy has been resilient due to people who have confidence in the government's responses. There are still challenges in the economy. Their balanced plan for recovery is supported by continuing health responses and focus on investment that will see New Zealand stronger at the end of the pandemic.

On gender, New Zealand has funding boost for primary maternity services and updated the maternity action plan to ensure the well-being of women throughout their pregnancy, extending maternity leave from 18 to 22 weeks, and introduced payment for new babies. They also reinstated training allowances for higher skilled courses for women caring for children so they can study and increase their opportunity. New Zealand have done progressive things such as ensuring access to period products in primary, secondary and intermediate schools. Period poverty is an issue that women are currently facing. They also launched the COVID-19 community fund that supports organizations of women and girls in New Zealand. They have also increased leadership of women in the public sector and reduced gender pay gap and put out their action plan for women and girls' participation in sports. Finally, they also have a proposed bill on the bereavement for women who have had miscarriages.

9. Japan



Hon. Prof. Keizo Takemi, Japan MP and Chair of AFPPD presented the status of ageing in Japan—as the most advanced society in terms of ageing in the whole world. He underscored two points: the current situation of ageing in Japan and the actions by the government. The Report from the State of Ageing shows that the percentage of the elderly rises to 28.4%. The number of the population aged 65 and over is 35.89 million. Healthy life expectancy at birth is increasing more than the increase of life expectancy at birth. In the recent years, they were able to control the gap between the two. Fortunately, the number of the elderly who use the Internet is increasing. Financial anxiety is less as age goes up or increase. About 80% of people aged 60 or over have their own purpose in life. It is important to note how the increasing elderly population can enjoy their life meaningfully. We have to realize the active ageing society and prepare the social opportunities of the elderly population. The percentage of people working has increased in a wide range of age groups, as nearly 90% of working people aged 60 and over want to work until the age of 70. This is a unique outcome of the research on the elderly population.

The related laws for the aged society, in conjunction with improving the quality of life through health services, Japan's long-term care insurance system was launched in April 2000. In the ensuing years, as domestic demographics have continued to evolve, it has undergone various revisions to meet the changing situation. Currently, the pattern of aging in Japanese society has shifted from a phase in which the actual number of senior citizens were growing rapidly to a phase in which the number is not increasing much, but the relative proportion of seniors to the overall population is rising as the working-age population is decreasing. This phenomenon calls for further changes in the system as it poses the dual challenges of finding new fiscal resources and securing the human resources needed to care for the elderly. Welfare for the elderly in Japan has always and will continue to be a "work in progress," constantly evolving to keep up with the changing needs. Issues for the aged society is to respond to the long-term care needs of the broader population, and to create the long-term care insurance system with a new "welfare vision".

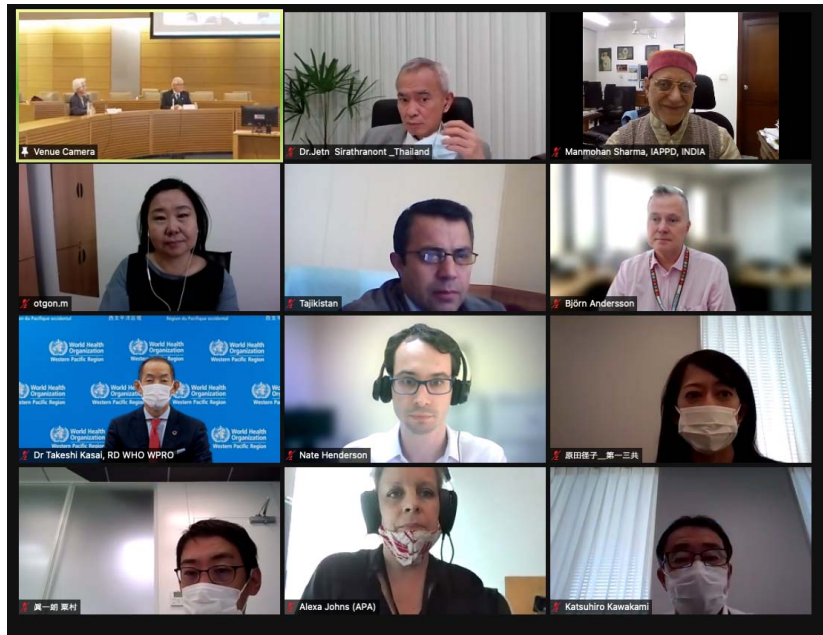
Japan's current social security budget accounts for more than half of the country's general expenditures and continues to grow. It is a major challenge on the domestic political front to find a way to cover these costs. However, demographic estimate shows the overall population in Japan began to decline from 2008 on, while the number of those aged 65 and above is expected to continue to grow until 2042. Japan has put forth a policy at the national level of creating an integrated community care system, to meet the long-term care needs. It is what is being promoted nationwide. This system would allow the elderly, to live out their entire lives in their own community by providing for housing, healthcare, long-term care, prevention and living support in an integrated manner.

