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S o c i a l A f f a i r s

United Nations Expert Group Meeting on Policy Responses to Low Fertility

New York, 2-3 November 2015

Report of the Meeting



United Nations

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Department of Economic and Social Affairs
Population Division

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United Nations
New York, 2017

DESA

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The Population Division of the Department of Economic and Social Affairs provides the international community with timely and accessible population data and analysis of population trends and development outcomes for all countries and areas of the world. To this end, the Division undertakes regular studies of population size and characteristics and of all three components of population change (fertility, mortality and migration). Founded in 1946, the Population Division provides substantive support on population and development issues to the United Nations General Assembly, the Economic and Social Council and the Commission on Population and Development. It also leads or participates in various interagency coordination mechanisms of the United Nations system. The work of the Division also contributes to strengthening the capacity of Member States to monitor population trends and to address current and emerging population issues.

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PREFACE

Falling fertility and rising life expectancy are changing the age structure of populations all over the world. Many economically advanced countries, faced with persistent low levels of fertility, are experiencing declining proportions of children and working-age adults and growing proportions of older persons. These age structure changes have profound implications for a broad range of policies and programmes related to labour markets, social security and health care systems.

As part of its mandate to enhance the awareness of new and emerging population issues and to improve the knowledge and understanding of population processes relating to development, the Population Division convened the expert group meeting on “Policy Responses to Low Fertility” at the United Nations in New York from 2 to 3 November 2015. The purpose of the meeting was to identify and discuss policies and other institutional factors responsible for fertility trends and cross-country variations in fertility levels. The discussion focused on identifiable features of countries and areas characterized by low fertility levels, including distinctive cultural, institutional, or policy environments that may influence fertility levels, either deliberately or inadvertently. The main points and cross-cutting themes and recommendations from the meeting are described in this report.

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UNITED NATIONS EXPERT GROUP MEETING ON POLICY RESPONSES TO LOW FERTILITY

INTRODUCTION

Falling fertility and rising life expectancy are changing the age structure of populations all over the world. Many economically advanced countries, faced with persistent low levels of fertility, are experiencing declining proportions of children and working-age adults, and growing proportions of older persons. Already in 2015, more than 12 per cent of the global population was aged 60 years or over. This proportion is projected to rise in all regions, and most quickly in the countries of the developing regions. The transition from a situation in which women bear many children with a significant number of them dying before reaching reproductive age, to one in which women have few children with almost all of them surviving to adulthood, is a key achievement of development. It also creates challenges that necessitate new policy approaches. These changes in the population age structure have profound implications for a broad range of policies and programmes related to labour markets, social security and health care systems.

The Population Division of the Department of Economic and Social Affairs of the United Nations, jointly with the East-West Center in Honolulu, Hawaii, held the expert group meeting “Policy Responses to Low Fertility” in New York from 2 to 3 November 2015. The purpose of the meeting was to identify and discuss policies and other institutional factors responsible for fertility trends and cross-country variations in fertility levels. The discussion addressed common features across selected countries and areas, as well as the distinctive cultural, institutional, and policy features of each country or area that might affect fertility levels, either deliberately or inadvertently. Such features included the link between marriage and childbearing, factors that help or hinder parents in balancing work and family obligations, such as the flexibility of the labour market, gender equity and education systems, as well as the characteristics of the housing market and the provision of governmental subsidies to offset the costs associated with childrearing.

The meeting brought together experts from 16 countries (Australia, Austria, Canada, China, Czech Republic, France, Hungary, Italy, Japan, the Netherlands, Norway, Singapore, the Republic of Korea, Spain, United Kingdom, and the United States of America) and two areas (Hong Kong Special Administrative Region of China and Taiwan Province of China) who prepared papers on fertility policies and institutional factors affecting fertility level and trends, including formal policies and informal norms. This meeting marked the culmination of a three-year project led by the East-West Center with funding from the Government of the Republic of Korea, through the Korea Institute for Health and Social Affairs (KIHASA). The countries or areas selected for the project had total fertility at or below the replacement level of 2.1 live births per woman, and represented diverse historical, cultural and institutional backgrounds. The expert group meeting also considered the situation in countries approaching below-replacement fertility. In addition to the authors of the papers, the meeting included other experts and representatives from governments and international organizations, including relevant United Nations entities and the Regional Commissions, as well as representatives from civil society organizations (annex 3).

