

Final Report

Workshop on Fertility and Ageing



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A. Executive Summary

The Family Planning Association of Hong Kong (FPAHK), with the support from IPPF East and SouthEast Asia and Oceania Region (ESEAOR) Office, hosted a three-day workshop on fertility and aging at the Cityview Hotel, Hong Kong from 11-13 November 2024.

This workshop was convened to address the pressing challenges surrounding low fertility and the SRH of ageing populations in the ESEAOR region. The region includes countries and cities with some of the lowest fertility rates globally, such as Hong Kong with a TFR of 0.8, as well as nations like Viet Nam and Thailand, which are experiencing rapidly declining fertility. Concurrently, the region faces a significant rise in both the number and proportion of elderly individuals, driven by increased life expectancy and persistently low fertility rates.

Recognizing the interconnected nature of these demographic trends, this workshop was specifically designed to explore the dual issues of declining fertility and population ageing together. Many countries in the region are grappling with the simultaneous challenges of a growing elderly population and shrinking younger cohorts, necessitating integrated discussions and solutions.

The event brought together 30 participants from 10 Member Associations (MAs)—Family Planning Association of Hong Kong (FPAHK), Family Planning Alliance Australia (FPAA), Planned Parenthood Association of Thailand (PPAT), Promotion of Family Health Association of Laos (PFHA), Viet Nam Family Planning Association (VINAFFPA), Samoa Family Health Association (SFHA), Reproductive and Family Health Association of Fiji (RFHAF), Federation of Reproductive Health Associations, Malaysia (FRHAM), China Family Planning Association (CFPA), and Teen Services Bermuda (Bermuda)—spanning the ESEAOR and Americas & Caribbean Regions, along with IPPF Secretariat staff. Experts and external speakers from FP2030, Vienna Institute of Demography, the University of Hong Kong, The Hong Kong Council of Social Service, and Univfy Inc., specializing in demographics, low fertility, fertility care and ageing care, and family planning were invited to contribute their insights and technical expertise.

The workshop aimed to:

1. Identify factors contributing to low fertility rates and the SRH challenges faced by ageing populations.
2. Assess the current landscape of services, highlight gaps, and explore innovative strategies to address fertility and ageing-related SRH issues.
3. Define the role of MAs in advancing tailored support for affected populations.
4. Select leading MAs to spearhead the initiative for sustainable implementation.

The in-person event combined presentations, group work, and online methods to facilitate active and interactive discussions. The workshop agenda was structured into six focused sessions:

1. Context Setting
2. IPES Plus: Sub-Fertility and ageing Populations
3. Beyond SRH Care for ageing Populations
4. Innovative Approaches and Emerging Technologies

5. Advocating Rights-Based Service Delivery and Policies in Low-Fertility Settings
6. Action Plan Development

The three-day workshop was proceeded as follows:

Day 1 began with welcoming remarks and an introduction to the workshop's objectives. Key sessions provided a global and regional overview of fertility trends and demographic transitions, with participants engaging in value clarification exercises to explore diverse perspectives on topics such as low fertility and SRH for older populations. Presentations emphasized the importance of addressing interconnected issues of low fertility and ageing through tailored, rights-based approaches.

Day 2 delved into innovative solutions and service expansion. Presentations from MAs like FPAHK and PPAT showcased successful models addressing the SRH needs of older populations, such as holistic health programs and gerontechnology applications. The focus broadened to include creative ideas for expanding services like fertility care, menopause support, and STI/HIV prevention for ageing populations, fostering discussions on best practices and cross-regional collaboration.

Additionally, FPAHK organized a tour to visit their clinics and youth centre on Day 2 which was highly appreciated by the participants as FPAHK has one of the best clinic facilities and a variety of SRH services.

Day 3 centered on actionable solutions and strategic planning. Participants worked in groups to revisit identified issues and develop solutions, culminating in the creation of country-specific action plans. Discussions highlighted strategies to integrate SRH services into broader health systems, address stigma, and promote inclusivity. Leading MAs were identified to spearhead initiatives on fertility and ageing, with terms of reference and a 2025 plan to be developed collaboratively.

Key Outcomes

Three MAs—FPAHK, PPAT, and FPAA—volunteered to lead initiatives on fertility and ageing, with specific responsibilities allocated:

- **Fertility Initiatives:** One MA to focus on advancing fertility-related work.
- **SRH for Ageing Population:** Another MA to address SRH issues for ageing populations.

Leading MAs will undertake the following activities:

- Conduct comprehensive needs assessments.
- Facilitate information dissemination via How-To Kits, newsletters, and webinars.
- Develop a microsite for knowledge management and resource sharing.
- Organize capacity-building programs, such as workshops and site visits.
- Monitor action plans and provide technical support to other MAs.

All 10 MAs, alongside ESEAOR and IPPF Global teams, devised Action Plans for 2025–2026, outlining key activities to address fertility and SRH challenges. The plans will be finalized by the end of November.

Participants also contributed two posters highlighting their MA's context, services, and challenges—one focusing on fertility and the other on SRH issues in ageing populations ([Annex 3](#)).

Based on the final evaluation of the workshop, which included responses from 16 participants, 75% strongly agreed, and 18.8% agreed with the statement: “I am fully satisfied with the overall workshop outcome.” Additionally, 93% of participants responded positively to the question: “If there is another workshop in the future on fertility and ageing, would you like to attend?” The evaluation highlights a high level of participant satisfaction and strong interest in the topics covered.

This workshop became a collaborative initiative and marks a significant step towards addressing critical fertility and SRH challenges in the ESEAOR and beyond.

B. Introduction

The phenomenon of low fertility rates is increasingly common, especially in East Asia, including countries or regions such as South Korea, Hong Kong, and Japan, all of which have experienced population declines over the years. Other countries, such as China, Vietnam, and Thailand, are also facing sharp declines in fertility rates, falling below the replacement level.

Low birth rates contribute significantly to ageing societies, leading to several key impacts, including a decline in the working-age population, increased healthcare costs, unsustainable pension commitments, and changing economic demands. It is essential to explore the roles and functions that the International Planned Parenthood Federation (IPPF) and its Member Associations (MAs) can play in navigating these dialogues and providing appropriate and equitable support for those in need of services related to fertility and ageing.

According to the IPPF's "IMAP Statement on Safeguarding Reproductive Rights in the Face of Declining Fertility," declining fertility raises questions about the legitimacy of contraception and parenthood by choice and challenges the principle of gender equality. There is an urgent need to uncover the real situations and challenges on the ground from both service provision and advocacy perspectives, assess the current level of efforts, identify support gaps, and determine how to safeguard everyone's SRHR in an era of low fertility and ageing. Additionally, the unique and special SRHR needs of elderly people are often neglected and must be considered from the perspective of SRHR for all.

C. Workshop Objectives

The objectives of the three days' workshop are as follows:

1. Identify and analyze factors contributing to low fertility rates and issues surrounding the sexual and reproductive health of the ageing population.
2. Explore necessary and meaningful support for MAs to further ensure SRHR for all—including addressing low-fertility issues and SRH needs of older persons—through engagement and coordination with individuals, communities, civil society, governments and other partners.
3. Discover innovative and creative ways to provide tailored support to individuals in need of fertility care and to the ageing population.
4. Develop a sustainable strategy to continue work on fertility and ageing within the ESEAOR.

D. Workshop Proceedings

The workshop was structured into six sessions, each serving as a building block to achieve the outlined objectives:

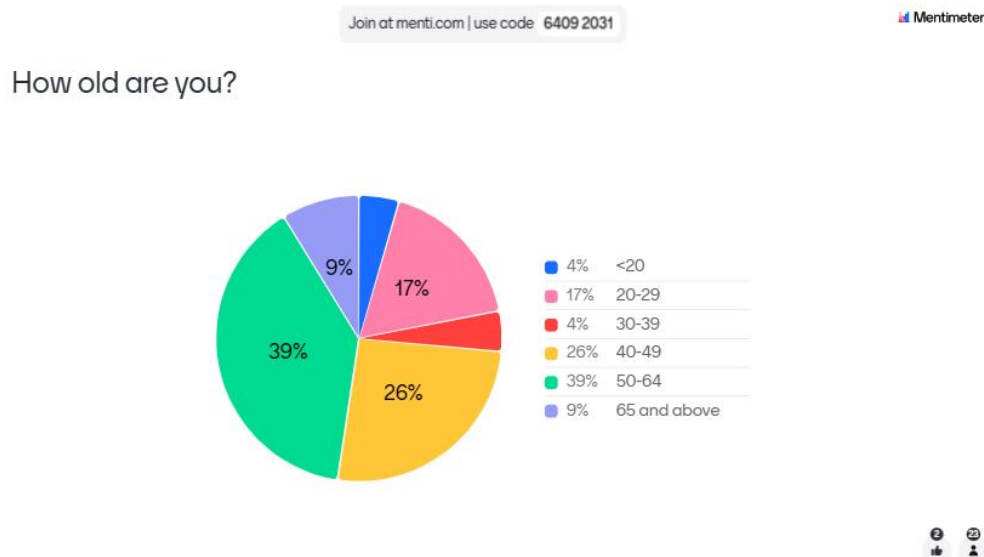
1. Context Setting
2. IPES Plus: Sub-Fertility and ageing Populations
3. Beyond SRH Care for ageing Populations
4. Innovative Approaches and Emerging Technologies

5. Advocating Rights-Based Service Delivery and Policies in Low-Fertility Settings
6. Action Plan Development

Day 1

1. Introduction

The event began with a warm welcome from Dr. Mona Lam, Executive Director of FPAHK, followed by an address from Tomoko Fukuda, Regional Director of IPPF ESEAOR. In her speech, Ms. Fukuda emphasized the significance of this being the first IPPF workshop dedicated to fertility and ageing. She highlighted it as a unique platform for understanding the ongoing demographic shifts and collaboratively exploring how IPPF can adapt and respond effectively. After participant self-introductions, an engaging ice-breaking activity was conducted using Mentimeter to collect and visualize the age distribution of attendees.



Only 4% of the participants were younger than 20 years old or in the 30–39 age category. The majority of participants (74%) were aged 40 and older, with only 9% aged 65 and above.

The master PowerPoint slides for the workshop are available [here](#). All the documents used and shared during the workshop are shared in [the folder](#).

1.1. Value clarification

As part of setting the scene, a Value Clarification exercise was conducted with all participants to establish a shared understanding of the topics and to exchange diverse perspectives.

The questions asked to the participants were as follows;

- 1) I prefer coffee over tea.
- 2) English is my first language.
- 3) People over 65 years old no longer have sexual lives, therefore, it is no need for MAs to prioritize sexual health of older persons.
- 4) Post-menopausal women are no longer sexually active.
- 5) Women should be encouraged to have more children to address low-fertility issues.
- 6) Governments have rights to incentivise people to have more children.

7) Staying voluntarily childless/childfree is selfish.

There were some interesting conversations around question 5) Women should be encouraged to have more children to address low-fertility issues. The discussion brought out diverse perspectives on addressing low-fertility issues. Some participants emphasized the importance of respecting women's autonomy, suggesting that rather than encouraging women to have more children, they should be provided with accurate information and resources to make informed reproductive choices. This approach underscores the need to uphold women's rights and ensure decisions remain personal and voluntary. Others highlighted the necessity of robust societal support systems to empower women and couples who wish to have children. They argued that addressing low fertility requires not just individual decisions but also an environment that facilitates those choices through adequate support and resources.

Additionally, some participants advocated for raising awareness about the broader implications of low fertility. They stressed the need to educate individuals on the societal and demographic impacts of this issue without creating undue pressure to conform to a specific reproductive narrative. Overall, the discussion underscored the importance of balancing individual autonomy with societal support. It highlighted the need for informed decision-making, inclusivity, and a focus on creating supportive environments that respect and empower women's choices.

After that exercise, Marevic Parcon, an MASD director from IPPF ESEAOR shared the IPPF Come Together strategy and how this strategy resonates with our stance on the issues of low-fertility and SRH of the ageing population. The main message she shared was that “we confront the most pressing SRHR challenges globally by expanding choice, widening access, advocating for policy reform, and integrating self-care and digital solutions.” She continued highlighting the importance of Reproductive Justice perspectives which comprises reproductive rights with social justice.

1.2. *Why do we tackle fertility and ageing issues together?*

Further explanations were provided on the rationale for addressing these two interconnected topics together. In Asia, population ageing is a widespread phenomenon primarily driven by increased life expectancy and low fertility rates. These two issues are closely linked, as many countries face both a growing elderly population and declining fertility. Therefore, exploring approaches to expand services and implementing more tailored solutions at the MA level could prove highly effective in addressing the needs of these target populations.

1.3. *Objectives and expectations*

The workshop objectives were shared as follows:

1. Identify and analyze factors contributing to low fertility rates and issues surrounding the sexual and reproductive health of the aging population.
2. Explore necessary and meaningful support for MAs to further ensure SRHR for all—including addressing low-fertility issues and SRH needs of older persons—through

engagement and coordination with individuals, communities, civil society, governments and other partners.

3. Discover innovative and creative ways to provide tailored support to individuals in need of fertility care and to the ageing population.
4. Develop a sustainable strategy to continue work on fertility and ageing within the ESEAOR.

The participants shared their expectations for the workshop, which primarily centered around the following five key points:

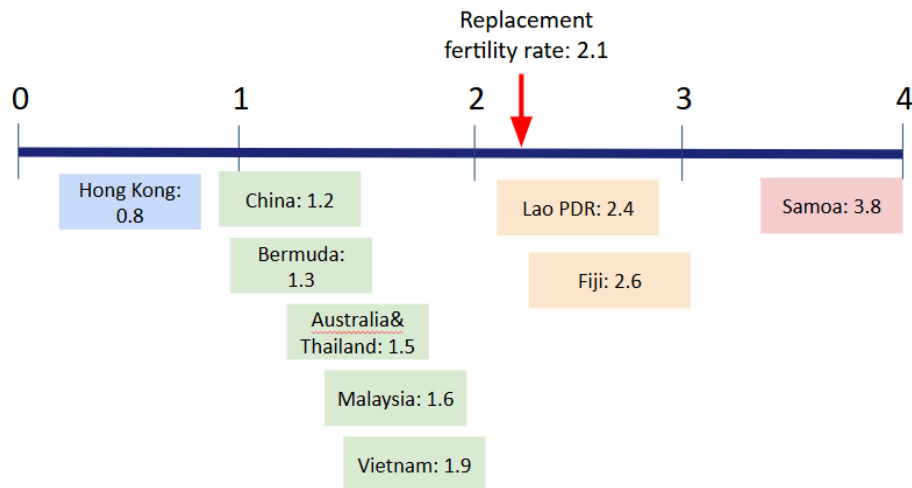
1. Learning and Knowledge Sharing
 - Understanding the context of low fertility in participating MAs.
 - Learning about innovative and affordable technologies for fertility services.
2. Exchange of Ideas and Collaboration
 - Exchanging challenges and solutions in fertility and ageing work.
 - Connecting internationally.
3. Strategic and Programmatic Development
 - Developing a future plan for addressing fertility and ageing matters.
 - Bringing back new and possible models to improve governance within their associations.
4. Policy and Advocacy
 - Understanding how IPPF views demographic changes and addressing them as a federation.
 - Policies and their effects on addressing the aging population.
5. Inspiration and Innovation
 - Gaining great ideas and inspiration.
 - Informed discussion leading to ideas and hopefully innovation.

2. Session 1: Context Setting

2.1. Introduction to fertility and ageing issues in ESEAOR

The session began with a global overview of fertility issues and population trends, presented by Tomas Sobotka. He introduced a stylized model to explain the Demographic Transition from Stage 1 to Stage 5, illustrating the shift from high birth and death rates to a scenario where birth rates rise again while death rates remain low. Globally, nearly 90 countries had Total Fertility Rates (TFRs) below 2.1 births per woman—below the replacement rate—during 2015–2020, reflecting an increasing number of countries in Asia experiencing low fertility over time. In particular, most of East Asia faces significant concerns about population decline and the "baby bust," leading to widespread worries and alarm.

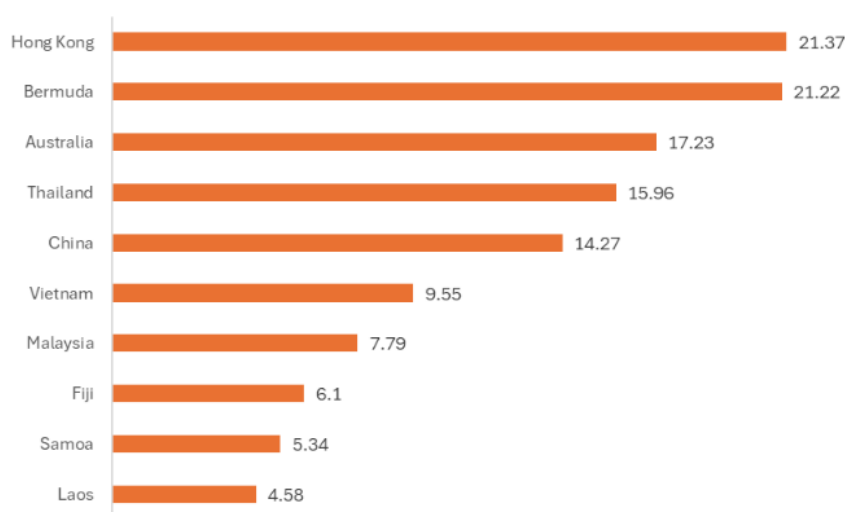
In the next session, Rie Takahashi, AOC from IPPF ESEAOR demonstrated demographic and fertility trends among 10 countries and regions where all the MAs are from.



