GENDER EQUALITY ADVISORY COUNCIL (GEAC)

CONSEIL CONSULTATIF POUR L'EGALITE DE GENRE (GEAC)

RETHINKING THE DEMOGRAPHIC SHIFTS THROUGH A FEMINIST LENS

Recommendations of the Gender Equality Advisory Council for advancing gender equality and women's and girls' rights

In 2026, France holds the Presidency of the G7 and has made "reducing macroeconomic imbalances" and "renewing international partnerships" its central priorities. To integrate gender equality into this agenda, the President of the French Republic renewed the G7 Gender Equality Advisory Council (GEAC), first established under the Canadian Presidency in 2018. The GEAC is an independent body of experts convened by the G7 Presidency. This report reflects the views of its 21 members,[1] from diverse backgrounds and fields of expertise.

Since 2018, the GEAC has produced comprehensive and evidence-based recommendations to "Make Gender Inequality History". They provide G7 Leaders with a policy framework to make gender equality and the rights of women and girls in all their diversity the norm, not the exception.

Drawing on this work, the 2026 GEAC presents to the French G7 Presidency a call to action, a set of illustrative policies, and concrete recommendations to address demographic change in all its dimensions and to reframe it through a feminist and human-rights lens.

Demographic trends are not gender-neutral. Population ageing, declining birth rates, and migration all interact directly with gender norms and structural inequalities, and they determine whether women's rights are realised or denied.

A gender-responsive approach to demographic change must therefore place equality, non-discrimination and bodily autonomy at the centre of demographic and social policies. This requires an intersectional approach that recognises how gender inequalities interact with other forms of discrimination (class, disability, age, migration status, sexual orientation, race and racialization, among others), shaping people's reproductive autonomy and their exposure to demographic policies.

To this end, the GEAC calls on G7 members, through international cooperation, development partnerships and multilateral engagement, to uphold and promote the principles of the 1994 Cairo International Conference on Population and Development (ICPD): reproductive rights, bodily autonomy, and women's rights to make free and informed choices about their bodies and reproductive lives. These principles form the common thread of all the GEAC's recommendations, apply in every context, and give concrete meaning to the Presidency's priority of renewing international partnerships.

Reproductive autonomy and demographic adaptation are two distinct but complementary objectives. The GEAC calls on societies to adapt to demographic change, and refuses any erosion of reproductive rights, in any given context, in the name of demographic objectives. Reproductive justice, understood as the right to have children, not to have children, and to raise them in safe and dignified conditions, free from violence and poverty, is the guiding framework of the GEAC's recommendations.

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THE ISSUE

DEMOGRAPHY AS A GEOPOLITICAL ISSUE

The international order is under growing strain. Armed conflicts, climate change and economic instability are placing increasing pressure on multilateral cooperation, public finances and households, with women and girls bearing a disproportionate share of the consequences.

These calamities unfold against the backdrop of an unprecedented global demographic transformation, one that will characterise the twenty-first century. The global trend towards fewer births and longer lives has been compounding for decades. Populations are ageing rapidly, as the working-age population shrinks while the proportions of those retired increase. These population dynamics are prevalent across the G7, including in France, which recorded negative natural population growth in 2025 for the first time since the end of the Second World War, while several other G7 economies such as Japan, Italy and Germany are ageing rapidly. Beyond the G7, China recorded its lowest birth rates since records began in 1949 and its population declined for the fourth consecutive year. Russia's population is projected to shrink by nearly 8 million between 2025 and 2050[2]. And fertility rates keep trending lower. Today, 38 of 210 countries and territories (18.1%) have ultra-low fertility rates of 1.3 or below, including economies like Colombia, Sri Lanka, and Thailand.

These trends are not simply a snapshot of today: because of **population momentum, much of each country's demographic path for the next several decades is already determined by its current age structure, regardless of what happens to fertility now**. The United Nations attributes 79% of population growth through 2054 (roughly 1.4 billion people) to the momentum already embedded in the large youth cohorts of today's high-fertility countries, rather than to continued high fertility itself. The same mechanism runs in reverse for ageing, low-fertility societies: once a population's age structure has shifted far enough, it will continue to shrink for decades even if fertility rose to replacement level immediately, absent migration. Demographic momentum works in both directions, which is why short-term fixes are unlikely to succeed: **coercive efforts to rapidly raise or lower fertility cannot easily reverse trends that are already well underway**.

A society's population forms the background against which all other policy decisions take place. Demographic changes can affect the political power of various domestic groups, the tax base, and the sustainability of public finances. Demographic changes also have geopolitical implications, including both strategic opportunities to shore up alliances and to drive economic competitiveness. Depending on the context and national goals, demographic changes shape trade-offs between competing budget priorities. For example, healthcare spending may crowd out defence spending, or vice versa.

Yet demographic change should not be treated as a simple question of national power or population control. When population dynamics become instruments of geopolitical competition, women's bodily autonomy is the first casualty. In low-fertility countries, women face pressure to have more children in service of national goals. There is no ideal population size, nor any reliable way to control the size of a population. **These recommendations therefore do not aim to control demographic transformation, but**

to rethink the narratives around, and implications of, demographic shifts, and hence, to strengthen demographic resilience: the capacity of a society to understand, anticipate, and adapt amid demographic changes, while upholding human rights and gender equality.