The sessions were organised as panel discussions around selected themes (annex 1), whereby each panel member was requested to comment on a few pre-selected questions related to the

theme of the session (annex 2). In preparation for the meeting, a series of 19 policy briefs were prepared as background material, based on individual country papers. These policy briefs are available at: <https://esa.un.org/PopPolicy/publications.aspx>.

In the afternoon following the expert group meeting, a two-hour briefing for Member States was held to report on the major findings and policy lessons from countries experiencing low fertility and the consequent ageing of their populations.

CROSS CUTTING ISSUES AND POLICIES

Meeting participants agreed that declines in fertility to low or very low levels could be attributed to a combination of institutional settings and policy approaches, and that there was rarely, if ever, a single decisive causal factor in this process. Some of the cross-cutting factors and key policy approaches that directly or indirectly hindered or facilitated childbearing included:

Marriage-childbearing link

The experts observed that the link between marriage and childbearing had been weakening in most parts of the world, except in Eastern and South-Eastern Asia where strong value systems that disfavoured non-marital childbearing kept marriage and childbearing tightly linked. In countries outside of Asia, cohabiting unions had increased, and so had the share of non-marital fertility. In countries such as Norway and France, more than half of all births occurred outside of marriage, whereas in countries such as Singapore, the Republic of Korea and Japan, only about 2 per cent of births occurred outside of marriage. In countries with strong marriage-childbearing links, increases in the age at marriage and the proportion remaining unmarried throughout the childbearing years tended to delay childbearing and lower overall fertility. The experts noted that even in countries where marriage had been decisively decoupled from the transition to parenthood, it retained some institutional and cultural meaning as a preferred setting for raising children.

Gender norms and cultural factors

Experts suggested that gender inequality within the household, characterized by women doing most of the housework and family care, could lead women to postpone or avoid marriage and childbearing. Gender inequality at work, characterized by lower pay relative to men or discrimination against women in opportunities for promotion or job security, was also identified as a possible driver of delayed marriage and childbearing, or fewer total births. Among the countries or areas considered during the meeting, evidence suggested that women tended to have more children in settings where men and women shared more equitably in domestic work and where there was greater gender equality in workplaces, such as in the Netherlands.

Experts agreed that it was not possible to properly assess the effectiveness of policies if they were taken out of their cultural and societal contexts. Culture played a vital role in the fertility context: fertility and family formation decisions were not taken in isolation, but were interwoven in the social fabric, and shaped by the society's culture, institutions and history. While religion and philosophical traditions were mentioned, there was disagreement among experts regarding their effects on marriage and fertility behaviour.

Education systems

The experts noted that education systems that placed more demands on parents, such as those that required enrolling children in high-cost tutoring programmes, did not provide school lunches, or ended the school day at an early hour without provision of afterschool programmes, tended to discourage women from having children, as they affected their ability to maintain employment. In

countries such as Singapore and China, experts explained that fertility was constrained by especially high pressures to invest in children's education.

The global expansion of higher education for both men and women also contributed to delayed transition to adulthood. Flexible tertiary education systems that allowed students who took a break to have a family to return with relative ease tended to facilitate childbearing. Conversely, women tended to have fewer children in contexts where university costs were high and largely borne by families. Rigid ranking of institutions of higher education, together with a strong association between ranking and employment opportunities after graduation, tended to suppress childbearing. In Austria, for example, where the norm was to wait until after completing education before having a family, there was a strong negative correlation between the level of education and the completed fertility rate. In the United States, longitudinal studies showed that more educated women tended to overestimate the number of children they would have and women with less education tended to underestimate it, with the average American woman at age 22 misestimating her expected fertility by one birth.