Countries and regions represented by seven MAs have Total Fertility Rates (TFRs) below the replacement level of 2.1, with Hong Kong recording the lowest rate at 0.8 and Samoa the highest at 3.8. While TFR is often reported as a national average, it is crucial to examine disaggregated data by region or demographic group. For example, although Thailand's national TFR is 1.5, the rate in Bangkok, the capital, is significantly lower at 0.8. Another important consideration is the wanted fertility rate, which has been steadily declining over the years.

Regarding the aging population, the presentation highlighted key facts, including that by 2050, 80% of older people will be living in low- and middle-income countries. Additionally, the feminization of aging—a trend requiring greater attention to the unique needs of elderly women—is becoming increasingly evident. Among the 10 MAs, Hong Kong has the highest percentage of the population aged 65 or older (21.37%), followed closely by Bermuda at 21.22%.

% of people 65 year-old or over



2.2. Identify where we are

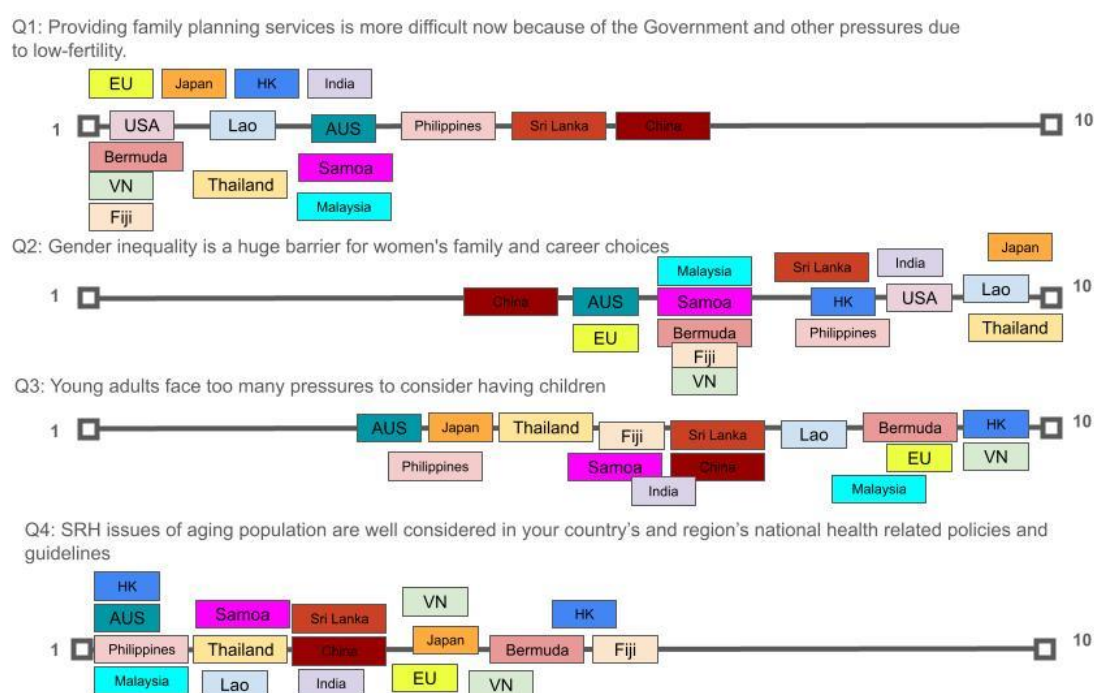
In the previous session, the context was presented using evidence and statistics. In the following session, four statements related to low fertility and the SRH of ageing populations

were posed to identify similarities and differences across countries. Participants were asked to write their country or region name on a sticky note and place it on a scale from 1 to 10, selecting the number they felt best represented their respective position. A score of 10 indicated strong agreement with the statement, while a score near 1 indicated strong disagreement.

The four statements posed in the session were as follows:

1. Providing family planning services is more difficult now because of the Government and other pressures due to low fertility.
2. Gender inequality is a huge barrier for women's family and career choices.
3. Young adults face too many pressures to consider having children.
4. Sexual and Reproductive Health of ageing population is well considered in your country's and region's national health related policies and guidelines.

The below image is the results of “Identify where we are” activity. All the facilitators and external speakers also joined so there are additional countries/regions including Japan, India, Sri Lanka, USA and EU.



2.3. Presentation: “Understanding Low Fertility in Hong Kong and other High Income Asian Countries” by Paul Yip and Yiming Bai

From a global and regional perspective, low-fertility trends and the SRH issues faced by ageing populations were explored. The next session shifted focus to a country- and region-specific analysis of low-fertility issues, using Hong Kong and other high-income Asian countries as a case study. Professor Paul Yip and Yiming Bai from the University of Hong Kong presented on the topic of “Understanding Low Fertility in Hong Kong and other High Income Asian Countries”.

The presentation examined the phenomenon of low fertility rates in Hong Kong and other high-income East Asian countries, focusing on trends, contributing factors, and policy implications. TFRs in East Asia are among the lowest globally, with Hong Kong's TFR declining significantly over the decades. This trend reflects a shift from traditional fertility patterns to prolonged periods of very low fertility, accompanied by a significant decline in marriage rates, especially among younger age groups.

Key factors contributing to low fertility include economic pressures such as high housing costs and childcare expenses, which discourage childbearing. Cultural norms and societal expectations often lead to delayed marriage and parenthood, while persistent gender inequality in unpaid care and household responsibilities further hinders higher fertility. Additionally, ageing populations and the rising cost of living create further deterrents to having children.

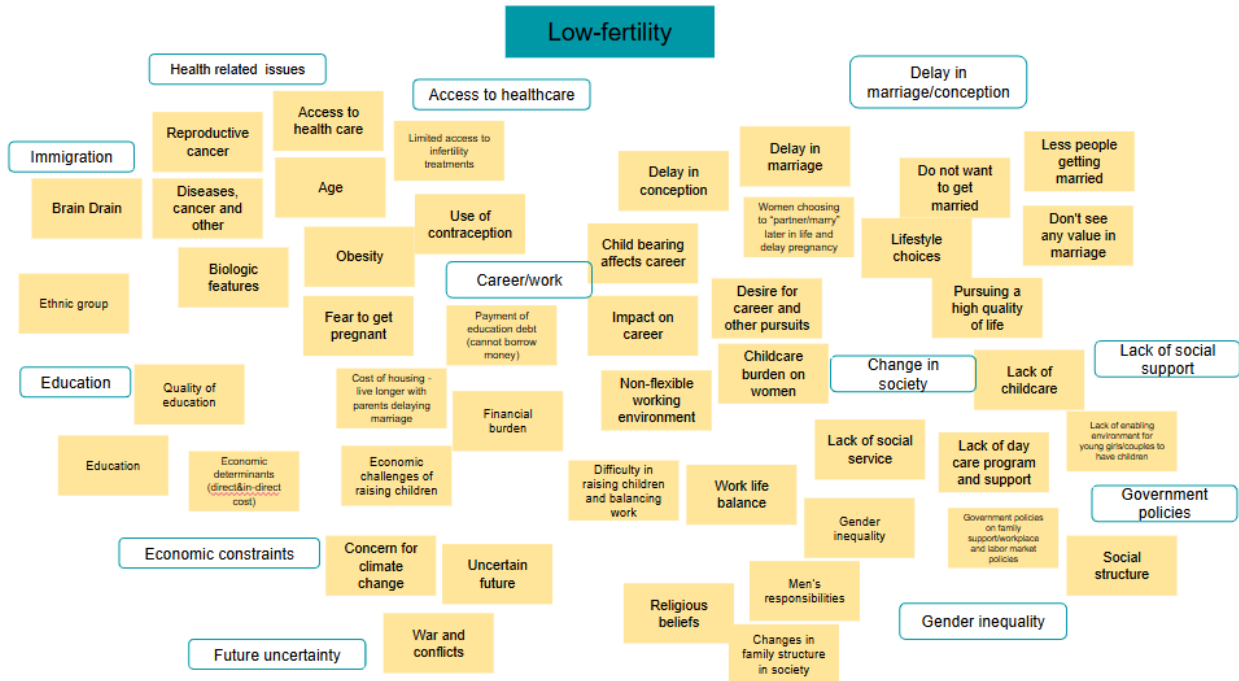
The presentation highlighted policy challenges, noting that existing pronatalist measures often lack specificity and fail to address real barriers to fertility. Childcare services, particularly for children under two years old, remain insufficient and inflexible, while financial incentives such as tax breaks and subsidies are often misaligned with the needs of the target demographic. There is also a significant gap between fertility intentions and actual fertility behavior, influenced by economic constraints, social norms, and entrenched gender roles. This gap is more pronounced in urban areas, where higher living costs and limited space exacerbate the challenges.

Opportunities for policy improvement include the development of targeted and group-specific measures that address economic, cultural, and structural barriers. Holistic approaches that include flexible work arrangements, enhanced childcare services, and comprehensive family support systems are essential for reversing the trend of declining fertility. The presentation concluded by emphasizing the need for innovative, inclusive, and culturally sensitive policies to support family formation and address the challenges posed by low fertility in East Asia.

2.4. Group work: Problem Tree of Low-fertility

In this session, participants were asked to explore the contributing factors to the low-fertility trend, including ultra-low fertility, as well as the rapid or slow decline in fertility rates. It was emphasized that low fertility itself is not inherently a problem but rather a reflection of broader social settings. However, understanding the factors driving declining fertility rates, particularly in this region, is essential.

The image below represents the results of group work, highlighting the various contributing factors to low fertility.



In summary, the contributing factors to low fertility can be grouped into seven main categories:

1. Health-Related Issues

- Diseases, cancer, and other illnesses.
- Reproductive cancer.
- Obesity.
- Biologic features.
- Limited access to infertility treatments.
- Use of contraception.
- Fear of pregnancy complications.

2. Socio-Cultural Factors

- Delay in marriage/conception.
- Less people are getting married.
- Women choosing to "partner/marry" later in life and delay pregnancy.
- Don't see any value in marriage.
- Do not want to get married.
- Changes in family structure in society.
- Religious beliefs.
- War and conflicts.

3. Economic Challenges

- Financial burden.
- Cost of housing - live longer with parents delaying marriage.
- Payment of education debt (cannot borrow money).
- Economic challenges of raising children.
- Economic determinants (direct and indirect costs).

- Lack of social support.
- Lack of day care programs and support.
- Childcare burden on women.

4. Career and Lifestyle Choices

- Childbearing affects career.
- Pursuing a high quality of life.
- Desire for career and other pursuits.
- Career/work.
- Difficulty in raising children and balancing work.
- Work-life balance.
- Impact on career.

5. Social and Environmental Factors

- Concern for climate change.
- Future uncertainty.
- Lack of an enabling environment for young girls/couples to have children.
- Lack of social services.
- Lack of childcare.
- Lifestyle choices.

6. Immigration and Population Dynamics

- Brain drain.
- Immigration.

7. Government Policies and Support Systems

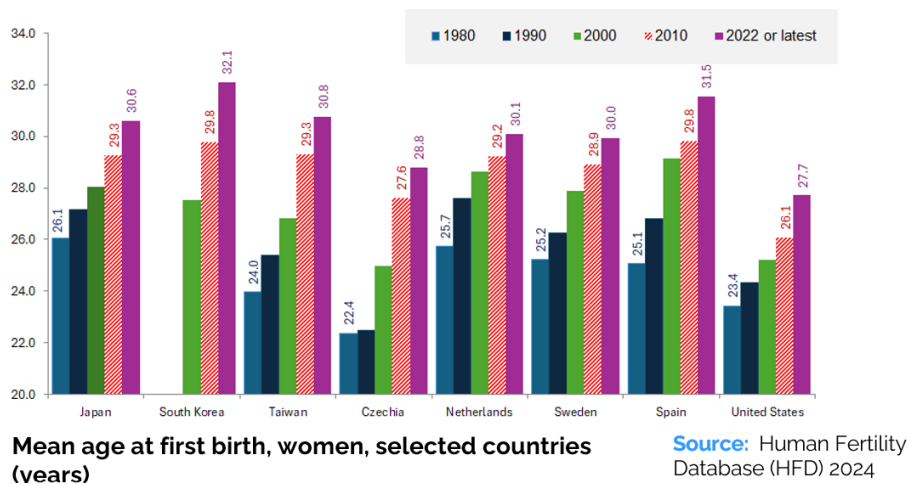
- Government policies on family support, workplace, and labor market policies.
- Non-flexible working environment.
- Quality of education.
- Change in society.

This exercise was essential in helping participants understand the diverse factors contributing to low fertility and fostering a shared recognition that this issue cannot be addressed solely through healthcare services. Instead, it requires broader perspectives encompassing policies, societal dynamics, and gender equality.

2.5. Presentation: “Low Fertility in East Asia” by Tomas Sobotka

After identifying the contributing factors to low fertility, Tomas Sobotka, Deputy Director of the Vienna Institute of Demography, delivered a presentation on 'Low Fertility in East Asia', reaffirming the factors identified in the previous session.

Delayed family formation: first births at ever later ages



One of the key points highlighted was the issue of ultra-low fertility, a common trend in East Asia, characterized by:

- Period TFR (Total Fertility Rate) dropping significantly below projected levels, often reaching levels around 1.
- Periods of stability followed by rapid declines in fertility rates.
- Significant consequences for the total number of births and generation size, exemplified by the drop in births in China from 18.4 million in 2017 to 9.0 million in 2023.

Also, characteristics of fertility trends of East Asia compared to other regions are highlighted as follows:

- Later declines, but sharper downward shifts
- “Ultra-low”, “extreme-low” levels (extremes most pronounced in major cities)
- Stronger postponement of first birth (with more serious consequences), very few “early births” (<25), slow or no “recovery” in delayed births
- Higher childlessness & steeper rise in childlessness (also within marriage)
- Few larger families with 3+ kids
- The “marriage package”: tight connection between marriage and reproduction (but not in all parts of South-Eastern Asia)
- More rapid changes in partnership and intimate behaviour: rapid rise of single, unmarried, unpartnered young adult population
- Smaller education and social status differences in family size, no larger higher-fertility group
- Very little contribution of migrants to births and fertility rates

Key Drivers of Low and Late Fertility

- Economic pressures, including housing affordability, job insecurity, and education costs.
- Cultural shifts, such as the declining appeal of marriage and parenthood among younger generations.

- Persistent gender inequality in unpaid care and the labor market, especially in East Asia.
- Changing reproductive preferences with higher standards for parenthood and increased acceptance of childfree lifestyles.

Consequences of Low Fertility

- Population ageing ("grey tsunami") and shrinking labor forces, placing pressure on social security, healthcare, and pension systems.
- Economic inequalities between urban and rural regions, with urban areas experiencing sharp declines in fertility.
- Changes in family structures and delayed inheritance due to fewer children per household.
- Potential positive impacts, including improved employment prospects and resource availability for young adults.

Policy Responses and Adjustments

- Policies must be holistic, targeting well-being, flexibility, and reproductive rights rather than demographic goals alone.
- Effective measures include affordable childcare, flexible parental leave, and broader access to assisted reproductive technologies (ART).
- Addressing housing shortages and promoting workplace flexibility are essential for enabling young adults to start families.
- Localized policies tailored to regional needs and promoting gender equality in the labor market are critical.

The Role of Societal Norms and Cultural Shifts

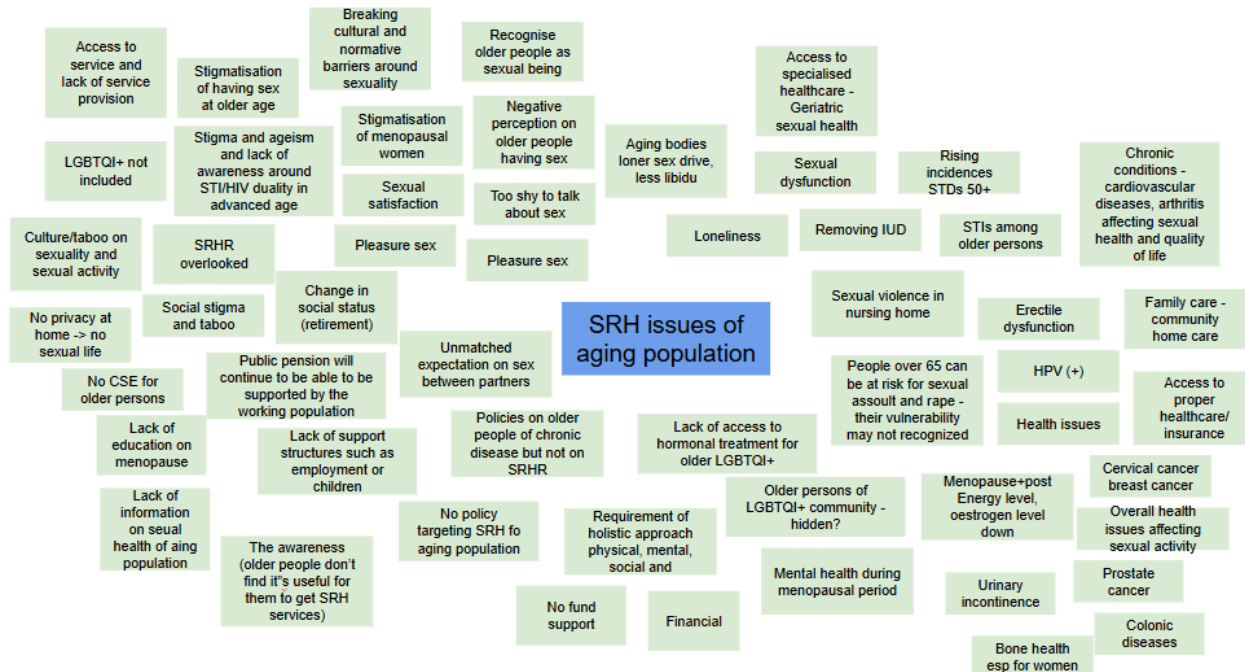
- East Asia faces unique challenges due to Confucian traditions emphasizing marriage and family within rigid societal norms.
- Societal pessimism and competition discourage younger generations from pursuing parenthood.
- The lack of supportive policies for diverse family structures, including single or unmarried parents, exacerbates the issue.