Closing

Hon. Prof. Keizo Takemi thanked the Members of the Parliaments on their reports on the progress of legislations in their countries and underscored that the network of parliamentarians beyond the national boundaries should have various channels to exchange learnings on their various stage of nation building and demographic dynamics.

For the AFPPD's 40th Anniversary next year, the Secretariat is preparing for the in-person seminars in February 2022 in Japan. He hopes that the member states of the AFPPD can gather in-person to strengthen their function of networks among the parliamentarians in Asia.

PHOTOS




ATTENDANCE

Participants (20)

Search

- n Rapporteur (Co-host, me)
- APDA Japan (Host)
- a afppd (Co-host)
- APDA Japan-U... (Co-host)
- T Technical1 (Co-host)
- VC Venue Camera (Co-host)
- DD Damian Drum
- 7- 76 - Nguyễn Ngọc Thu
- a afppd
- BK BHUBANESWAR KALITA
- DS Dr.Jetn Sirathanont_Thaila...
- HD Hon. Dato' Kamaruddin Jaffar
- MS Manmohan Sharma, IAPPD, I...
- NH Nate Henderson, Family Plan...
- NH Nguyen Hoang Mai

-  Philippines - PLCPD, Rom Do...
- T Technical3
- T Technical4
- TK To Khuong Duy
- VT Vu Thi Binh Minh - Viet Nam

Participants' List

No	Country	Title	Name	Position
AFPPD National Committees on Population and Development				
1	Bangladesh	Hon.	Meher Afroze Chumki	MP
2	Cambodia	Hon.	Ouk Damry	MP
3	India	Hon.	Bhubaneswar Kalita	MP, Member of IAPPD
4	Japan	Hon. Prof.	Keizo Takemi	MP, Chair of AFPPD, Executive Director of JFPF
5	Tajikistan	Hon.	Parvina Maliqzod	MP
6	Thailand	Hon. Dr.	Jetn Sirathranont	MP, Secretary General of AFPPD
7	New Zealand (Video Message)	Hon.	Angie Warren-Clark	MP, Chair of NZPPD
Japanese Parliament				
8	Japan	Hon.	Yoko Kamikawa	MP, Former Minister of Justice and Chair of JFPF
9	Japan	Hon.	Ichiro Aisawa	MP, Senior Vice-Chair of JFPF
10	Japan	Hon.	Teruhiko Mashiko	MP, Vice-Chair of JFPF
11	Japan	Hon.	Ryuhei Kawada	MP, Director of JFPF
12	Japan	Hon.	Hitoshi Kikawada	MP, Secretary General of JFPF
13	Japan	Hon.	Nobuhide Minorikawa	MP, Member of JFPF
14	Japan	Hon.	Shintaro Ito	MP, Member of JFPF
15	Japan	Hon.	Akihiro Nishimura	MP, Member of JFPF
16	Japan	Hon.	Noriko Horiuchi	MP, Member of JFPF
17	Japan	Hon.	Shinsuke Okuno	MP, Member of JFPF
18	Japan	Hon.	Yoshinori Suematsu	MP, Member of JFPF
19	Japan	Hon.	Masashi Adachi	MP
20	Japan	Hon.	Rui Matsukawa	MP
21	Japan	Hon.	Shingo Miyake	MP
22	Japan	Hon.	Yusuke Nakanishi	MP
23	Japan	Hon.	Hiroyuki Kada	MP
24	Japan	Hon.	Motoyuki Fujii	MP
25	Japan	Hon.	Masaki Ogushi	MP
26	Japan	Hon.	Masahito Moriyama	MP
27	Japan	Hon.	Masaaki Taira	MP
28	Japan	Hon.	Tatsunori Ibayashi	MP
29	Japan	Hon.	Yoshitami Kameoka	MP
30	Japan	Hon.	Hiroyuki Yoshiie	MP