Labour markets

The experts concluded that working long hours, the expectation to work overtime at short notice, limited entitlement for annual leave, and lack of provision for family leave to care for a sick child or parental leave at the time of birth made it harder for parents to balance work and family responsibilities. In countries where such conditions were prevalent and where women were expected to make career compromises to fulfil family responsibilities, such as in the Republic of Korea, the fertility rate tended to be low. By contrast, low unemployment, shorter work hours, flexible work schedules, the availability of decent part-time work with benefits, and the flexibility for mothers to re-enter the labour market in jobs commensurate with their qualifications, tended to facilitate childbearing and childrearing. The experts noted that in labour markets with less flexibility to accommodate childbirth and childrearing, such as in Italy and Spain, it was difficult for both parents to work.

Financial and labour-market insecurities, such as those in the Czech Republic and Hungary, tended to be associated with later childbearing and fewer children. Such insecurities tended to have a bigger negative effect on fertility in contexts where extended family, rather than the state, was expected to provide a safety net for those in precarious positions, as illustrated by the case of Spain.

Housing market

The experts concluded that a variety of housing-related factors were relevant for fertility behaviour, including, *inter alia*, the availability of housing units, the size of dwellings, affordability and financing for home ownership, and the extent of intergenerational transfers. Evidence from the case studies presented during the meeting suggested that the easier it was to acquire a dwelling unit for an independent household, whether owned or rented, the earlier childbearing occurred and the more children couples tended to have. The high cost of setting up a household was mentioned by experts as a potential contributor to low fertility. In Spain, for example, it was widely considered necessary to buy a house to set up a household, but the possibility of doing so was impaired by an insecure labour market. In the Republic of Korea, the

expensive property market, together with an unstable job market, was thought to impact fertility decisions, although it seemed not to influence decisions about the first birth as much as higher-order births.

Leave policies

Based on the findings from 18 case studies presented, the experts concluded that maternity, paternity and parental leave paid at a high level of wage replacement and for moderate durations appeared to have a positive influence on fertility behaviour. It was observed that excessively long parental leave entitlements could result in human capital deterioration, and thus could be ineffective in removing the forced choice between having a career and childbearing. In France, for example, women taking parental leave had a reduced salary after returning to work, amounting to roughly 10 per cent for every year of leave, a “penalty” that persisted over time. The experts observed that parental leave entitlements that were for short durations or poorly paid, as in Australia and Singapore, for example, tended to be similarly ineffective because they did not provide the necessary income security.

Childcare services

The experts noted that the availability of affordable childcare and education services to children of all ages affected fertility. Access to subsidised high-quality childcare centres open during normal working and commuting hours tended to reduce work-family incompatibilities and contributed to higher fertility. Easy availability of informal childcare by relatives, mostly grandparents, and affordable access to domestic help could also contribute to sustain higher fertility.

The experts observed that the effect of increased availability of formal childcare centres on fertility behaviour could be limited in contexts where societal values and cultural norms expected mothers to stay home while children are young or where informal childcare was already easily available and affordable, such as in Norway and France. The costs of education and childcare were also identified as important factors in fertility decisions.

Financial benefits for childrearing

Where available, financial benefits and subsidies for families with children typically were provided in the form of tax credits, as a cash allowance for different child-related benefits or through tax deduction of certain childcare costs. Experts pointed out that financial benefits to (potential) parents in the amounts that had been offered so far seemed to have limited impact on fertility, perhaps because they offset only a fraction of the costs associated with the birth and care of a child.

Reproductive and sexual health

Several experts raised the topics of family planning and reproductive and sexual health as part of the wider issue of reproductive choice. Access to maternal and child health services was mentioned as a way to allow couples to reach their desired family size, and as a means to promote equitable and healthy development. Considering the relationship between reproductive health and fertility

choice, participants also noted the increase in childlessness and the use of assisted reproductive technologies.

Immigration

The experts observed that many low-fertility countries, especially in Europe and Northern America, had immigration flows coming from higher fertility countries. Migrant women tended to have slightly higher fertility than their native-born counterparts. In the short run, higher fertility among migrants boosted period fertility rates both because the age distribution of migrants was concentrated around the peak childbearing ages and because some migrants waited to have children until they had settled in the destination country. Over time, the fertility behaviour of migrants who arrived as children and that of children born to immigrants tended to converge to the average of the destination country. The experts concluded that the overall effect of immigration on the fertility level of the destination country tended to be small.