At the end of his presentation, it was concluded to the message and recommendation to IPPF as follows:

- Creating a positive vision of reproductive empowerment: supporting families, individual choices and reproductive rights
- Plenty of opportunities around later reproduction and societal support for those who plan to become parents later in life
- Supporting young people and their choices: often a neglected "target" group in family policies
- Advocating flexible policies for diverse societies: a need to reflect different reproductive preferences, different living arrangements and different families in policy choices (also solo parents, unmarried parents, disabled...)

These suggestions are critical to further advance the work on fertility and ageing topics as IPPF with MAs.

2.6. Group work: Mind mapping on SRH issues of ageing population



1. Healthcare Access and Service Provision

- Limited access to specialized geriatric sexual health services, hormonal treatments, and SRHR policies for older individuals.
- Lack of education, information, and targeted Comprehensive Sexuality Education (CSE) for older people.
- Inadequate funding and insurance support for SRHR services.

2. Physical and Biological Factors

- ageing-related health issues (e.g., lower libido, sexual dysfunction, menopause, prostate cancer, and urinary incontinence).
- Chronic conditions like cardiovascular diseases, arthritis, and bone health issues affecting sexual activity.
- Rising incidences of STDs, including HPV and HIV, in older populations.

3. Psychological and Emotional Factors

- Loneliness, mental health challenges during menopause, and emotional struggles due to retirement.
- Unmatched expectations between partners and a lack of sexual satisfaction.
- Older adults often feel shy or unaware of the relevance of SRH services for their well-being.

4. Cultural, Social, and Stigmatization Issues

- Persistent stigma and cultural taboos around sexuality and sexual activity in older age.
- Negative perceptions and lack of recognition of older people as sexual beings.
- LGBTQI+ ageing individuals face exclusion and social invisibility.

5. Education, Awareness, and Advocacy Gaps

- Lack of SRHR education and awareness campaigns targeting older populations.
- Overlooked risks of STI/HIV in older age due to ageism and social neglect.
- Minimal advocacy for older adults' SRHR in health policies and public discourse.

6. Social and Relationship Dynamics

- Caregiving responsibilities, retirement, and lack of family or community support limit sexual expression.
- Privacy issues at home and mismatched expectations between partners affect intimacy.
- Societal dynamics hinder older adults from expressing or exploring their sexual needs.

7. Holistic Approach and Integration

- A holistic approach addressing physical, mental, and social health is essential for ageing populations.
- Integrated care models are needed to address overlapping health concerns (e.g., SRHR, chronic diseases, and mental health).
- Awareness initiatives can emphasize the importance of SRHR as part of aging well-being.

3. Session 2: IPES plus on sub-fertility and for ageing populations

3.1. Presentation: “IPES+ and ageing” by Dr. Nathalie Kapp

The presentation focused on IPPF's Integrated Package of Essential Services (IPES+) and its application in addressing the SRH needs of ageing populations. It emphasized that IPES+ services are rooted in gender-sensitive, stigma-free, client-centered, and rights-based approaches. These principles aim to ensure that SRH services respect human rights and empower individuals to effectively claim their SRH needs. The life-cycle approach adopted by IPES+ ensures comprehensive care across all stages of life, while evidence-based practices drive improved health outcomes.

The presentation detailed the breadth of services offered under IPES+, including contraception options, abortion care, STI and HIV prevention and management, fertility support, obstetrics and gynecology care, and first-line clinical support for survivors of sexual and gender-based violence. These services aim to address the complex and evolving SRH needs of clients at various life stages, including older adults.

Special attention was given to the unique SRH needs of ageing populations. The presentation highlighted the importance of promoting healthy sexuality among older adults, recognizing the rising incidence of STIs and HIV within this age group, and addressing the unmet needs for menopause care, including hormone therapy and counseling on sexual wellness. It was noted that increasing maternal age impacts fertility rates, necessitating assessments and counseling on lifestyle changes to optimize fertility outcomes.

The presentation also outlined several challenges and gaps in addressing ageing-related SRH issues. Particularly, it is important to understand challenges around menopause, she highlighted below points:

- Menopause is often not discussed within families, communities, workplaces or health-care settings
- Women may not know the symptoms related to menopause or of counseling and treatment options
- Health care providers may not be trained to recognize perimenopausal and postmenopausal symptoms and on how to counsel and treat
- Limited attention in training curricula
- Sexual wellness is often overlooked in many countries
- Older women may not think they are at risk for HIV/STIs
- Challenge in making menopause-related services available in settings with competing and urgent priorities

Additionally, competing healthcare priorities often result in limited focus on SRH services for ageing populations.

To address these gaps, the presentation recommended creating welcoming and inclusive clinic environments for older clients, providing contraception counseling until menopause is confirmed, and offering decision-making support for menopausal treatments. Establishing referral mechanisms for complex symptoms was also emphasized as a critical step toward improving care.

The session concluded with a strong call to action to tailor integrated SRH services for ageing populations, reduce societal stigma, and strengthen healthcare systems and provider training. These measures are essential for promoting the sexual health and overall well-being of older adults, while advancing inclusive and evidence-based policies.

3.2. Group work: What more could be offered by MAs

After gaining an understanding of the current IPES+ service offerings and identifying opportunities for its expansion for fertility care and SRH services for older persons, participants were tasked with discussing additional services that MAs could provide within four focus areas. Each group was assigned one of the following topics:

- **Group 1 - Sexuality**
- **Group 2 - Menopause**
- **Group 3 - STIs/HIV**
- **Group 4 - Fertility care**

The list of potential expanded services is as follows:

Group 1 - Sexuality

- Transgender health
- Education (sex ed)
 - Life-course approach, include SGBV
- Leverage partnerships
- Inclusive services, especially for senior/older people with disabilities
- Advocate for sexuality education policies for older people

- Learning Hub

Group 2 - Menopause (this group discussed wider components)

- 1. Healthy Sexuality and Well-being**
 - Counseling: Individual and group support
 - Services: Clinical hotline, comprehensive clinics, laboratory testing, hormone therapy
- 2. Contraception**
 - Using IUCD
 - Condom use
 - Abortion care
- 3. STIs/RTIs**
 - Counseling and education
 - Diagnosis and screening
- 4. LGBTQ+**
 - Partnerships with private and government organizations
 - Pap smears, HPV and breast assessments
 - Pregnancy testing
 - Support groups for CA survivors
 - Follow-up care with CA survivors
- 5. Fertility**
 - Screening
 - Support groups
 - Counseling services
 - Laboratory testing (sperm count)
 - Referral to In Vitro Fertilization (IVF) or other fertility treatments
 - Setting up coordinators/networks for awareness
- 6. SGBV (Sexual and Gender-Based Violence)**
 - Counseling
 - Referral cases to proper care
 - Financial support
 - Safe accommodation (safe spaces)

Group 3 - STIs & HIV

- Especially for mid-to-later life age group
- Counseling (for this age group)
- Information/education tailored to this age group
- Access to services (without stigma), screening, and treatment
- HIV treatment - ARV and others (to increase access)
- Tele-health (for outreach)
- Specific, targeted programs for this age group on condom access (minorities)
- Care/support groups for older persons living with HIV/AIDS

Group 4 - Fertility Care

Services:

- IVF
- Donor Sperm
- Semen Analysis
- Surgery
- Intrauterine Insemination
- Counseling
 - Nutritional
 - Mental Health

Additional Support:

- Online Platforms - TikTok, YouTube
- Public Service Announcements
- Telemedicine - Digital Health
- Training
- Mobile Clinics
- Home Visits
- Funding
 - Network: Gov, NGO, and CSOs
- Community Engagement

Day 2

At the beginning of Day 2, Wendy Dawn Augustus, Executive Director of Teen Services Bermuda, and her colleague Ajai Peets provided an overview of Bermuda's situation regarding its ageing population and their unique SRH needs. Bermuda was the only MA from a different region participating in this workshop.

The summary of the presentation is as follows:

Bermuda, a small island nation, faces significant challenges despite its high per capita income. With a population of 63,935 and a size of just 21 miles long and 5 miles wide, the country struggles with an ageing population, with seniors comprising 19.5% of the population. This demographic trend places considerable pressure on the social insurance and pension systems due to a shrinking workforce. Additional challenges include housing shortages, high healthcare costs, the emigration of young people, and high mortality rates among younger generations caused by road accidents.

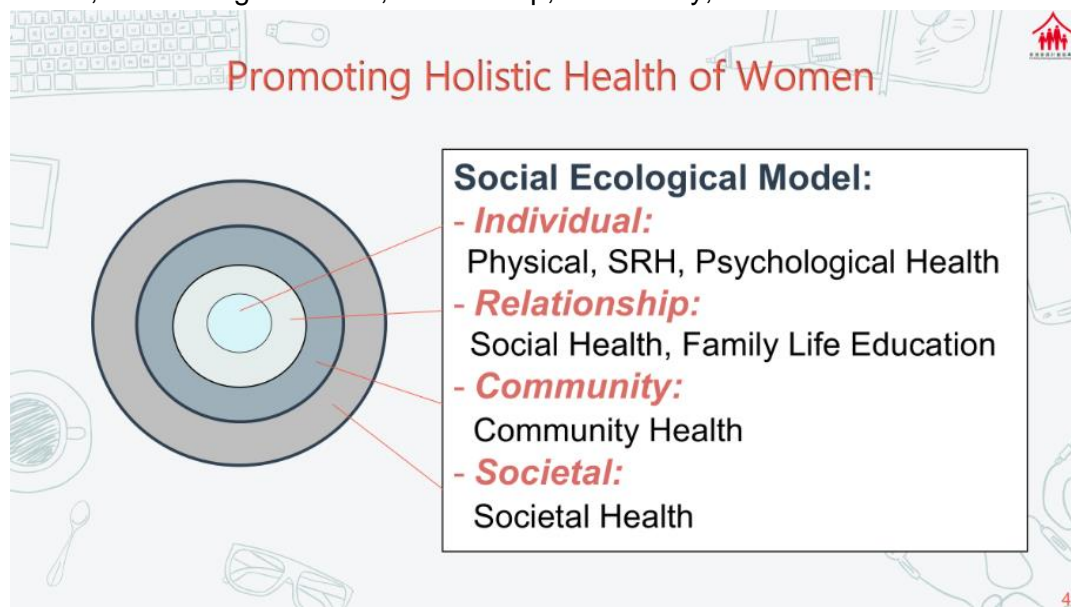
In response, Bermuda has implemented initiatives such as financial assistance programs, free healthcare, transportation services for seniors, and community support systems. However, these challenges remain complex, and solutions continue to be explored.

4. Session 3: Beyond SRH care for ageing population

4.1. Presentation: WHO framework in Hong Kong - Shining Journey 50+ by Maple Lau from FPAHK

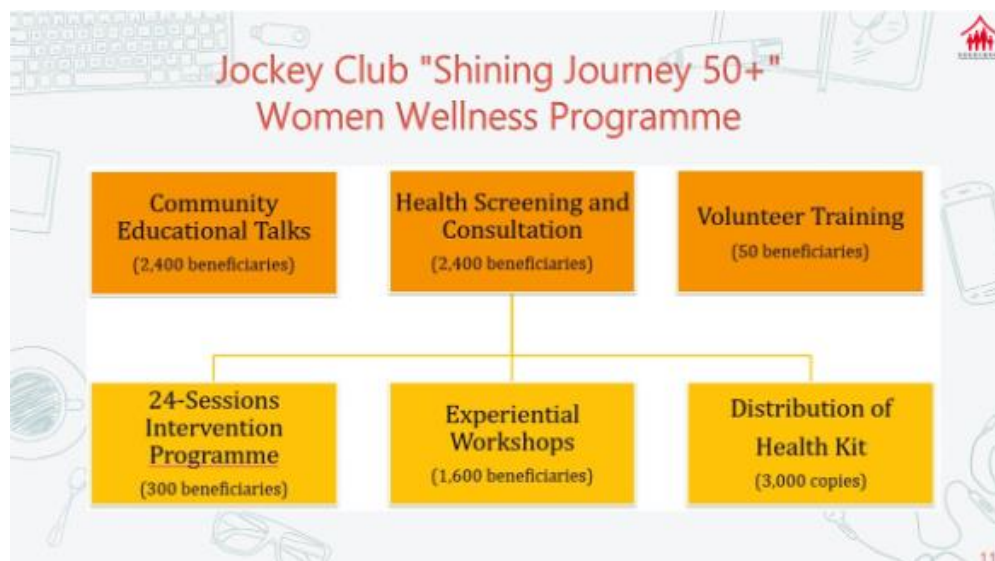
Maple Lau from FPAHK presented one of their activities targeting older persons, Shining Journey 50+, aligned with the WHO guidance for Integrated Care for Older People (ICOPE).

The program is designed to promote the holistic health of women using the Social Ecological Model, addressing individual, relationship, community, and societal levels.



Within this program, FPAHK operates six Women's Clubs that provide services focused on physical, sexual and reproductive health (SRH), and psychological well-being. These include activities like bone health exercises, a weight-bearing exercise platform, menopause talks, stress-relief workshops, and cognitive training sessions. At the social, community, and societal levels, the program implements interventions such as volunteer training, volunteer services, service promotion, and public education through engaging methods like drama and video series.

The Jockey Club Shining Journey 50+ Women's Wellness Programme aligns with the WHO Intrinsic Capacity framework, addressing five key domains: cognition, mobility, psychological well-being, vitality, and sensory functions.



The programme consists of three main components: Community Education Talks, Health Screening and Consultation (including a 24-session intervention programme, experiential workshops, and distribution of health kits), and Volunteer Training. Its objectives align with the BACKS framework, aiming to achieve the following outcomes:

- Behavioral change
- Attitudinal shifts
- Condition improvements
- Knowledge transfer
- Satisfaction with the programme

At the end of the presentation, a video about the programme was shown, with the link available [here](#).

4.2. Presentation: Empowering Thailand's ageing Population by Nanthakan Sungsuman Woodham

The presentation on PPAT's approach to empowering Thailand's ageing population was delivered by Nanthakan Sugsuman Woodham, Executive Director of PPAT. The summary of the presentation is as follows:

Thailand is rapidly transitioning into an aged society, with 20% of its population aged 60 or older in 2021, a figure projected to rise to 28% by 2031. This demographic shift presents significant challenges, including increased healthcare demands, economic strain from a shrinking workforce, and the need for comprehensive policy reforms to support healthy ageing and social systems.

The Planned Parenthood Association of Thailand (PPAT) has implemented various healthcare and social support services to address these challenges. Through its clinics and mobile units, PPAT provides medical care for chronic conditions and preventive health measures, ensuring accessibility for elderly individuals in remote areas. Community hubs like Baan Hom Lam Duan offer mental health programs to reduce isolation and encourage engagement through family involvement. Additionally, reproductive health education for older adults addresses menopause, sexual health, and mental well-being.

Services at Baan Hom Lam Duan



Long term care

Regular check-ups, nursing care 24 hrs, and chronic disease management.
20 beds currently 12 beds occupied.



Health Promotion

Exercise programmes, nutrition counselling, and mental health support.



Palliative Care

Ensuring dignity and comfort for terminally ill elderly patients.



Community Outreach

Educational workshops and support programmes for families and caregivers.



Long-term care facilities such as Baan Hom Lam Duan exemplify holistic elderly care, providing physical, emotional, and mental health support. These facilities offer services ranging from daily assistance to palliative care for terminally ill patients. Advocacy efforts focus on improving government policies related to ageing and health while tackling economic challenges through sustainable funding and resource allocation. Community education initiatives equip families and caregivers with the knowledge to effectively support older adults.

Nevertheless, challenges remain. Many caregivers are untrained in addressing sensitive issues such as sexual health and mental health among older adults. Staffing shortages and financial sustainability are critical concerns, as is the limited access to inclusive care that respects the autonomy and diversity of older adults, including LGBTQ+ individuals.

To enhance care quality, PPAT advocates for comprehensive caregiver training programs, inclusive care models, and better integration of SRHR (sexual and reproductive health and rights) into elderly care. Securing partnerships with national and international donors and businesses is vital for financial sustainability. Centers like Baan Hom Lam Duan highlight the potential for innovative care models that address the physical, emotional, and social needs of Thailand's aging population.

The full presentation is available [here](#).

5. Session 4: Innovative approaches and new technology

5.1. *Presentation: Innovative Approaches and New Technology: Technology for Elderly Care by Ms. Elaine Leung*

The presentation by Ms. Elaine Leung, Project Manager at the Hong Kong Council of Social Service (HKCSS), explored the innovative use of technology to improve elderly care in Hong Kong. The HKCSS, a statutory body established in 1947, collaborates with over 520 agency members to provide high-quality social services while fostering social justice and equality. The organization aims to advance innovation and build an inclusive community through its impact-oriented initiatives.

Elaine Leung highlighted the role of gerontechnology in addressing the needs of an ageing population. The Gerontech and Innovation Expo cum Summit (GIES), co-hosted by the HKSAR Government and HKCSS, is Hong Kong's largest public education event dedicated to gerontechnology. In 2023, the expo showcased over 900 products from 220 exhibitors, demonstrating solutions such as "Age-friendly City" initiatives and telehealth practices. This platform not only fosters public awareness but also connects stakeholders to drive advancements in elderly care.