31	Japan	Hon.	Isato Kunisada	MP
32	Japan	Hon.	Yoichi Fukazawa	MP
33	Japan	Hon.	Taro Honda	MP
34	Japan	Hon.	Hiroaki Tabata	MP
35	Japan	Hon.	Yoshitaka Ikeda	MP
36	Japan	Hon.	Keiro Kitagami	MP
37	Japan	Hon.	Hidemichi Sato	MP
38	Japan	Hon.	Takashi Yamashita	MP
39	Japan	Hon.	Yukinori Nemoto	MP
40	Japan	Hon.	Shuhei Kishimoto	MP
41	Japan	Hon.	Jun Tsushima	MP
National Committee Secretariat				
42	Australia	Mr.	Nate Henderson	Manager International Programme Family Planning NSW
43	India	Mr.	Manmohan Sharma	Executive Secretary of IAPPD
44	Indonesia	Mr.	Sam Samidjo	IFPPD
45	Malaysia	Ms.	Nur Diyana Indah binti Khudri	International Affairs & Protocol Division Parliament of Malaysia
46	Mongolia	Ms.	Otgon Majaa	Adviser of the Standing Committee on Social Policy of Parliament of Mongolia
47	Philippines	Mr.	Rom Dongeto	Executive Director, PLCPD
48	Philippines	Ms.	Nenita Dalde	Manager, Advocacy and Partnership
49	Tajikistan		Aziz	
50	Viet Nam	Ms.	Vu Thi Binh Minh	Department for Social Affairs, Vietnam National Assembly Office
51	Viet Nam		Nguyễn Ngọc Thu	
52	Viet Nam		To Khuong Duy	
The United Nations Population Fund (UNFPA)				
53	APRO/Thailand	Mr.	Björn Andersson	Regional Director of UNFPA APRO
54	APRO/Thailand	Ms.	Kamma Blair	UNFPA APRO
APDA Board Members				
55	Japan	Ms.	Kayoko Shimizu	Chair of the Japan Visiting Nursing Foundation; Former Minister of Environment
56	Japan	Ms.	Mari Miyoshi	Former Ambassador Extraordinary and Plenipotentiary of Japan to Ireland
57	Japan	Mr.	Yoshihisa Ueda	Attorney-at-Law; Former Ambassador Extraordinary and Plenipotentiary of Japan to the Republic of Paraguay
Related Institutions				
58	Japan	Ms.	Harada Michiko	Sustainability Promotion Department Sustainability Management Group, DAIICHI SANKYO COMPANY

59	Japan	Mr.	Uehara Tsutomu	Sustainability Promotion Department Environmental Management & Global Health Group Uehara Tsutomu ,DAIICHI SANKYO COMPANY
60	Japan	Ms.	Echigo Sonoko	External Affairs Department External Affairs Group Senior Director, DAIICHI SANKYO COMPANY
61	Japan	Ms.	Satomi Ichino	Global Health Policy Div., International Cooperation Bureau, MOFA
62	Japan	Ms.	Ogusa Shibata	World Health Organization Partnership in Technical Cooperation(PTC) Country Support Unit / Division of Programme Management
63	Japan	Ms.	Sumie Ishii	Chairperson, JOICFP
64	Japan	Ms.	Mayumi Katsube	Executive Director, JOICFP
65	Japan	Ms.	Fumie Saito	Director, Global Advocacy, JOICFP
66	Japan	Ms.	Hiromi Kusano	Communication and Advocacy Consultant, JOICFP
67		Ms.	Alexa Johns	APA
68		Ms.	Cecilia Russell	IPS journalist
Presenter				
69	Japan	Mr.	Masato Kanda	Japanese Vice-Minister of Finance for International Affairs
70	WPRO/Manila	Dr.	Takeshi Kasai	WHO Regional Director for Western Pacific
The Asian Population and Development Association (APDA)				
71	Japan	Dr.	Osamu Kusumoto	Secretary-General / Executive Director
72	Japan	Ms.	Hitomi Tsunekawa	Chief Manager, International Affairs
73	Japan	Dr.	Farrukh Usmonov	Assistant Manager of International Affairs/Senior Researcher
Asian Forum for Parliamentarians' on Population and Development (AFPPD)				
74	Japan	Prof. Dr.	Kiyoko Ikegami	Interim Executive Director
75	Japan	Ms.	Yoko Oshima	Assistant to Interim Executive Director
76	Japan	Ms.	Eri Osada	Staff
Interpreters				
77	Japan	Mr.	Ryo Hirano	interpreter
78	Japan	Ms.	Nobuko Tsutsui	Interpreter
79		Mr.	Andrei Kolesnikov	Interpreter
80		Ms.	Tatiana kakiazina	Interpreter
81		Mr.	Timothy Tieku	Coordinator