Diversity within societies

The discussion highlighted the significance of diversity within societies for fertility behaviour. Within countries, fertility patterns varied according to ethnicity, as well as level of education and other socio-economic factors, which were reflected in diverse age patterns of childbearing across different sub-groups of the population. Experts stressed that taking diversity into account provided information about possible underlying causes of declining fertility, and underscored the need for nuanced national policy packages to address low fertility and its consequences.

Policy stability

Several experts emphasized that policy stability could affect fertility decisions. The fluctuation of policies with election cycles or in situations of dramatic political transition impaired the trust families had in policy when making fertility decisions. In Hungary, for instance, family policy became a battleground within the modern capitalist period, which began in 1989, as elected governments alternated the family policy agenda about every four years. This created uncertainty among Hungarians regarding the long-term stability of family benefits.

CONCLUSIONS

The expert group concluded that fertility changes occurred within, and were mediated by, the institutional context of a country, involving both formal policies and informal norms associated with cultural and socio-political structures and history. There was neither a single pathway to very low fertility nor one policy or policy package that led to near replacement-level fertility. The case studies presented at the meeting showed that, in countries experiencing low fertility, factors that facilitated entry into adult roles, such as finishing school, obtaining a job, and establishing an independent household tended to be associated with earlier and higher fertility. In addition, any factors that reduced the incompatibility of parental roles with work roles also tended to support earlier and higher fertility.

The meeting highlighted the importance of policy responses in promoting family-friendly employment environments, gender equity, childcare and leave benefits for parents, flexible education systems, availability of housing for young families and government subsidies for raising children. It also emphasized the importance of a human rights-based approach to fertility policies, and the value of learning from international experiences and local contexts.

RECOMMENDATIONS

The key recommendations that emerged from this expert group meeting include:

There is no single best response to address low fertility

There is no single policy to effectively address low fertility in all contexts. Policy makers should instead look at developing a package of policy measures which are consistent with the local context and historical experience of each society. These packages should be tailored to each country, as there is no “one size fits all” policy approach given the large variations in fertility contexts. Such a policy package should consider institutional constraints and the needs of families: helping to make childbearing and childrearing more compatible with other activities, such as productive labour, addressing difficulties in access to housing and in educating children, reducing child poverty and increasing family well being.

Policies should strive to be coherent and predictable

Policy measures should aim for coherence and predictability. Coherence should be sought both with the cultural and historical context of each society and within the national policy framework. Policies should also be internally coherent so that, for example, measures that encourage women to join the labour force are not combined with measures that penalise women for working. Ideally, policies also should have some level of consistency over time, enabling families to make informed childbearing decisions beyond election cycles. For fertility-relevant policies to be effective, families should have the trust that the policies will not change dramatically after a child has been born.

Facilitating choice and promoting human rights are more effective than pro-natalism

Promoting policies that are explicitly directed at raising fertility are usually ineffective, while those that improve the situation for families are more likely to promote childbearing and childrearing. Developed countries that had not experienced very low fertility (such as the Nordic countries or Switzerland) had more gender-balanced development policies, facilitating a fuller integration of women into the labour market, providing access to good quality and affordable childcare, parental leave and well-regarded and well-remunerated part time work. Such policies support decision-making about family formation and childbearing, and provide flexibility in terms of the timing and number of children. Policies that focus on human rights, helping people to realise their own childbearing goals tend to promote more equitable societies overall, and seem also to support fertility.

Cultural norms can impede or facilitate the implementation and effectiveness of policies

Even the best policy packages are unlikely to be successful if local cultural norms inhibit their implementation. During the meeting, experts observed that cultural norms around childrearing, gender roles and the family affected the potential of a policy or policy package to address low fertility. Recognizing that such norms may take a long time to change, experts called for further work to explore whether there is a societal ‘tipping point’, which could lead to rapid change in

fertility behaviour and demographic outcomes, and to apply research findings in the study of social movements and cultural change. To monitor change in this area, experts suggested developing a measure of a society's 'family-friendliness', incorporating qualitative as well as quantitative measures.