- This year, the Expo covers a record high of **9,500-square-metre exhibition** space and features more than **220 exhibitors** showcasing over **900 local and overseas gerontech products and solutions**.
- Key thematic pavilions focus on "Age-friendly City", "Telepractice x Health New Horizon", "Gerontechnology Testing Ground", "Inclusive Tech for Kids" and "Care Food Gourmet Plaza".

The Hong Kong government has allocated HKD 1 billion to the Innovation and Technology Fund for Elderly and Rehabilitation Care. This fund supports NGOs and private organizations in adopting technological solutions to improve elderly care services. Eligible units include those providing residential and community-based services for the elderly and persons with disabilities. Over 2,200 service units are eligible for subsidies under this program, and 23 categories of recognized products are listed to guide adoption.

The presentation also emphasized the importance of the Gerontech Education and Rental Service, which provides essential equipment such as nursing beds, fall detection sensors, and hearing aids. As of August 2024, the program had served over 3,000 users, with an average equipment rental period of four months. To ensure safety and hygiene, advanced disinfection methods using ozone and UVC light are employed, addressing health concerns for both users and caregivers.

HKCSS has created a Gerontechnology Platform that connects government agencies, universities, non-governmental organizations, research institutes, and private businesses. This platform fosters collaboration and encourages innovation to address the diverse needs of the elderly population. The organization has also established a Knowledge Hub with over 1,270 gerontech products, serving as a resource for stakeholders to evaluate and select suitable solutions.

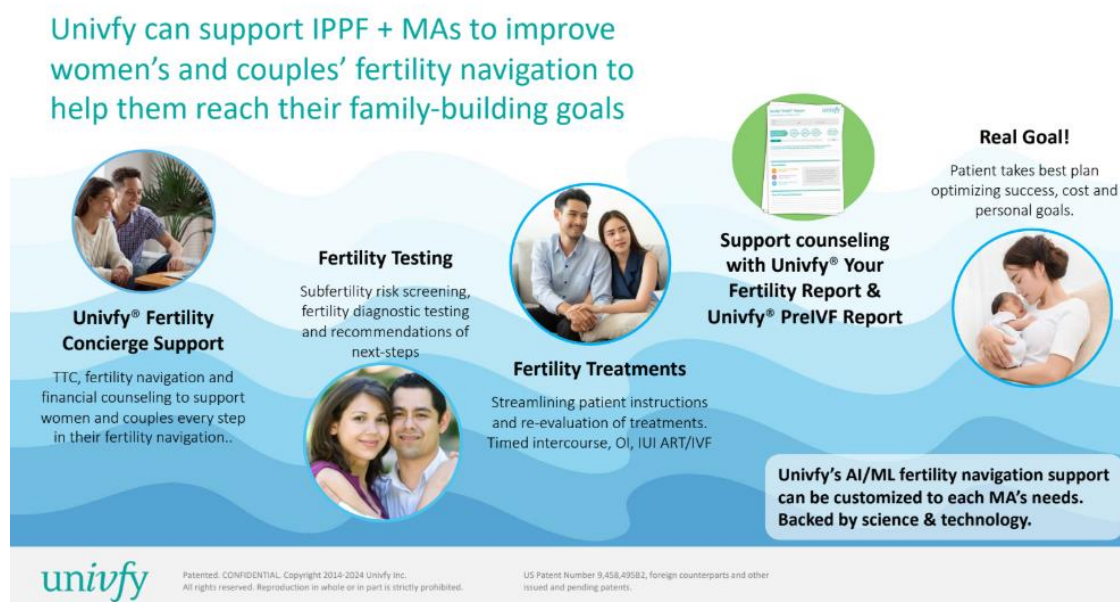
In addition to its services, HKCSS places significant emphasis on education and outreach. Through demo homes, guided tours, and workshops, the organization helps communities understand the value of gerontechnology and integrate it into everyday life. By August 2024, these initiatives had attracted more than 27,000 visitors and provided consultations to over 3,200 users through therapists and nurses.

Looking ahead, HKCSS aims to enhance the accessibility and affordability of gerontechnology for both individuals and service units. By consolidating partnerships across sectors and expanding public education, the organization seeks to embed innovative solutions into Hong Kong's elderly care framework. These efforts aim to create an age-friendly city that prioritizes the dignity, safety, and well-being of its ageing population.

The full presentation is available [here](#).

5.2. **Presentation: Meeting fertility care needs & demand with Univfy®AI Platform for Fertility by Dr. Mylene Yao**

The presentation by Dr. Mylene Yao, CEO and Co-founder of Univfy Inc., explored how the Univfy AI platform leverages artificial intelligence and machine learning to transform fertility care into a more accessible, personalized, and successful process. The platform's core mission is to support individuals and couples in achieving parenthood, regardless of their geographic location or financial circumstances. By making fertility care more patient-centric and predictable, Univfy aims to address significant barriers in the field of assisted reproductive technology (ART).



Infertility affects one in six individuals globally, yet fewer than 5% of those who could benefit from ART, such as in IVF, pursue treatment. This is often due to high costs and uncertainty surrounding outcomes. IVF treatments typically cost between \$2,000 and \$5,000 per cycle, and most patients require multiple cycles to succeed. Univfy's solution to these challenges is the Univfy PreIVF Report, which provides patients with personalized predictions of their success rates based on factors such as age, BMI, ovarian reserve, and reproductive history. This report empowers patients to make informed decisions by estimating the number of cycles needed and associated costs, reducing uncertainty and improving confidence in pursuing treatment.

Univfy's impact extends to both patients and providers. The use of its AI-driven tools has been shown to increase IVF conversion rates by two to five times and improve live birth outcomes by nearly 1.9 times. The platform also enhances patient retention, as patients are more likely to continue with treatment after an initial IVF failure. For fertility clinics, Univfy enables value-based pricing strategies, balancing affordability for patients with financial sustainability for providers. The platform integrates seamlessly with electronic medical records (EMRs) and adapts its models to local clinic data, ensuring relevance and accuracy in diverse healthcare settings.

Globally, fertility rates are declining, with many countries falling below the replacement rate of 2.1. Univfy addresses these challenges by promoting equitable access to fertility care. The platform emphasizes the importance of rights-based approaches, supporting diverse patient populations, including single women, LGBTQ+ couples, and individuals preserving fertility due to medical conditions. By removing barriers to ART, Univfy fosters inclusivity and ensures more patients can benefit from advancements in fertility treatments.

The financial and clinical benefits of Univfy are significant. Clinics using the platform report increased revenue through higher IVF utilization and improved patient retention. Additionally, the average cost per live birth decreases by approximately 30%, making ART more accessible for patients while improving outcomes. By combining cutting-edge technology with a deep understanding of patient needs, Univfy enhances the efficiency of fertility care, ultimately creating a win-win scenario for patients and providers alike.

In conclusion, the Univfy AI platform represents a groundbreaking approach to fertility care, addressing critical challenges while empowering patients and providers. By providing personalized, data-driven insights and scalable solutions, Univfy is making significant strides toward a future where ART is not only accessible but also equitable and highly effective for a diverse global population.

The full presentation is available [here](#).

5.3. Group work: Innovative and creative idea competition

The participants were divided into four groups and tasked with developing innovative and creative solutions to the issues and challenges discussed, focusing on either fertility or the SRH of the ageing population. This competitive group exercise was evaluated by three panelists using three criteria: 1) the effectiveness of the proposed solution in addressing the selected problem, 2) its alignment with the IPPF strategy, and 3) its level of innovation and creativity. Each group was given 15 minutes to develop a concise proposal, followed by a two-minute presentation.

The winning group proposed an intergenerational approach to addressing ageism and discrimination toward elderly people in the context of sexual health, incorporating youth engagement. The judges highly appreciated the idea for meeting all the evaluation criteria while also being a practical and actionable solution.

6. Session 5: Advocating for Rights-based service delivery and policy in Low-fertility settings

The session was facilitated by the FP2030 team with presentations from Warakagodage Don Dakshitha Madhuka Wickremarathne and Jameel Zamir.

6.1. Presentation: Introduction to FP2030 and National Policies Addressing Low-Fertility Issues in the Region by Warakagodage Don Dakshitha Madhuka Wickremarathne

The presentation by Dakshitha started introducing FP2030 who they are and what they are doing. Then it addressed the demographic transitions in the Asia-Pacific region, focusing on

the challenges posed by low fertility rates and their implications for sustainable social and economic development. Many countries in the region are experiencing ultra-low fertility, with TFR significantly below replacement levels. This has led to ageing populations, shrinking labor forces, and increasing dependency ratios, which pose challenges for economic growth and social systems.

Several factors contribute to low fertility rates in the region. Economic challenges such as high living costs, limited childcare support, and inflexible workplace environments discourage individuals from having children. Cultural and social barriers, including societal pressures around family size, traditional gender roles, and persistent gender inequality, further exacerbate the issue. Additionally, limited access to SRH services, particularly in rural and remote areas, prevents individuals from making informed reproductive choices.

The presentation also explored policy responses across the region. Pronatalist policies in countries like Japan, South Korea, and Singapore include financial incentives, childcare subsidies, and paid parental leave. However, these measures often face limited success due to high living costs and ingrained societal norms. Immigration policies in locations such as Singapore, Hong Kong, and Australia supplement shrinking labor forces but are not direct solutions to fertility decline. Family support policies in Taiwan and China aim to reduce the costs of childrearing through subsidized childcare and financial support, while gender equality policies in Thailand and India promote reproductive rights and women's empowerment. Despite these efforts, implementation challenges remain widespread.

The presentation emphasized that access to SRH services remains inequitable, with marginalized groups and rural populations often left underserved. Gender inequality continues to limit women's autonomy over reproductive decisions, and insufficient funding hinders the expansion of SRH services, especially amidst competing social demands from ageing populations.

To address these issues, the presentation recommended strengthening universal access to high-quality SRH services, including contraception, maternal health, and fertility treatments, while adopting a rights-based approach. Expanding Comprehensive Sexuality Education (CSE) was highlighted as a key strategy to empower young people with accurate reproductive knowledge. Promoting gender equality through programs that reduce gender-based violence and discrimination was also emphasized as essential. Family-friendly policies, such as paid parental leave, subsidized childcare, and flexible work arrangements, were identified as critical for creating an enabling environment for parenthood. Finally, improving data collection and policy evaluation was recommended to ensure resources are effectively targeted and policies are adapted based on evidence.

The presentation concluded by underscoring the need for integrated policies that balance reproductive rights, family support, and gender empowerment. Ensuring inclusive and rights-based SRH services is vital for achieving sustainable social and economic growth in the Asia-Pacific region.

6.2. Presentation: A White Paper, FP2030 - UNFPA Joint Initiative APRO, EECARO by Jameel Zamir

Globally, declining fertility rates are reshaping demographics, leading to ageing populations and shrinking workforces. These trends challenge national welfare systems, healthcare, and economies while raising concerns about reproductive rights and pressures on individuals to have more children. A joint initiative by FP2030 and UNFPA focuses on developing a comprehensive white paper to address low-fertility issues and formulate policies that promote a human rights-based approach to navigating SRHR in low-fertility settings.

This initiative emphasizes the right of individuals to decide whether, when, and how to have children, while examining the factors causing people to have fewer children than desired in these contexts. It explores critical areas such as fertility preferences, unmet needs for contraception, and the impact of gender equality on reproductive outcomes. The initiative also highlights how empowering women through labor force participation and supportive policies can enhance family planning and fertility outcomes. Additionally, it showcases successful strategies and offers evidence-based recommendations to enable individuals and couples to achieve their fertility goals while respecting their rights.

Through a phased approach involving data reviews, case studies, and policy modeling, this joint effort seeks to provide actionable insights and sustainable strategies. By addressing the intersection of demographic transitions and SRHR, the white paper will support inclusive and human rights-focused approaches to family planning in low-fertility settings.

The presentation is available [here](#).

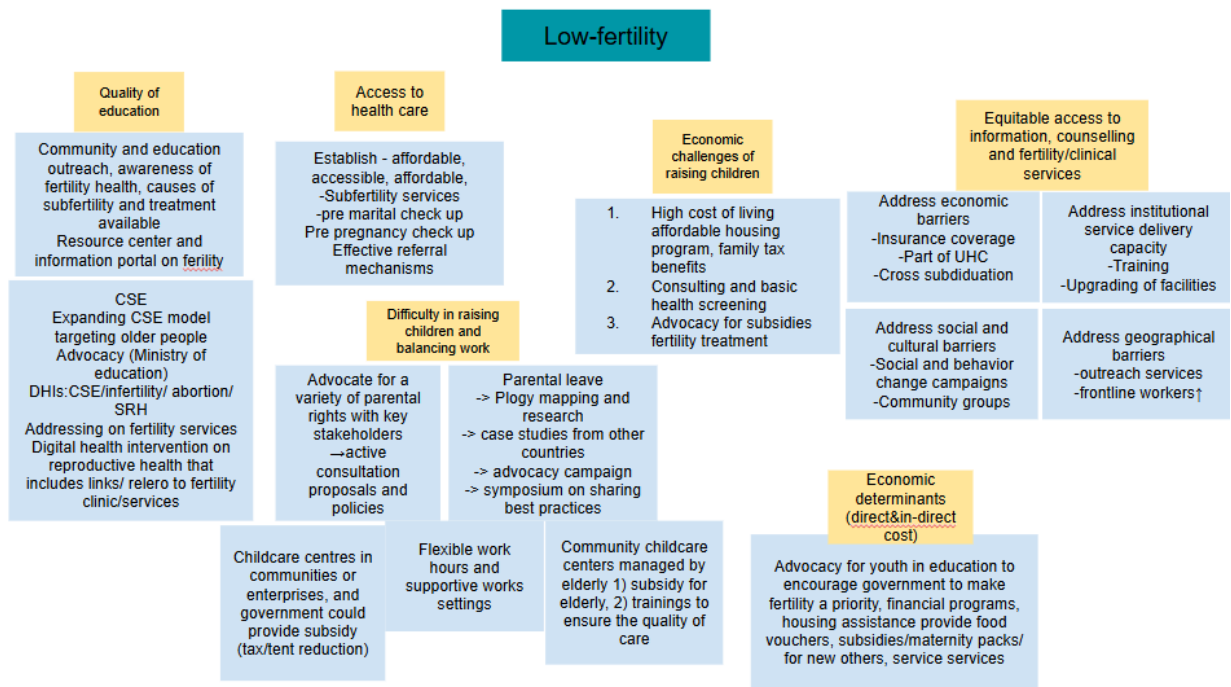
Day 3

On Day 3, all the attention was paid to solutions and action plans, how to ensure SRH services and activities of fertility and ageing will be further advanced. First two activities were designed to come up with solutions on low-fertility and SRH issues of ageing population. Then a country-wise action plan development was followed to ensure all the points discussed in the workshop are entailed. At the end of the workshop, the main activity was to select leading MAs to sustain the initiative.

7. Session 6: Action plan development

7.1. Solution tree development on low fertility

As a pair, all the participants were requested to revisit the problem tree around low-fertility and its contributing factors to select one to two contributing factors on how to address them. The results from the discussions are presented as below:



The solutions to these contributing factors to the low-fertility were discussed as follows:

1. Quality of Education

- Community and education outreach to raise awareness of fertility health, subfertility causes, and available treatments.
- Creation of a resource center and information portal on fertility.
- Expansion of Comprehensive Sexuality Education (CSE) models targeting older people.
- Advocacy with the Ministry of Education.
- Digital health intervention on reproductive health, including links/referrals to fertility clinics/services.

2. Access to Healthcare

- Establish affordable, accessible, and reliable subfertility services.
- Provide pre-marital check-ups and pre-pregnancy check-ups.
- Develop effective referral mechanisms.

3. Economic Challenges of Raising Children

- Address high costs of living with affordable housing programs, family tax benefits, and consulting services.
- Conduct basic health screenings.
- Advocate for subsidies for fertility treatments.

4. Difficulty in Raising Children and Balancing Work

- Advocate for parental leave policies and active consultation with stakeholders.
- Promote case studies and best practice sharing.
- Organize advocacy campaigns and symposia on parental rights.
- Develop childcare centers in communities or enterprises, with subsidies provided by the government (e.g., tax/tent reduction).
- Support flexible work hours and family-friendly workplace settings.

5. Equitable Access to Information, Counseling, and Fertility/Clinical Services

- Address economic barriers through insurance coverage, inclusion in Universal Health Coverage (UHC), and cross-subsidization.