It is important to identify the problem to be solved

During the meeting, experts considered that low fertility in itself may not be a problem. Instead, declining fertility could be seen as a symptom of incompatible social structures. As such, policy packages should promote better compatibility between work and family life to enable those who want to have more children to do so. Sustained low fertility rates had been shown to lead, eventually, to a decreased ratio of working-age persons to older persons, with serious implications for social welfare systems. However, some experts suggested that having more babies may not be the most efficient way to address this imbalance, compared to changes to fiscal and welfare structures, for example. Concerns were also raised about sustaining aggregate productivity in ageing populations, though again, having more babies may be less efficient than incentivizing labour force participation. Many countries had already benefitted from favourable age structures produced by declining fertility and enjoying a 'demographic dividend'. It was noted that policy packages should be designed to maximise the benefits derived from the demographic changes and to minimise the potentially negative aggregate effects of population ageing.

Long-range comparable population data are essential

Experts underscored that if societies were going to be able to plan for demographic changes and implement context-appropriate policies, they would need to maintain reliable, accessible and comparable population data. Some countries may need support to ensure the quality and consistency of population data systems.

ANNEX 1: ORGANIZATION OF WORK

UN/POP/EGM/2015/3/INF.3

30 October 2015

UNITED NATIONS EXPERT GROUP MEETING ON POLICY RESPONSES TO LOW FERTILITY

Population Division

Department of Economic and Social Affairs

United Nations Secretariat

New York

2 to 3 November 2015

ORGANIZATION OF WORK

Monday, 02 November 2015

08:30 – 09:00: *Registration (Conference Room 8)*

09:00 – 09:30 **Session I: Opening of the meeting**

- Welcome: *John Wilmoth, Population Division, UNDESA*
- Overview of the project on Policy Responses to Low Fertility: *Minja Kim Choe, East-West Center, Honolulu, HI*
- Scope and objectives of the meeting: *Vinod Mishra, Population Division, UNDESA*

09:30 – 11:00 **Session II: Emergence of low fertility and its consequences**

Chair: *Sangho Kim, Korea Institute for Health and Social Affairs (KIHASA)*

- Overview of trends in fertility and population ageing: *Lina Bassarsky, Population Division, UNDESA*
- Demographic implications of recent shift in China's fertility policy: *Kirill Andreev, Population Division, UNDESA*
- Developmental consequences of demographic trends: *Syud Amer Ahmed, World Bank*
- Macro factors behind low fertility: *Tomas Sobotka, Vienna Institute of Demography and Wittgenstein Centre for Demography and Global Human Capital, Austria*
- Policy approaches in countries experiencing low fertility: *Olivier Thevenon, French Institute for Demographic Studies (INED)*

11:00 – 11:15 Break

11:15 – 12:45 **Session III: Responses to low fertility and population ageing**

Moderator: *Renata Kaczmarek, Division for Social Policy and Development, UNDESA*

- Expert: *Wendy Sigle, Gender Institute, London School of Economics and Political Science, United Kingdom*
- Expert: *Maria Letizia Tanturri, University of Padova, Italy*
- Expert: *Kyunghee Chung, Korea Institute for Health and Social Affairs (KIHASA)*
- Policymaker perspective: *Heonjoo Kim, Population and Child Policy Bureau, Republic of Korea*
- Regional/global perspective: *Ann Pawliczko, United Nations Population Fund (UNFPA)*

12:45 – 14:45 Lunch break

14:45 – 16:15 **Session IV: Context and policy options in countries with very low fertility**

Moderator: *Nicolaas van Nimwegen, Netherlands Interdisciplinary Demographic Institute*

- Expert: *Gavin W. Jones, Australian Demographic and Social Research Institute, Australian National University*
- Expert: *Pau Baizan-Munoz, Catalan Institution for Research and Advanced Studies (ICREA) and Universitat Pompeu Fabra, Spain*
- Expert: *Samsik Lee, Korea Institute for Health and Social Affairs (KIHASA)*
- Policymaker perspective: *Kittipong Sae-Jeng, Department of Health, Ministry of Public Health, Thailand*
- Regional/global perspective: *Vitalija Gaucaite Wittich, United Nations Economic Commission for Europe*

16:15 – 16:30 Break

16:30 – 18:00 **Session V: Context and policy lessons from countries with near-replacement fertility**

Moderator: *Noriko O. Tsuya, Keio University, Japan*

- Expert: *Melinda C. Mills, University of Oxford, United Kingdom*
- Expert: *S. Philip Morgan, University of North Carolina, USA*
- Expert: *Sarah Brauner-Otto, McGill University, Canada*
- Policymaker perspective: *Petter Odmark, Ministry of Health and Social Affairs, Sweden*

- Regional/global perspective: *Terry Hull, Australian National University*

Tuesday, 03 November 2015

09:00 – 10:30 Session VI: Policy options for countries approaching low fertility

Moderator: *Feng Wang, University of California, Irvine and Fudan University, China*

- Expert: *Zsolt Speder, Hungarian Demographic Research Institute*
- Expert: *Anne Gauthier, Netherlands Interdisciplinary Demographic Institute*
- Expert: *Ignacio Pardo, Universidad de la Republica, Uruguay*
- Policymaker perspective: *Jacques van Zuydam, Department for Social Development, South Africa*
- Regional/global perspective: *Fabiana Del Popolo, United Nations Economic Commission for Latin America and the Caribbean*

10:30 – 11:45 Session VII: Conclusions and recommendations

Chair: *Rachel Snow, United Nations Population Fund (UNFPA)*

- Lessons learned and key policy priorities: reports from session moderators (sessions III-VI: 5-7 minutes each): *Renata Kaczmarek, Nicolaas van Nimwegen, Noriko Tsuya and Feng Wang*
- Cross cutting issues: *Ronald R. Rindfuss, East-West Center and University of North Carolina; Minja Kim Choe, East-West Center, Honolulu, HI*
- Information gaps and data needs for monitoring policies: *Stuart Basten, University of Oxford, United Kingdom*

11:45 – 12:00 Session VIII: Closing

- Closing remarks: *John Wilmoth, Population Division, UNDESA*

ANNEX 2: DISCUSSION QUESTIONS

Session III: Responses to low fertility and population aging

- What have been the main concerns about low fertility and population ageing in your country (region)?
- What specific measures have been adopted by the government(s) in your country (region) to address the consequences of low fertility? (immigration, age at retirement, reformed pension system, more women in labour force, etc.)
- Can you comment on the effectiveness of these policy measures? Why – what conditions have made them effective (ineffective)?

Session IV: Policy options in countries with very low fertility

- What factors have contributed to very low level(s) of fertility in your country (region)? (Include institutions and policies that may have inadvertently affected fertility.)
- What specific measures has (have) the government(s) in your country (region) adopted to facilitate childbearing or, if any, to specifically to increase the level of fertility? (leave policies, financial support or tax benefits, child care, flexible work arrangements, etc.).
- Have they been effective? Which ones? Why – what conditions have made them effective (ineffective)? Will they work in other countries or settings with very low fertility?

Session V: Policy lessons from countries with near-replacement fertility

- Are there public policies and/or institutional conditions that have led to fertility near replacement level in your country?
- Has the government(s) in your country (region) taken concrete policy measures to facilitate childbearing? What specific measures have been adopted? (leave policies, financial support or tax benefits, child care, flexible work arrangements, etc.)
- Have they been effective? Why – what conditions have made them effective (ineffective)? Will they work in other countries you know?

Session VI: Policy options for countries approaching low fertility

- What lessons can countries approaching below-replacement fertility learn from those countries that have had below-replacement fertility?
- Can effective policy approaches to facilitate childbearing in one country be applied in other countries, and how?

- Can effective policy approaches to address consequences of low fertility in one country be applied in other countries, and how?

ANNEX 3: LIST OF PARTICIPANTS

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