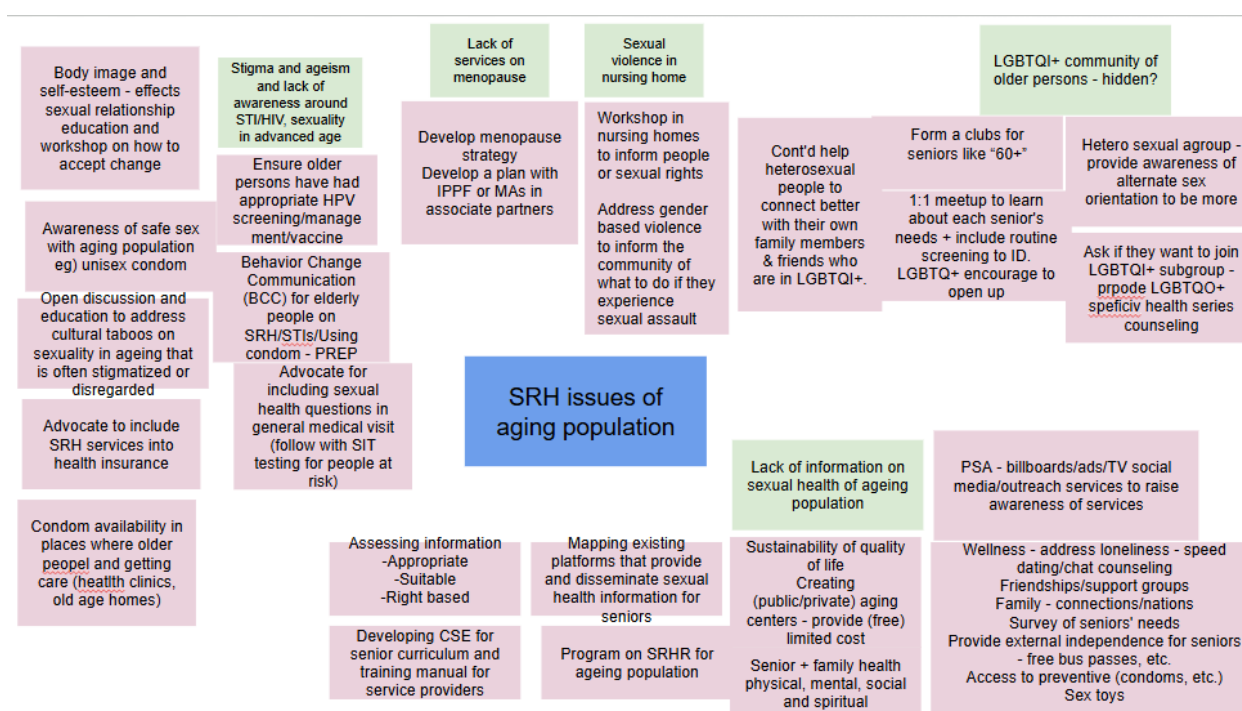
- Address institutional barriers by building service delivery capacity, providing training, and upgrading facilities.
- Address social and cultural barriers through social behavior change campaigns and community groups.
- Address geographical barriers by improving outreach services and equipping frontline workers.

6. Economic Determinants (Direct & Indirect Costs)

- Advocate for youth in education to encourage governments to make fertility a priority through financial programs.
- Provide housing assistance, food vouchers, and subsidies/maternity packs for new mothers and other essential services.

7.2. Solutions to the SRH issues that ageing population are facing

In pairs, participants revisited the mind map of SRH issues affecting the ageing population, following the same instructions as the previous session. They were tasked with selecting one or two issues and discussing potential solutions. The results of these discussions are presented below:



The following is a summary of proposed solutions to address the SRH issues faced by the ageing population:

1. Stigma and ageism and lack of awareness around STI/HIV, sexuality in advanced age

- Host open discussions and workshops to address cultural taboos on sexuality in ageing.
- Use Behavior Change Communication (BCC) to educate seniors on SRH, STIs, condom use, and PREP.
- Advocate for including SRH topics during general medical visits and STI testing.

- Develop public awareness campaigns through PSAs on billboards, TV, and social media.
- 2. Lack of LGBTQI+ inclusivity among older persons**
- Form LGBTQI+ subgroups to provide specific health services and counseling.
 - Conduct 1:1 meetups to understand individual needs and encourage LGBTQI+ seniors to open up.
 - Help heterosexual individuals connect better with LGBTQI+ family and friends.
 - Provide awareness to heterosexual groups about alternate sexual orientations to foster tolerance.
- 3. Limited services and support for menopause**
- Develop menopause-specific strategies and action plans.
 - Create training manuals for service providers on menopause care.
 - Include menopause as a key focus in SRH programs and services.
- 4. Sexual violence in nursing homes**
- Conduct workshops in nursing homes to educate residents and staff about sexual rights.
 - Develop community awareness programs on addressing and reporting gender-based violence.
 - Advocate for integrating GBV prevention in elderly care guidelines.
- 5. Lack of routine SRH screenings for ageing populations**
- Ensure HPV screening, management, and vaccination for seniors.
 - Make STI testing and SRH services part of routine medical visits.
 - Provide preventive tools like condoms in clinics and care homes.
- 6. Loneliness and isolation among seniors**
- Create social clubs and support networks like "60+" programs.
 - Offer initiatives to address loneliness, such as speed dating, chat counseling, and friendship groups.
 - Provide external independence measures like free bus passes and community activities.
- 7. Limited access to affordable, inclusive SRH services**
- Advocate for integrating SRH services into health insurance schemes.
 - Build affordable public and private ageing care centers offering SRH support.
 - Develop SRH programs focusing on physical, mental, social, and spiritual well-being.
- 8. Lack of accessible SRH information for seniors**
- Map and disseminate existing platforms providing SRH information tailored to seniors.
 - Develop Comprehensive Sexuality Education (CSE) curricula for older adults.
 - Use PSAs to raise awareness of SRH issues and available services.
- 9. Lack of programs addressing holistic well-being for seniors**
- Address wellness through family reconnections and support networks.
 - Introduce programs that incorporate mental, social, and emotional health aspects alongside SRH.
 - Include preventive and therapeutic measures such as access to sex toys and other resources to support sexual well-being.

7.3. Country/Region level Action Plan development

All participants worked in their respective country/region groups using the action plan template, which includes sections for actions, deliverables, responsible persons, timeframes, and budget allocations. A sample of a completed template is shown below.

Area	Proposed activities You can list as many activities as needed	Deliverables/ outcomes	Status (Select a cell and a drop-down menu will appear. To reset,	Responsibl e	Timeline	Priority	Resources needed (USD)	Comments and/or links to supporting documents
Fertility & Aging	Share Keypoints of the Workshop on Fertility and Aging with ED and FRHAM Team	Trip Report and Summarize Presentation on the 3-day event	To be implemented ▾	HPP	4th week November	High ▾		
	Prepare content to share with all 13 State Members	Shared documents of 3 dayevent with Report	To be implemented ▾	HPP	1st week December 2024	High ▾		
Aging	Organise support group for Senior with STI/HIV	Each State to organise via Geriatric Forum below	To be implemented ▾	State MA's	January 2025	Medium ▾		
	Each State, MA, will organize a forum on Geriatric health with health screenings, including STI/HIV, Pap Smear, and Mammograms, at the MA clinic if needed.	Event report with the number of services done by the clients	To be implemented ▾	State MA's	January 2025	Medium ▾		
Fertility	Conduct Fertility Health screening and offer referrals to Fertility clinic	Engagement with clinics and the Govt to make available lower Fertility cost	To be implemented ▾					
	Collaborate with FPAHK to consider upgrading fertility services provided		To be implemented ▾					
			▾					
			▾					
			▾					

The following is a summary of the planned actions:

- **Advocacy and Awareness**
 - Share workshop outcomes with stakeholders, including CEOs, SMTs, and national committees.
 - Conduct advocacy meetings with MOH on menopause, abortion care, and SRHR.
 - Raise public awareness on subfertility, menopause, and fertility issues through IEC materials, social media, and forums.
 - Organize geriatric health forums with screenings for STI/HIV, Pap smears, and mammograms.
- **Training and Capacity Building**
 - Provide training on menopause, mental health, fertility services, and SRHR for clinical teams and service providers.
 - Update and assess CSE modules to include ageing-related topics.
 - Train staff on fertility and ageing-related services.
- **Service Development**
 - Establish menopause centers and expand fertility/subfertility services.
 - Strengthen fertility screenings and referrals.
 - Seek government approval for fertility-focused clinics and explore telemedicine for elderly care.
- **Research and Data**
 - Conduct surveys to identify fertility and SRHR needs for ageing populations.
 - Update data collection on fertility services.
 - Undertake research on fertility and ageing.
- **Partnerships and Collaboration**
 - Build partnerships with organizations like FP2030 and FPAHK.
 - Collaborate on culturally aligned health programs for specific communities.
- **Organizational Improvements**
 - Report workshop outcomes to boards and committees.

- Develop and implement action plans for fertility and ageing services.
- Improve staff capacity and recruit additional personnel as needed.

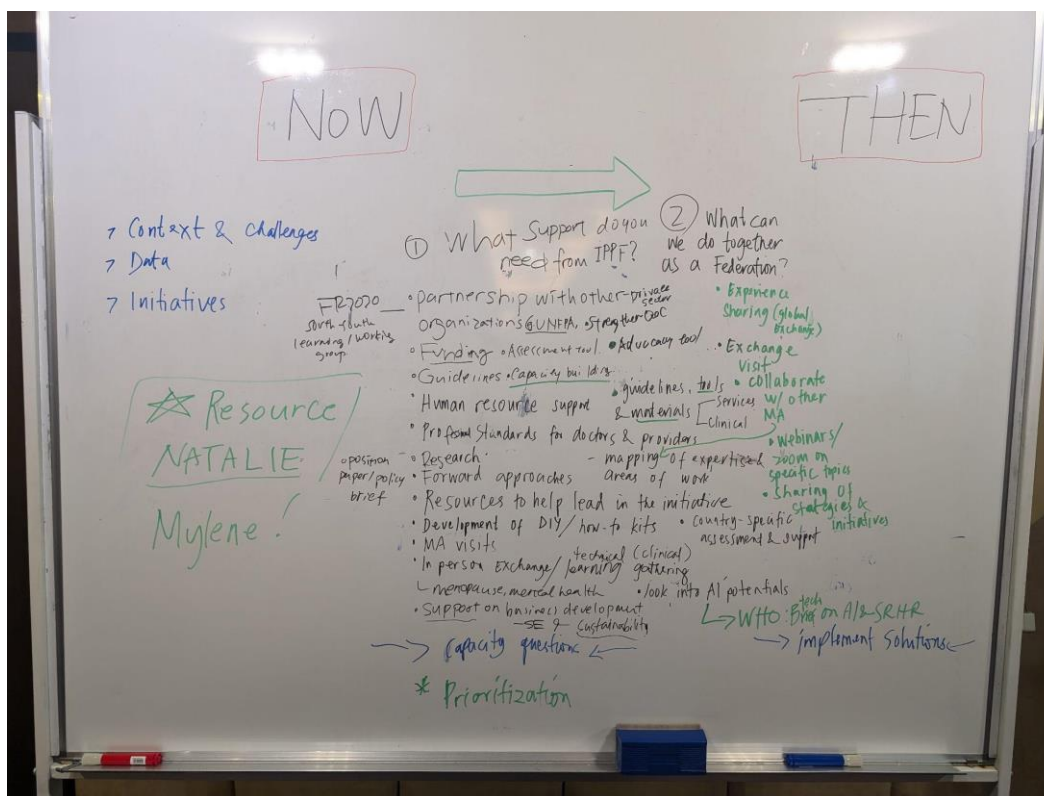
All the MAs Action Plan is available [here](#).

Also, IPPF ESEAOR MASD team's planned actions are as follows:

- **Publish Final Report:** Finalize and disseminate the workshop report on fertility and ageing in collaboration with FPAHK.
- **Develop Advocacy/Position Paper:** Draft and share a comprehensive advocacy or position paper on fertility and ageing issues.
- **Follow-up on Action Plans:** Coordinate and monitor the implementation of MAs' action plans.
- **Organize Technical Workshop:** Plan and conduct a workshop on fertility and ageing with a focus on technical and clinical aspects.
- **Earmark Funds:** Allocate funding for relevant activities through various schemes, including the Center Fund.
- **Capacity Mapping:** Lead a mapping exercise to identify available capacities and expertise on fertility and ageing, including external resources.
- **Explore Partnerships:** Seek and establish partnerships with relevant organizations and stakeholders.
- **In-country Assessments:** Conduct visits to MAs to assess needs and support the initiation of new service components for MAs leading the initiatives.
- **Sustain External Collaboration:** Continue working with external experts, such as Dr. Tomas and Mylene, to strengthen initiatives.
- **Share Technical Resources:** Provide MAs with relevant technical materials and resources to support their work.
- **Develop How-to-Kits:** Collaborate with MAs and the London office to create practical how-to kits for new initiatives.
- **Host Webinar:** Organize a webinar in January 2025 to share workshop outcomes and next steps with broader stakeholders.
- **Facilitate Leadership Formation:** Guide the process of formulating a leadership structure for MAs to spearhead fertility and ageing initiatives, supported by a clear TOR and work plan.

7.4. What support do you need from IPPF and leading MAs?

“Now and Then” activity was conducted to illustrate the support that MAs need to transform ourselves from where we are now to the future where we want to be.



The support needed to further advance our work on fertility and ageing has been summarized as follows:

- **Partnerships and Collaboration:** Building relationships with organizations such as UNFPA and facilitating in-person exchanges and MA visits.
- **Funding and Resources:** Securing access to funding, tools, and resources to effectively lead initiatives and sustain efforts.
- **Capacity Building and Guidelines:** Developing capacity-building tools, advocacy guidelines, and clinical standards, including prioritization frameworks.
- **Advocacy and Research:** Providing support for the development of position papers, policy briefs, and research to inform forward-looking approaches.
- **Tailored Program Support:** Offering assistance with country-specific advocacy, menopause and mental health support, and clinical guidelines.
- **Innovation and Technology:** Exploring AI potentials and integrating them into SRHR services.
- **Sustainability:** Ensuring long-term viability through sustainable practices and initiatives.

The listed support needs will form the foundation for the Terms of Reference for leading MAs.

7.5. Determining Volunteering MAs for Leadership in Fertility and Ageing thematic areas

After identifying the support needs of MAs and outlining the roles and responsibilities expected of IPPF and leading MAs to further enhance work on fertility and ageing topics, the facilitators invited MAs to volunteer for the role of leading MAs. Three MAs—PPAT, FPAA, and FPAHK—volunteered for the role, though they indicated the need for further internal discussions with their boards and program teams. IPPF and three potential leading MAs will have a separate

call to formulate leading MAs on the initiatives of fertility and ageing and further develop terms of reference and plan for 2025 together. The leading MAs have a potential to obtain the center fund of Stream 2 budget allocation.

E. Key Findings and Insights

Fertility

- The use of new technologies, such as AI and machine learning, to tailor support for individuals seeking IVF services based on their personal data and enable more informed choices was highlighted as an insightful area that IPPF has yet to fully explore. Another important perspective is addressing the broader application of AI in the SRHR domain. To advance this work, it is essential to further examine the recently published WHO guidelines, [“The Role of Artificial Intelligence in Sexual and Reproductive Health and Rights”](#).
- Low-fertility itself is not a problem but it is an alarming phenomenon especially in this region coupled with population ageing. The issue is more on the challenges around individuals who would like to have children but it is difficult or impossible to do so due to various social, cultural, access, health and personal issues. It is also critical to ensure to safeguard their rights if individuals would not like to have children in low-fertility settings. The workshop highlighted our stance on how best we can support those individuals who need more support to fulfill their reproductive choices including access to contraceptives and safe abortion care in such a society.

Ageing

- There is significant potential to expand services beyond SRH care to holistically support the ageing population in a more tailored and dignified manner. This includes addressing their unique needs by ensuring dignity, being free from discrimination, and safeguarding the safety and quality of their lives through comprehensive and palliative care. Establishing and operating nursing homes is one potential solution. A notable example is Baan Hom Lam Duan, a nursing home managed by PPAT, which demonstrates an innovative approach to addressing the challenges faced by the ageing population. The facility operates on three foundational pillars: a Holistic Approach, Comprehensive Services, and Community Support, ensuring that elderly individuals can live fulfilling lives while upholding their SRHR. This approach presents a promising opportunity to develop How-to Kits for other MAs, enabling them to establish similar services. Such initiatives would be particularly impactful in countries with growing ageing populations and limited access to respectful and personalized elderly care that meets individual needs.
- One of the most actionable steps is the expansion of services related to menopause under the Sexual Health and Well-being component of IPES Plus, following the recommendations presented by Nathalie. These recommendations include understanding and recognizing the main symptoms of menopause, ensuring clinics are welcoming, acknowledging the need for contraception until age 55 or confirmed menopause, offering continued counseling for satisfying sex with ageing, providing

decision-making support on the risks and benefits of menopause symptom treatments, and establishing referral mechanisms for complex cases. It is essential to identify potential MAs willing to expand menopause-related services in alignment with their Action Plan.

- Introducing CSE targeting older people is also one of the areas where it is possible to take action. There is a CSE modules for adolescent and young people and adaptation to older persons focusing on their unique SRH issues and challenges due to ageing.

Fertility and ageing

- Addressing the topics of low fertility and a growing ageing population together is a strategic approach, as many Member Associations (MAs) face these challenges simultaneously. This integrated approach enables MAs to expand their services more effectively and provide comprehensive, holistic support to their communities. However, the expansion of services and implementation of additional activities demand increased financial and human resources, which most MAs currently lack. To address this, the final day of the workshop included an explanation of available resources within IPPF's funding mechanisms, including the potential application of the Center Fund, to provide both technical and financial support to MAs. It is essential for MAs to first plan and prioritize their activities related to fertility and ageing, focusing on further refining and improving their action plans.

F. Recommendations

Engagement Beyond ESEAOR: Discussions on fertility and ageing should expand beyond the ESEAOR region, as these are global trends affecting multiple regions. Member Associations (MAs) in other regions may have valuable practices and innovations that could be adapted to benefit this region. Collaboration across regions will strengthen the collective impact of these initiatives.

Development of How-to Kits: With technical support from the London office, the development of How-to-Kits on key topics should be prioritized. These kits would serve as practical guides for MAs and could include topics such as:

- Menopause management
- Community health and well-being activities, inspired by the Shining Journey 50+ initiative
- Sexual counseling for older populations
- Establishing and managing ageing care homes

Exploration of CSE Modules for Older Adults: Collaboration with the CSE Global Hub managed by Rutgers International and HelpAge should be initiated to explore the development of Comprehensive Sexuality Education (CSE) modules tailored for older populations.

Workshop on Clinical and Technical Aspects: Based on participant feedback, a follow-up workshop should be organized focusing on the clinical and technical aspects of

fertility care and ageing-related SRH issues. Topics could include menopause treatment, sexual counseling, and other SRH services tailored for ageing populations.

Sustaining Support through the Center Fund: To sustain and advance initiatives on fertility and ageing, leading MAs should be encouraged to apply for the Center Fund under Stream 2, with technical support from the IPPF ESEAOR MASD team.

Advocacy Webinar: To promote learning and future plans from the workshop, the ESEAOR team should organize a webinar in January. This webinar will provide an opportunity to share insights gained during the workshop and advocate for sustained action on fertility and ageing initiatives.

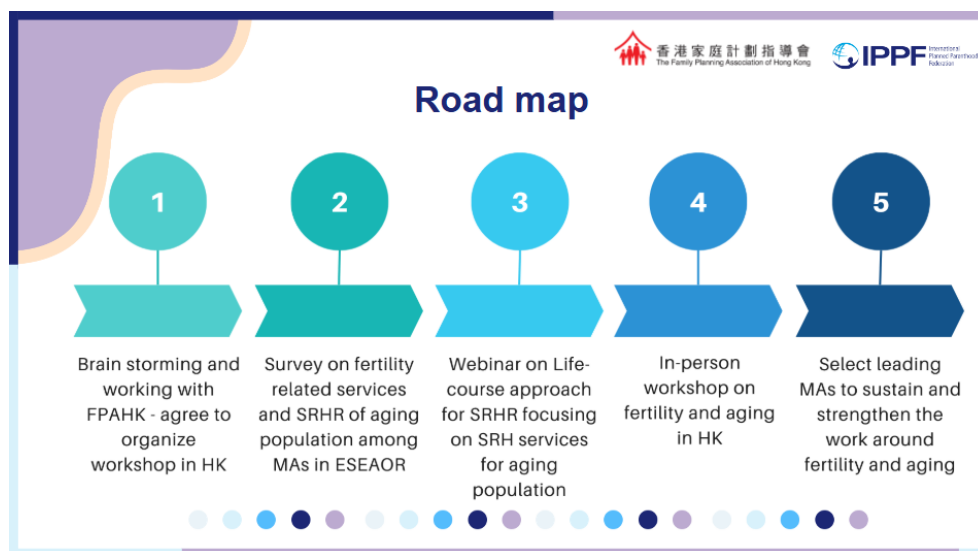
G. Lessons Learned

According to the final evaluation, these are the suggestions to the workshop for further improvement:

1. Extend the workshop to five days to allow for deeper learning and more extensive discussions.
2. Begin with a mapping exercise conducted by each Member Association (MA) prior to the workshop to identify available services and prepare for discussions.
3. Provide a stronger strategic focus on family planning in the context of low fertility.
4. Share more insights from experts like Prof. Yip and Tomas, or provide copies of their papers as background reading.
5. Facilitate one-on-one sessions with each country to explore their specific challenges and landscapes.
6. Include cross-jurisdiction participation to encourage regional collaboration and knowledge exchange.
7. Organize site visits to model programs for older persons, such as community groups or clubs, for hands-on learning.
8. Organize similar workshops one or two times per year to foster regular collaboration and knowledge exchange.
9. Consider including more Member Associations in future workshops to enhance diversity and participation.

H. Conclusion and Next Steps

The workshop was processed following the below roadmap to further advance the SRHR work wound fertility and ageing:



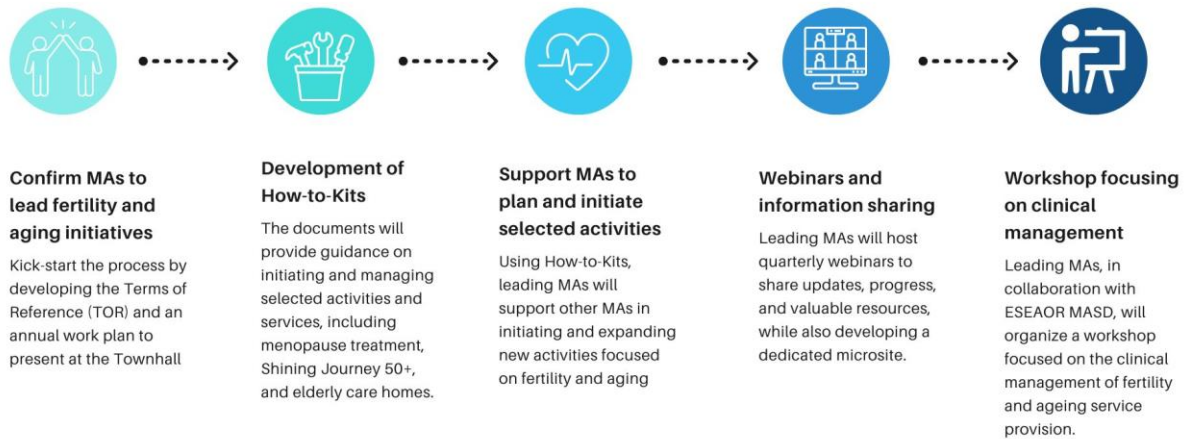
With the three MAs as candidates to lead the process, following actions are in planned:

- Develop TOR for leading MAs to advance the work around fertility and ageing based on the initial discussion and reflecting the support MAs need:
 - Conduct comprehensive needs assessments.
 - Facilitate information dissemination via How-To Kits, newsletters, and webinars.
 - Develop a microsite for knowledge management and resource sharing.
 - Organize capacity-building programs, such as workshops.
 - Monitor action plans and provide technical support to other MAs.
- Develop How-To- kits on Shining Journey 50+, menopause care, ageing care home and start adapting CSE for older persons with potential MAs to start implementation.
- Organize quarterly webinars with the participants with other MAs interested in learning, to share updated guidelines and resources.
- Develop a microsite migrating landing page into the IPPF website to gather all the relevant documents as a part of knowledge management and issue regular newsletters.
- Organize a workshop focusing on clinical management of specific topics such as fertility care, menopause treatment and sexual counseling for elderly couples.
- Follow up on MAs progress against their action plan.

IPPF ESEAOR MASD team will have a follow up call with MAs who volunteered to lead the process to establish a framework and work plan for 2025.

ROAD MAP

Fertility and Ageing initiatives in ESEAOR



IPPF ESEAOR remains committed to supporting leading MAs and those aiming to expand their services to address the needs of individuals requiring fertility-related care and ageing populations. The office will focus on maintaining established partnerships with external experts and institutions while exploring new collaborations to enhance the capacity of MAs. A priority will be identifying key resource persons to provide technical assistance, including training, assessments, and document reviews. Additionally, IPPF ESEAOR will take the lead in documenting best practices to ensure the continuous progression and refinement of this initiative.

I. Annexes

Annex 1. Workshop agenda.

Agenda: Workshop on fertility and Aging 11-13 Nov 2024

11 Nov 2024	---- Day 1 @ Crystal Ballroom 2/F ----
08:30 - 09:00	Registration and displaying posters
09:00 - 09:30	Workshop Opening and Introduction
09:30 - 10:10	1. Context setting (1)
10:10 - 10:40	Coffee break
10:40 - 12:30	1. Context setting (2) <ul style="list-style-type: none"> • Introduction to fertility and aging issues, presentation on low-fertility issues in Hong Kong • Group work - causal tree of low-fertility issues
12:30 - 13:30	Lunch @ City Café 1/F
13:30 - 14:50	1. Context setting (3) <ul style="list-style-type: none"> • Presentation about low-fertility issues in Asia • Brainstorming on SRH issues around aging population
14:50 - 15:10	Coffee break
15:10 - 17:00	2. IPES plus on sub-fertility and for aging populations
12 Nov 2024	---- Day 2 @ Diamond Room 5/F ----
09:00 - 09:10	Recap from Day 1 and check in
9:10 - 10:30	3. SRHR for older persons beyond SRH
10:30 - 10:50	Coffee break
10:50 - 12:30	4. Innovative approaches and new technology <ul style="list-style-type: none"> • Demand generation of IVF using AI • Technology for elderly care • Group work - New approaches to tackle low-fertility and aging issues
12:30 - 13:30	Lunch @ Amazing Restaurant G/F
13:30 - 15:00	5. Policy Advocacy and the role of MAs in low-fertility settings <ul style="list-style-type: none"> • Introduction of a white paper about low-fertility, addressing rights-based approach for family planning in the demographic transition • Safeguarding of reproductive rights - how to ensure support on contraceptives and safe abortion in countries facing low-fertility issues • National policies in different countries to tackle the issues of low-fertility and its effectiveness
15:00	End of the day and Coffee break
15:30 - 18:30	Field visit to FPAHK clinic and dinner
13 Nov 2024	---- Day 3 @ Diamond Room 5/F ----
09:00 - 09:10	Recap from Day 2
09:10 - 10:10	6. Action planning (1) <ul style="list-style-type: none"> • Group work - solution tree development
10:10 - 10:40	Coffee break
10:40 - 12:30	6. Action planning (2) <ul style="list-style-type: none"> • Group work - potential expansion of support to address SRH needs among aging population • Develop action plan and adaptation of new approach
12:30 - 13:30	Lunch @ City Café 1/F
13:30 - 14:30	6. Action planning (3) <ul style="list-style-type: none"> • Identify leading MAs to continue the work on fertility and aging from ESEAOR
14:30	Workshop Closing

Annex 2. List of participants and their organizations.

	Country	Organization	Name	Email
1	Viet Nam	VINAFPA	LE DUC HOANG	leehoangvnfpa@gmail.com
2	Viet Nam	VINAFPA	Ngo Hoang Quoc Trung (Jay)	hoangtrung031099@gmail.com
3	Malaysia	FRHAM	Jeremy Selvarajah	jeremy.sel@frham.org.my
4	Thailand	PPAT	Nanthakan Sungsuman Woodham	nanthakan.sw@ppat.or.th
5	Lao PDR	PFHA	Dr. Southisouk INTHAVILAY	southisouk.laopfha@gmail.com
6	Lao PDR	PFHA	BOUAVANH SOMSANITH	bouavanh.laopfha@gmail.com
7	China	CFPA	Wang Junping	cfpawjp@163.com
8	China	CFPA	Liu Shuqi	liushuqi2023@126.com
9	Australia	FPAA	Caroline Mulcahy	cmulcahy@shvic.org.au
10	Samoa	SFHA	Liai Siitia	liai.siitia@sfha.ws
11	Fiji	RFHAF	Emele Maramatoroca Kotoituba	enaiceru@rfhaf.org.fj
12	Bermuda	Teen Services Bermuda	Wendy Dawn Augustus	ed.teenservices@gmail.com
13	Bermuda	Teen Services Bermuda	Nazaire KM Augustus	
14	Bermuda	Teen Services Bermuda	Ajai Peets	
15	FP2030	FP2030	Warakagodage Don Dakshitha Madhuka Wickremarathne	dwickremarathne@fp2030.org
16	FP2030	FP2030	Jameel Zamir	jzamir@fp2030.org
17	IPPF	Global	Dr. Nathalie Kapp	nkapp@ippf.org
18	IPPF	ESEAOR	Marevic Parcon	mparcon@ippf.org
19	IPPF	ESEAOR	Rie Takahashi	rtakahashi@ippf.org
20	Austria	The Vienna Institute of Demography	Tomas Sobotka	tomas.sobotka@oeaw.ac.at
21	Hong Kong	HKCSS	Prof. Paul YIP Siu Fai	sfpypip@hku.hk
22	US	UNIVFY INC.	Mylene Yao	mylene.yao@univfy.com
23	Hong Kong	HKCSS	Elaine Leung	Elaine.leung@hkcss.org.hk
24	IPPF	ESEAOR	Tomoko Fukuda	tfukuda@ippf.org
25	Hong Kong	FPAHK	Dr. Mona Lam	mlam@famplan.org.hk
26	Hong Kong	FPAHK	Ruby Yau	llyau@famplan.org.hk
27	Hong Kong	FPAHK	Lina, Woo Suet Yee	sywoo@famplan.org.hk

Annex 3. Posters from MAs

1. Family Planning Alliance Australia



**FAMILY PLANNING
ALLIANCE AUSTRALIA**

Fertility, Ageing and Sexual and Reproductive Health in Australia

FPAF statement

The Family Planning Alliance Australia works to uphold, strengthen and advance sexual and reproductive health and rights. We believe that:

1. When we strengthen sexual rights, sexual and reproductive health outcomes improve for all.
2. Access to safe, effective, affordable and culturally acceptable contraception and advice is an essential health service.
3. Abortion care assists people who are pregnant to exercise their right to reproductive and bodily autonomy. It is healthcare that should be legal, nationally consistent, affordable and accessible irrespective of where you live.
4. STI and BBV information, prevention options, testing and treatment should be accessible to all.
5. Comprehensive relationships and sexuality education (CSE) delivered throughout the school years is a critical primary prevention strategy.
6. Sexual and reproductive health services should be welcoming, safe and affirming for all.

The Australian population¹

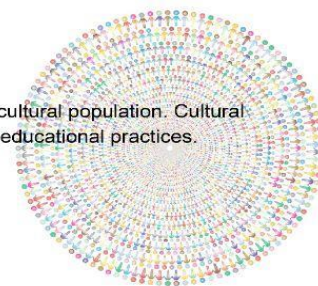
Australia is a secular country with a diverse multicultural population. Cultural sensitivity and safety are essential in clinical and educational practices.

Current population: 27 million

Population born overseas: 8.2 million (30.7%)

Annual growth: 615,000 people (2.3%)

Projected population in 2071: 34 - 46 million



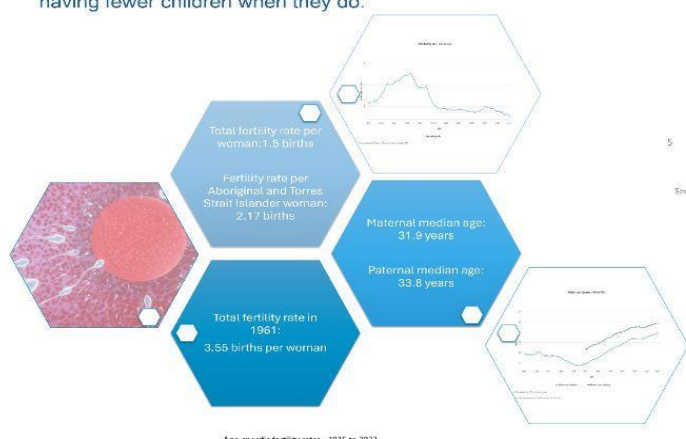
Australia's ageing population²

Australia's population is ageing due to increasing life expectancy and declining fertility rates.

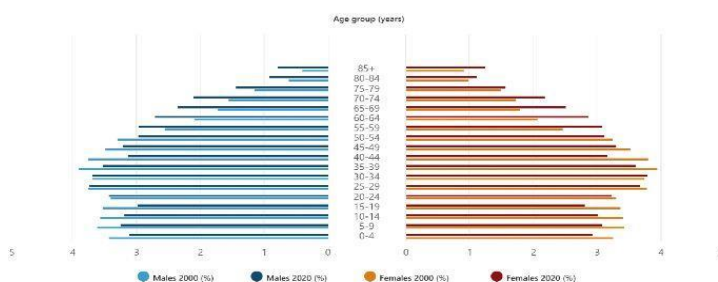
- Current Australian population aged 65 years and over: 4.2 million (16% of total population)
- This has increased from 12.4% of the total population in 2000.
- By 2066, it is projected that older people in Australia will make up between 21% and 23% of the total population (ABS 2018).

Fertility in Australia¹

Australia's TFR peaked in 1961 during the 'baby boom' years. Since then, the TFR has fallen almost continuously, reflecting Australian women gradually having children later in life, and having fewer children when they do.



Population distribution, by sex and age groups - 2000 and 2020

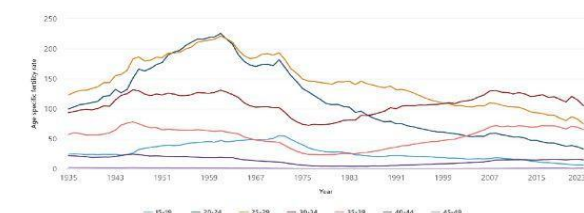


Source: Australian Bureau of Statistics, Twenty years of population change [Internet]. Canberra: ABS; 2020 December 17. www.abs.gov.au/articles/twenty-years-population-change

Sexual and reproductive health in Australia³⁻⁴

- Approximately one-third of Australian women experience unintended pregnancy, with rates higher among younger women and those residing in regional, rural and remote areas.
- Around 1 in 5 women will have an abortion in their lifetime.
- Despite its efficacy, LARC uptake is relatively low in Australia, with only 11% of women aged 15-44 years using a LARC method.
- The Australian government are committed to enabling universal access to sexual and reproductive health care:

Access to sexual, reproductive and maternal healthcare is a fundamental human right which contributes to positive health, social and economic outcomes across the whole community. Australia's health system must enable all people to effectively exercise choice and control without fear of discrimination or disadvantage and to be adequately supported in their decisions. Women in regional and remote areas in particular should feel confident that they can access appropriate sexual, reproductive and maternal healthcare without facing excessive barriers of cost or distance.⁵

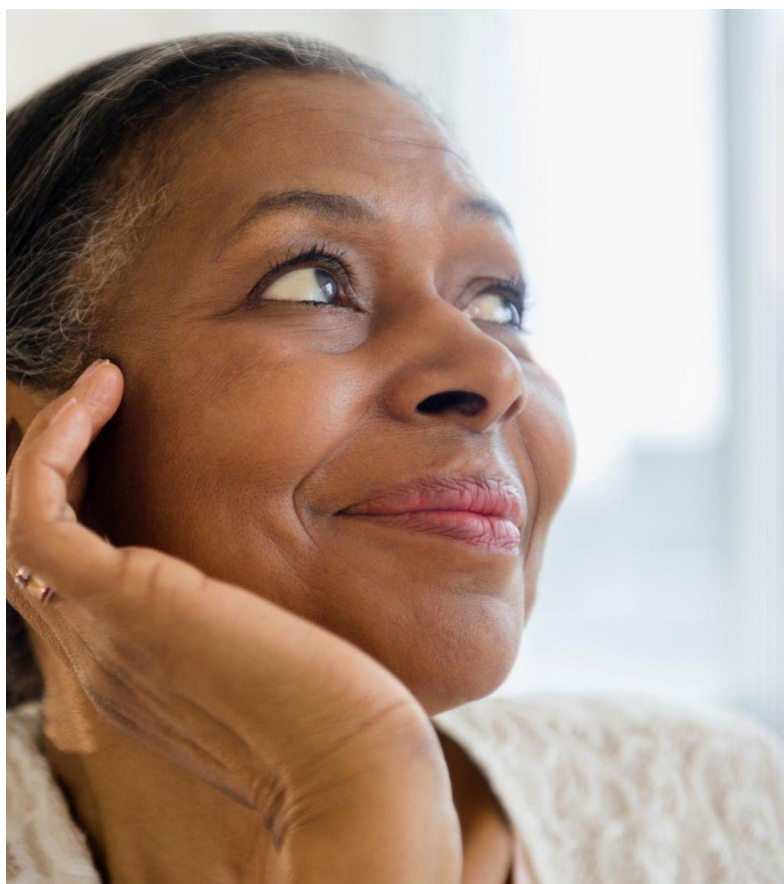


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5. Parliament of Australia. *Ending the postcode lottery: addressing barriers to sexual, maternity and reproductive healthcare in Australia*. Canberra: May 2023. www.apb.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcareReport



2. Bermuda



AGEING & SRHR IN BERMUDA

ISLAND CONTEXT

2019 POPULATION	= 63,965	(36,747-40 – 65+)
2024 POPULATION	= 64,395	(38,751-40 – 65+)
2029 ESTIMATED	= 64,329	(39,718-40 – 65+)
2034 ESTIMATED	= 63,696	(39,603-40 – 65+)

SEXUAL HEALTH REPORT

March 2020-2024			
Disease	Age	Gender	Total
HIV	50+	Male and Female	7
Chlamydia	50+	Male and Female	34
Gonorrhea	50+	Male and Female	5
Mycoplasma genitalium	50+	Male and Female	17
Trichomoniasis	50+	Male and Female	15
Herpes	50+	Male and Female	49
HPV	50+	Male and Female	0
Syphilis	50+	Male and Female	7

GOVERNMENT AGEING STRATEGY

The strategy's goals are structured around four key pillars:

1. Healthy Ageing – Ensuring equitable access to high-quality healthcare, social support, and long-term care options tailored to seniors' needs.
2. Empowered Citizens – Removing barriers like ageism and ableism, enhancing income security, and preserving independence so seniors can live with autonomy and confidence.
3. Age-Friendly Environments – Expanding inclusive public transport and securing affordable housing to provide spaces that accommodate the needs of our ageing population.
4. Community – Reinvigorating 'the Village' through intergenerational activities that bring us closer together while implementing safeguards to protect seniors from abuse, neglect, and exploitation.

ECONOMY AGEING STRATEGY

1. Raise the working population by 25 per cent over the next five years in an "aggressive" strategy to head off a rapidly ageing population

FERTILITY & SRHR IN BERMUDA

ISLAND CONTEXT

2019 POPULATION	= 63,965	(27,191 - 0 – 39)
2024 POPULATION	= 64,395	(25,644 - 0 – 39)
2029 ESTIMATED	= 64,329	(24,611 - 0 – 39)
2034 ESTIMATED	= 63,696	(24,093 - 0 – 39)

BIRTH & DEATH REPORT

YEAR	LIVE BIRTHS	DEATHS	NATURAL POPULATION CHANGE
2018	530	535	-5
2019	525	535	-10
2020	541	566	-25
2021	494	727	-233
2022	479	585	-106

GENERAL FERTILITY INITIATIVES

1. PATERNITY LEAVE
2. SUBSIDIZED DAYCARE

BARRIERS

1. NUMBERS TOO SMALL
2. UNIQUE ECONOMY, CONSTRAINTS & SOCIAL DISPARITIES
3. HIGH DAILY LIVING COSTS
4. NO DESIRE TO HAVE MORE – BALANCE IN THEIR LIVES
5. FUNDING CONSTRAINTS
6. MIGRATION TO OTHER JURISDICTIONS (SPECIFICALLY UK)



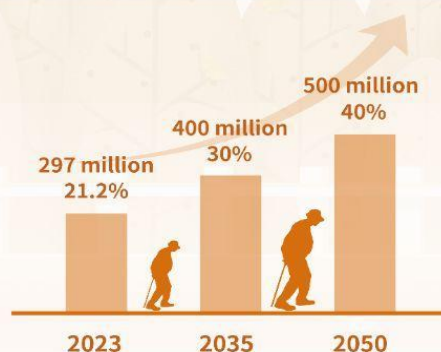
中国计划生育协会

CHINA FAMILY PLANNING ASSOCIATION

National Background

China has the largest and fastest-growing aging population in the world. There were 297 million people aged 60 and above in China at the end of 2023, accounting for 21.1% of the total population, indicating a moderately aged society. The country's elderly population is projected to exceed 400 million in 2035, representing 30% of the total, making the country a severely aging society. By 2050, the country will become a super-aging society with an estimated 500 million older people, which makes up over 40% of the total.

The Chinese government has taken a string of significant measures in response to population aging. It set out a proactive national strategy for addressing population aging in 2020; issued a guideline to promote the development of national undertakings for the aged and improve the elderly care service system during the 14th Five-Year Plan period (2021-2025) in 2021; laid out systematic plans to deepen the reform and development of elderly programs in 2024 to actively respond to population aging; and started to gradually postpone the statutory retirement age for both male and female employees in September 2024.



It set out a proactive national strategy for addressing population aging

issued a guideline to promote the development of national undertakings for the aged and improve the elderly care service system

laid out systematic plans to deepen the reform and development of elderly programs to actively respond to population aging

started to gradually postpone the statutory retirement age for both male and female employees in September 2024

2020 2021 2024 2024.9

Services and Activities of CFPA

1. Advancing the enactment of relevant policies. In 2023, the China Family Planning Association (CFPA), the National Health Commission, and the Ministry of Education of China jointly issued an action plan to provide further guidance on healthy lifestyles and safe sex for the middle-aged and the elderly so that they can raise their awareness of reproductive health.

2. Conducting the fifth national household survey on elderly life in urban and rural areas with the National Health Commission and other departments. Conducting studies and advocacy on sexual and reproductive health among middle-aged and older people, with their findings serving as a basis for related services and decision-making.

➤ In 2019, a study of people aged between 45 and 75 was carried out in four cities, and the Study Report on Sexual and Reproductive Health among Middle-aged and Elderly People was produced.



➤ Starting in 2022, a forum on "Marriage, Child-bearing and Reproductive Health" has been held as part of the Annual Meeting of the China Population Association.



3. Providing services to promote sexual and reproductive health among middle-aged and older individuals.

➤ In 2019, a pilot program for improving reproductive health among rural middle-aged and elderly women was launched in three provinces to provide rural perimenopausal women with high-quality health education, counseling, guidance, referral for specialist treatment, and follow-up services.

➤ Starting in 2022, a whole life-cycle comprehensive reproductive health service project was started at 13 project sites in 11 provinces or municipalities across China. Preliminary statistics show that more than 4,300 publicity activities have been carried out in these regions, directly benefiting over 330,000 people, and rendering reproductive health counseling and diagnosis and treatment services to over 10,000 people at the project sites.

Online and offline publicity, training, workshops, and other forms of activities on topics such as "reproductive health care", "AIDS prevention", and "menopausal health care" have been conducted for the target population.



4. Implementing innovative social initiatives and mobilizing resources.

CFPA and UNFPA together launched the "Digital Inclusion: Active and Healthy Aging for All" Youth Innovation Challenge in 2024, with an aim to help older people navigate the digital divide. The ten winning teams received start-up funding from CFPA for their projects that involve developing apps for HIV, sexually transmitted diseases and chronic non-communicable diseases management of elderly individuals, rehabilitation based on the use of AI and VR devices, etc.



4. Fiji



The Reproductive and Family Health Association of Fiji (RFHAF) was established in June, 1996. It has been instrumental in shaping national family planning policies and promoting sexual and reproductive health (SRH) education, especially among young people and communities where misconceptions about the risk of family planning persist

FERTILITY IN FIJI



COUNTRY PROFILE

The government of Fiji recognizes the importance of reproductive health and family planning as essential components of public health policy. Efforts have been made to integrate reproductive health services into primary healthcare systems, aiming to improve maternal and child health outcomes.



POPULATION
936,375



TOTAL FERTILITY RATE
2.63%



CONTRACEPTIVE ITEMS PROVIDED
305



COUPLE YEAR PROTECTION (CYP)
252

WHAT RFHAF DOES

The Reproductive and Family Health Association of Fiji (RFHAF) plays a crucial role in providing comprehensive reproductive health services across the country. Some key services and activities include:

FAMILY PLANNING SERVICES

RFHAF offers a range of contraceptive methods including hormonal pills, injectables, intrauterine devices (IUDs), condoms, and emergency contraception. We provide counseling on family planning options tailored to individual needs.

SEXUAL HEALTH EDUCATION

The organization conducts educational programs aimed at increasing awareness about sexual health issues among adolescents and young adults. This includes information on sexually transmitted infections (STIs), safe sex practices, and consent.

MATERNAL HEALTH SERVICES

RFHAF provides antenatal care, postnatal care, and support for safe childbirth practices. They focus on reducing maternal mortality rates through education and access to skilled birth attendants.

COMMUNITY OUTREACH PROGRAMS

RFHAF engages in community mobilization efforts to reach underserved populations with essential reproductive health services. This includes outreach in rural areas where access to healthcare is limited.

ADVOCACY

The organization advocates for policies that support reproductive rights and access to healthcare services for all individuals regardless of their socio-economic status.

Despite these efforts, several challenges hinder effective implementation of reproductive health services in Fiji:



- **Cultural Barriers:** Traditional beliefs regarding family size and gender roles can impede acceptance of family planning methods among certain communities. There may be stigma associated with discussing sexual health openly.
- **Limited Resources:** Financial constraints often limit the availability of comprehensive healthcare services across remote areas of Fiji. Insufficient funding can affect staffing levels, training opportunities for healthcare providers, and availability of contraceptives.
- **Geographical Disparities:** The archipelago nature of Fiji means that many islands are isolated from main healthcare facilities which complicates service delivery logistics.
- **Education Gaps:** While there have been improvements in education levels overall, gaps remain particularly among rural populations regarding knowledge about reproductive rights and available services.
- **Policy Implementation Issues:** Although there are supportive policies in place for reproductive health services, actual implementation can be inconsistent due to bureaucratic challenges or lack of coordination between different government agencies.
- **Impact of Climate Change:** As a nation vulnerable to climate change impacts such as rising sea levels and extreme weather events, disruptions caused by natural disasters can severely affect healthcare infrastructure and service delivery continuity.

"RFHAF is dedicated to advocating for inclusive sexual and reproductive health rights, empowering our communities, and leading change for a healthier, more informed future."





RFHAF
THE REPRODUCTIVE & FAMILY HEALTH
ASSOCIATION OF FIJI



AGING IN FIJI

Country Context

•Fiji, like many Pacific Island nations, is experiencing demographic changes characterized by an aging population. According to the 2017 Census, approximately 12% of Fiji's population was aged 60 years and older, a figure projected to increase significantly in the coming decades due to declining fertility rates and increased life expectancy. The aging population presents unique challenges for healthcare systems, social services, and economic structures.

The government of Fiji has recognized these demographic shifts and is working towards developing policies that address the needs of older adults. This includes initiatives aimed at improving health care access, enhancing social protection systems, and promoting active aging. However, there are still gaps in service delivery and support for this demographic group.



RFHAF Services

The Reproductive and Family Health Association of Fiji plays a crucial role in providing health services that cater to various demographics, including older adults. Some relevant services offered include:

- Health Education:** RFHAF conducts workshops focused on reproductive health education that also encompass issues pertinent to older adults such as menopause management, sexual health education for seniors, and chronic disease management.
- Counselling Services:** RFHAF provides counselling services that address mental health issues often faced by older individuals, including depression and anxiety related to aging.
- Community Outreach Programs:** RFHAF engages in community outreach programs aimed at raising awareness about the rights of older persons and promoting healthy lifestyles among seniors.
- Family Planning Services:** While primarily targeted at younger populations, family planning services are also relevant for older adults who may require information regarding sexual health as they age.
- Collaboration with Other Organizations:** RFHAF collaborates with governmental bodies and NGOs to enhance service delivery for older adults through integrated approaches.



Challenges and Problems in Implementation



Despite the efforts made by RFHAF and other organizations in addressing the needs of an aging population in Fiji, several challenges persist:

- **Limited Resources:** Financial constraints limit the ability of RFHAF to expand its services or reach more remote areas where elderly populations reside. This can lead to disparities in access to necessary health services.
- **Cultural Attitudes:** There may be cultural stigmas associated with discussing reproductive health issues among older adults which can hinder participation in programs designed for them.
- **Inadequate Training:** Healthcare providers may lack specific training related to geriatric care or understanding the unique needs of older patients which can affect service quality.
- **Policy Gaps:** Although there are policies aimed at supporting older adults, implementation can be inconsistent due to bureaucratic hurdles or lack of coordination between agencies responsible for elder care.
- **Awareness Levels:** Many elderly individuals may not be aware of available services or how to access them due to limited outreach efforts or informational campaigns tailored specifically for their age group.

5. Hong Kong



THE FAMILY PLANNING ASSOCIATION OF HONG KONG

Hong Kong's birth rate remains at its lowest level. The average parity of local couples dropped to a record low of 0.9 in 2022. The Government aims to promote fertility and create a childbearing environment by supporting families with newborn and assisted reproductive services, assisting working families and promoting family education.

Pre-marital /
Pre-pregnancy checkup &
counselling



備孕，
係需要彼此關心同扶持！

Infertility
service
Sex therapy



Population

7.5 M



Total Fertility Rate

0.751



First marriage
median age

30.9



First childbirth
median age

32.9

HONG KONG – ULTRA LOW FERTILITY

I like children

Children are
fruits of love

My partner
wants
children

My parents
want grand-
children

To carry on
the family
line

Children bring
happiness

I like to have
a big family

Want to
have more
personal
time

I do not like
children

Too much
burden

We tried but
failed to
conceive

Too busy at
work

I'm too old
to have
children

To Parent or Not To Parent ???



THE FAMILY PLANNING ASSOCIATION OF HONG KONG

Hong Kong has among the longest life expectancies in the world – the proportion of elderly persons aged 65 and above will increase from 20% of Hong Kong's population to nearly one-third by the end of the next decade.

Menopause clinic



Physical,
mental,
social
wellness



Population

7.5 M



Life expectancy
Female

87.9yo



Life expectancy
Male

82.5yo

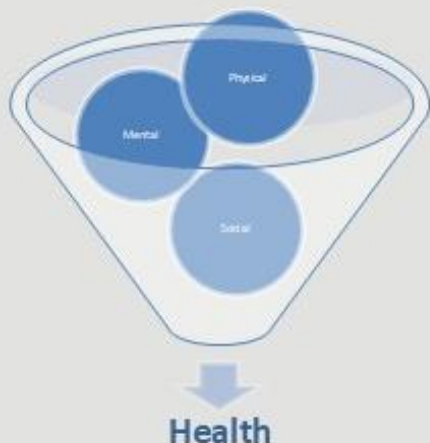


Elderly aged 65
& above

>20%

Clinic – Physical health

- - General health
- - Sexual & Reproductive health
- Menopause
- Genital Prolapse
- Urinary symptoms
- Sex Therapy
- Cancer screening
- Bone health



Jockey Club "Shining Journey 50+" Women Wellness Programme



Exercise

Mindfulness training

Cognitive training
and social connection

Fertility in Laos PDR

• Situation fertility in Laos?

The adolescent birth rate 89 births per 1,000 women (Aged 15-19)

• Couples will face a fertility issue?

There is high rates of adolescent births and early childbearing, so we should focus on some family planning and reproductive health needs are unmet, which may influence broader fertility challenges.

• Infertility cause?

The highlights of the report is that 53.1% of women aged 15-49 currently use contraception, but 74.8% of married women have their family planning needs satisfied through modern methods, indicating gaps



MMR: 206 - 357 per 100,000 live births



EMR: 17.4% of women aged 20-24 had a live birth before the age of 18



FPR: Women aged 15-49 (currently married or in union): 53.1% and 74.8% have their family planning needs met by modern contraception



ANC: At least once by skilled personnel: 89.8% and At least four times by any provider: 71.6%



PNC: Within 2 days after delivery for newborns: 64.0%

5 Province and 1 PFHA clinic service

1 Mother and Child Health

2 Adolescent/Youth Health

3 HIV/AIDS/STIs

4 Family Planning

5 Safe Abortion

6 Cervical Cancer

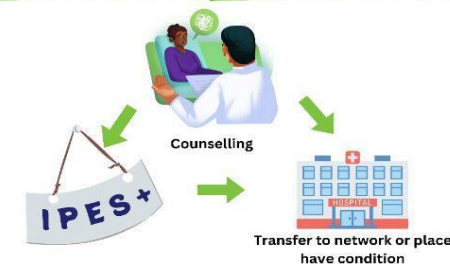
7 Gender Equality

8 Nutrition

9 Menopause/Aging



PFHA Clinic Services



Health center and DH



Capacity Building (Technical) and Some basic equipment



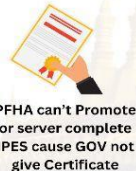
Provider service: FP, ANC, PNC, EENC, Nutrition, SGBV, Mobile clinic, Home visited and etc..

Challenges

For PFHA Clinic



PFHA clinic very small and not match with standards of MOH



PFHA can't Promote or server complete IPES cause GOV not give Certificate



It is new for CSOs Laos will open clinic, no have law accept



Staffs to service in clinic not enough

For Providers



Service providers have limited technical knowledge and skills



SRH is still a sensitive issue for some ethnic groups



High turnover of service providers.



There are difficulties to get SRHR services due to geographic areas e.g. mountainous and remote area



Infrastructure of health facilities are poor and insufficient supply of equipment



Service providers have overload work (from another government duty)

For Clients



Lack of Knowledge and Information



Culture and traditional



Gender not equality



Transportation and geography



Poor

7. Malaysia

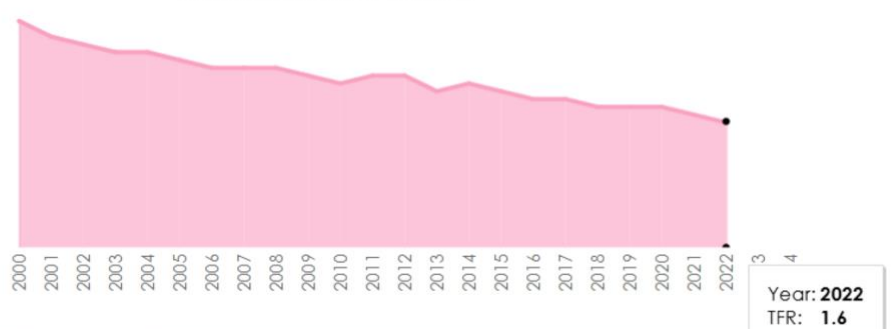


FERTILITY RATE IN MALAYSIA

Federation of Reproductive Health Associations, Malaysia
FRHAM

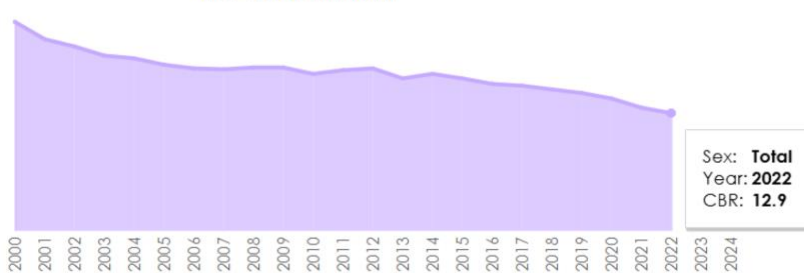
Fertility rate represents a woman's ability to bear children throughout her lifetime, encompassing the period beyond the reproductive age and taking into account specific age-specific fertility rates during that lifetime (Preston & Hartnett, 2010). Over the past 50 years, Malaysia's fertility rate has seen a sharp decline.

Total Fertility Rate (TFR)
(per woman aged 15-49 years)



The Total Fertility Rate (TFR) in 1957 was 6.7 children per woman, which dropped to 4 in 1980, 3 in 2000, and 2.1 by 2010. By 2022, the TFR had further decreased to just 1.6 children per woman (aged 15-49) below the replacement level of 2.1, marking the lowest rate in Malaysia's history.

Crude Birth Rate
(per 1,000 population)



The CBR serves as an important demographic metric that tracks the number of live births per 1,000 people annually, offering valuable insights into population growth and reproductive health trends.



106,386

Live births for first quarter 2024 decreased 9.4% as compared to first quarter 2023 (117,413)

Male Babies

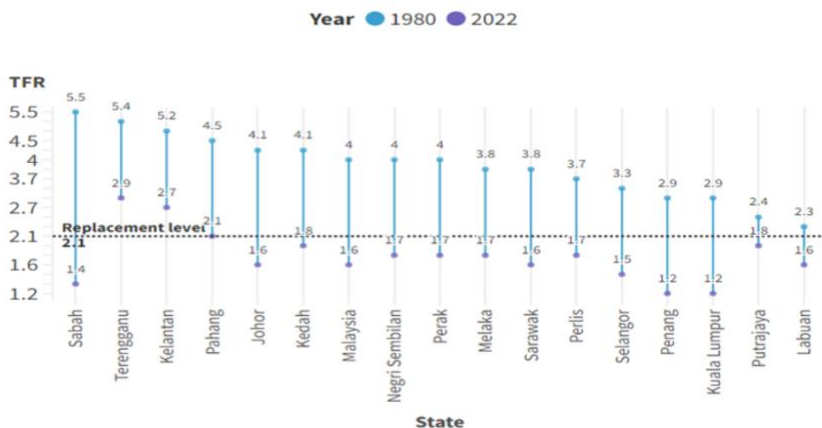
Q1 2024: 54,747
Q1 2023: 60,669



Female Babies

Q1 2024: 51,639
Q1 2023: 56,744

Total fertility rate by state, 1980 vs 2022



Source: Statistics Department

The Star

Terengganu recorded the highest TFR at 2.9, followed by Kelantan at 2.7, and Pahang at 2.1. Conversely, W.P. Kuala Lumpur reported the lowest TFR, with only 1.2 children per woman.



Federation of Reproductive Health Associations, Malaysia
FRHAM

AGING POPULATION IN MALAYSIA

POPULATION

34.1
million

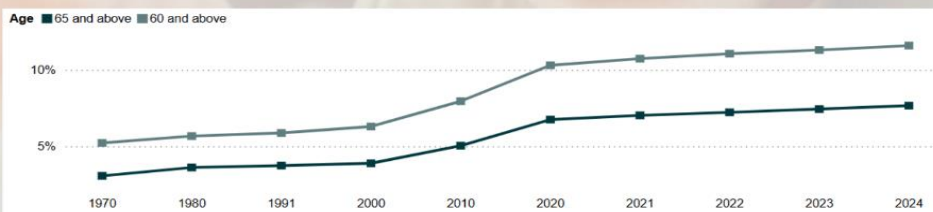
Male
52.5%



Female
47.5%

Source: Department of Statistics Malaysia

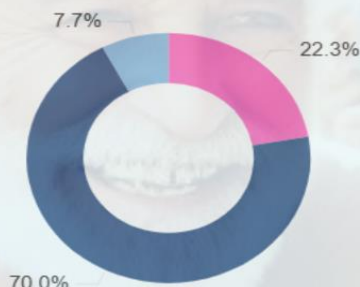
AGING TREND IN MALAYSIA 1970 - 2024



Source: Department of Statistics Malaysia

Population by Age Group, Malaysia, 2024

Age Groups ● 0-14 ● 15-64 ● 65+



Source: Department of Statistics Malaysia

AGING PERCENTAGE TOTAL



7.7%

Male



7.1%

Female



8.3%

Source: Department of Statistics Malaysia

Ageing by State



Population ageing is characterized as a phenomenon in which elderly individuals constitute a large part of the composition of the total population (Aging in the Twenty-First Century, United Nations, 2012).

Individuals aged 60 and over are considered elderly or senior people in Malaysia as defined by the United Nations World Assembly on Aging in Vienna (UN, 1982) and ASEAN countries.

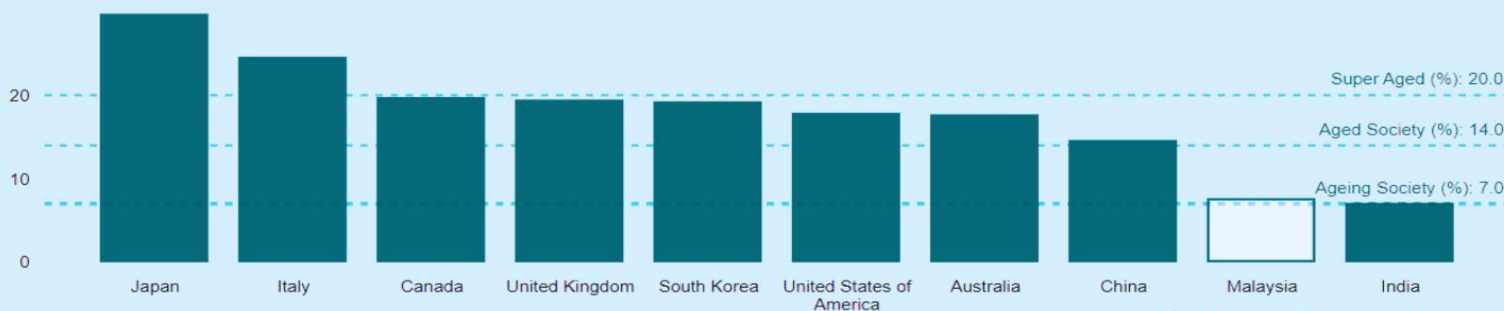
Source: Department of Statistics Malaysia

Malaysia will be regarded as an aging nation by 2035, with 5.6 million people, or 15% of the total population, being considered senior citizens.

The proportion of Malaysians aged 65 and over increased from 5.6% in 2014 to 7.9% in 2022.

Source: The Sun, 26-06-2024

Malaysia from World View (Selected Countries)



Source: World Population Prospects 2024

8. Samoa



Country Statistics SAMOA

Estimated Population is 225, 681

<https://data.unicef.org/country/samoa>

Average Life Expectancy is 73 years

<https://data.worldbank.org/indicator/sp.Dyn.1.00.In?locations=WS>

The Infant Mortality Rate is 14 infant deaths for every 1,000 live births

<https://data.worldbank.org/indicator/SP.DYN./MRTIN?locations=WS>

The Total Fertility Rate is 3.93 births per woman
(<https://data.worldbank.org/indicator/SP.DYN.TERT.IN?locations=WS>)

Ageing Population 55-64 years at 0.24% and 65 and older at 5.5%

https://en.wikipedia.org/wiki/Demographics_of_Samoa



Samoa Family Health Association

In 2023, SHA strengthened its Inclusion of marginalized and excluded groups by:

- Working in partnership with NOLA to support SFHA in developing IEC materials into more disability accessible forms including braille. NOLA also provided disability training for SHA staff to be able to cater for the needs of people with disabilities who need support on SRHR.
- Working in partnership with the LGBTIQ community to support the delivery of SHR programs and to provide training for fa'afafine and fa'atama groups.
- Working in partnership with the seafarers and hotel workers on providing STI/HIV testing for seafarers leaving the country and returnees, as well as providing testing for hotel workers in both Upolu and Savaii.



As the leading sexual and reproductive health rights (SHR) service provider in the country, the Samoa Family Health Association (SFHA) delivers family planning and reproductive health services through three static clinics (two in Upolu and one in Savaii), and two mobile units which visit rural areas and other outer islands three times a week to provide comprehensive sexuality education and contraceptive services to vulnerable communities.

Being the leading SHR champion in the country, SFHA has been very active in policy advocacy of SHR issues in the past years and it also serves as an Acting Advisor on SHR to the Government of Samoa. In alignment to the strategic framework of IPPF, our main strategic focus is to champion rights, to empower communities, to serve the people, and to unite and perform.

2023 Service Statistics

	Total SRH Services	44,774
	Couple Years of Protection	866
	Contraceptive Items Provided	5,853
	Family Planning Counselling	3,863
	Total Number of Clients	3,657
	Total Female Clients	3,438
	Estimated Poor or Vulnerable Clients	3,305
	Young People reached with single session CSE	403



Thailand

Thailand's Country Context and Key Issues in Fertility and Aging

Thailand's Country Context Demographic Overview:



•**Declining Fertility Rate:** Thailand is experiencing a dramatic drop in fertility rates, currently at approximately **1.5 children per woman**, well below the replacement rate of **2.1 children per woman**.



•**Aging Population:** Over **18% of Thailand's population** is now aged **60 or older**, and this percentage is expected to rise, creating significant implications for healthcare, the labor force, and social security.



•**Healthcare and Social Security Challenges:** The growing elderly population necessitates enhanced healthcare services, social security reform, and adequate elderly care infrastructure.

National Policies:



•**Teenage Pregnancy Prevention Act of 2016:** This policy is designed to curb teenage pregnancies and strengthen **sexual and reproductive health (SRH)** services.



•**Healthy Aging Policies:** The Thai government has introduced policies to promote healthy aging and improve elderly care services. However, there is a **resource gap** in adequately meeting the healthcare needs of the aging population.

Relevant Services and Activities by the Planned Parenthood Association of Thailand (PPAT)

Fertility Matters Services Provided:

•**Comprehensive Reproductive Health Services:** PPAT offers fertility counseling, family planning services, and access to contraceptives to help individuals manage their reproductive health.

Key Initiatives:

- Awareness Campaigns:** PPAT has implemented public campaigns to raise awareness about fertility challenges, with a special focus on **underserved and rural communities**.
- Educational Programs:** In collaboration with partners, PPAT conducts **educational programs** on fertility and reproductive health, helping to bridge knowledge gaps in these areas.

Community Outreach:

•PPAT's **community-based programs** aim to reduce unintended pregnancies, improve access to reproductive health services, and **educate individuals** about fertility-related issues.

SRHR issues in the aging population include:

- Access to Care:** Barriers to sexual health services like STI testing and counseling, worsened by ageist attitudes.
- Menopause and Andropause:** Hormonal changes in aging women and men that affect sexual health and need medical support.
- Chronic Illness and Medication:** Conditions like diabetes and cardiovascular disease can impair sexual function. Some Neurological disorder caused inappropriate sexual behavior.
- Mental Health:** Depression and loneliness can impact sexual desire, especially after losing a partner.
- Long-Term Care:** Sexual needs in care facilities are often ignored, with limited privacy or recognition of rights.
- Stigma:** Social stereotypes about older adults' sexuality lead to underreported sexual health issues.
- Gender Differences:** Women face post-menopausal issues; men may experience erectile dysfunction.
- LGBTQ+ Challenges:** Discrimination and lack of inclusive healthcare increase difficulties for older LGBTQ+ individuals.



Baan Hom Lamduan

Elderly Care Center



- PPAT operates **Baan Hom Lamduan Elderly Care Center**, which provides comprehensive **long-term care, day care services, and specialized care** for elderly individuals.
- The center serves as a model for **healthy aging** and offers **personalized care** that enhances the quality of life for elderly residents.



Key Programs

- **Geriatric Care:** Focuses on providing holistic care that addresses the physical, mental, and social well-being of elderly individuals.
- **Training Caregivers:** The center conducts workshops for caregivers, enhancing their capacity to manage the complex health conditions commonly faced by aging populations, such as dementia.



Collaboration

- The center collaborates with **local and international partners** to develop innovative elderly care models, addressing the growing needs of Thailand's elderly population.



Challenges and Problems in Implementation

Fertility Matters

- **Limited Access:** Rural communities face barriers to accessing fertility treatment and **family planning services**.
- **Social and Cultural Stigma:** Fertility issues are often stigmatized, preventing individuals from seeking the help they need.
- **Resource Gaps:** The increasing demand for fertility services exceeds the current **resources available**, creating challenges in service provision.

Baan Hom Lamduan Elderly Care Center Challenges

- **Funding Shortages:** Securing sustainable funding to maintain **high-quality elderly care** remains a significant challenge.
- **Staffing Issues:** There are not enough **skilled caregivers**, particularly for complex elderly care, which affects the quality and continuity of services.
- **Adapting to Changing Needs:** As the elderly population grows, the center must continuously adapt to address **emerging health conditions**, such as the growing prevalence of dementia.

Nationwide Challenges

- **Insufficient Elderly Care Infrastructure:** Thailand's elderly care infrastructure is not sufficiently developed to meet the rising demand.
- **Social Integration:** Aging individuals sometimes face **social exclusion**, and societal attitudes toward aging can hinder their integration into the community.

Conclusion

The combined challenges of **low fertility** rates and a **rapidly aging population** demand coordinated efforts from both government and organizations like PPAT. Effective policies, adequate resources, and community engagement are crucial to addressing Thailand's fertility and aging crises.



FERTILITY MATTER

1 in 9

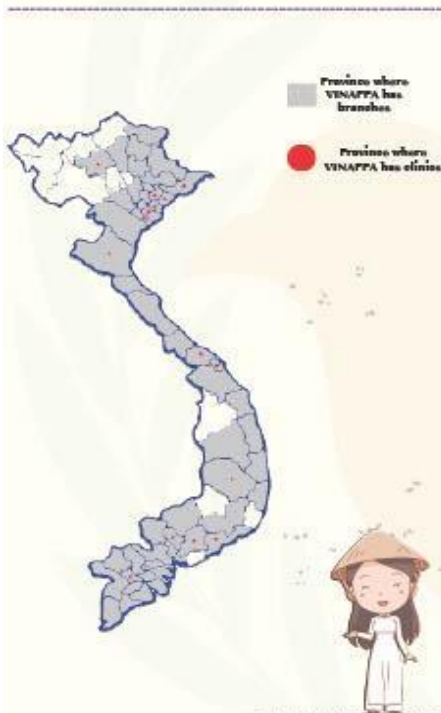
Couples will face a fertility issue



Infertility causes



30% related to men 30% related to women 40% related to both or unexplained



VINAFFA'S SERVICES FOR SUBFERTILITY

Counselling



Lab test

Diagnostic imaging

Hormone / ovulation therapy

For clients



Cost



Access

For VINAFFA



Human Resources



Skill and knowledge

CHALLENGES



Aging MATTER

16 million elderly people

Elderly people
increase
4,35% / year

Nearly
17%
Are age 65
and older



One of **the most**
rapidly aging
countries in the
world



Retirement pension
70-100\$

Challenge

IPES+

Counselling
Lab test
Examination



Device and technology



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Hong Kong

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