For the G7, gender equality is the answer on three levels. It is a matter of rights: it closes the gap between people's reproductive aspirations and their ability to realise them. It is a condition for a sustainable economic response that brings stability, opportunity and trust. It is the most effective response to the weaponization of demography.

WHY THIS DEBATE, AND WHY NOW?

This is not a debate the GEAC is choosing to have out of caution or foresight. The debate is well underway, and the G7 is being asked to respond while institutions still have the opportunity to adapt. Four factors make 2026 a critical moment: demographic pressures are becoming economic and geopolitical priorities; the evidence on work and care is stronger, while claims about technology are outpacing the evidence; demographic anxiety is increasingly instrumentalised against human rights; and policies adopted now on parental leave, care financing and digital governance will shape outcomes for decades.

MISCONCEPTION: "FERTILITY DECLINE IS A GLOBAL NORTH PHENOMENON"

Fertility is declining almost everywhere, at different paces. Two-thirds of humanity now live in a country with below-replacement fertility, and only a handful of countries remain at persistently high levels. Low- and middle-income economies are also undergoing this transition much faster than higher-income economies did.

However, a debate that focuses solely on numbers, and on segmenting the world into higher- and lower-fertility countries, ignores clear commonalities. Whether fertility is higher or lower, between countries or even between sub-groups within a given country, there appears to be a universal challenge for people to build the lives they want, with or without children. Gender inequalities usually lie at the heart of this. They manifest themselves in many different ways, from child marriage, lack of access to modern contraception and unequal schooling to labour market discrimination and the unequal sharing of childcare and domestic responsibilities. As such, feminist priorities around the world differ but are just as urgent. The G7 must address this universal reality.

The GEAC acknowledges this diversity regarding declining fertility and population ageing, which most directly affect G7 countries, and addresses them through a feminist and human-rights lens, rather than treating population as a single issue with simple adaptations. How the G7 responds will be instructive for societies following the same path, while the G7 itself has much to learn from women's rights organisations and partners in the Global Majority.

The GEAC adopts a common normative framework rather than a uniform policy prescription. It rests on principles of justice that it applies universally – bodily autonomy, gender equality, non-discrimination, freedom from coercion and reproductive justice – understood as the rights to have children, not to have children, and to raise them in safe and dignified conditions. Access to contraception, safe abortion care and infertility care, as well as freedom from reproductive coercion, must therefore be guaranteed in

all fertility contexts. National fertility levels do not determine which rights or needs are recognised. Policy implementation, however, must respond to the different barriers women and girls face in exercising their rights across demographic, economic and social contexts. These rights apply to all, including LGBTQI+ people, whose right to found a family and to access fertility care without discrimination must be guaranteed.

Make no mistake: the terrain the GEAC is entering is already occupied. Anti-rights, masculinist and nationalist movements have spent decades building a demographic narrative that blames women's autonomy for demographic change – whether by dictating that women have fewer children when there were concerns about population explosion, or now, that women have more children when the concern is population decline. The GEAC calls on G7 Leaders to counter it with narratives built on rights, choice and autonomy combining domestic reform with rights-based international cooperation.

This report is structured around three pillars: moving away from crisis narratives towards demographic resilience; advancing inclusive family and care policies that reduce the economic and structural penalties of having children; and countering demographic disinformation through evidence, data and accountability.

FACTS AND FIGURES

- **Two-thirds of humanity** live in a country with below-replacement fertility (2.1 births per woman).[3]
- **One in three people (2.8 billion)** live where adults aged 65 and over outnumber children under age 15.[4]
- **Nearly one in four survey respondents (23%)** in a UNFPA/YouGov survey across 14 countries reported having wanted a child but feeling unable to have one at their preferred time; more than 40% of this group ultimately had to give up that intention.[5]
- **Around one in six people** worldwide experience infertility at some point in their lives.[6]
- **25–30%**: in Europe, North America and Oceania, first childbirth reduces women's employment relative to men's by an average of 25–30% over the following ten years (study covering 134 countries). In high-income countries, child penalties account for almost all of the gender employment gap.[7]
- **≈ 40%**: in France, the birth of a child causes a sharp and lasting fall in mothers' salary income – a penalty of about 40% around the birth, remaining close to 30% in the following years.[8]
- **26%**: men accounted for only 26% of parental leave benefit recipients on average across 22 OECD countries (2023 or latest available data).[9]
- **Women make up 19.3% of AI engineers and 25.3% of top-level management positions in AI firms** globally (WEF LinkedIn analysis across 19 economies, excluding China).[10]
- **98% of the online deepfake videos identified were pornographic**, and 99% of those targeted in deepfake pornography were women.[11]

PILLAR 1
RETHINKING DEMOGRAPHIC CHANGE, FROM DEMOGRAPHIC ANXIETY TO ADAPTATION

Demographic change is increasingly described as a crisis, a collapse or an emergency, including by decision-makers and in multilateral negotiations. How it is framed matters. This framing fuels anxiety and is used to justify coercive and discriminatory demographic objectives, particularly for women. When governments frame it as a crisis of birth rates, they can amplify hostile attitudes towards women and girls and embolden extremist narratives, whose proponents have explicitly used birth rate panic as a tool of radicalisation and a justification for violence.

Demographic change is broader than fertility. Over time, low fertility combined with longer lives transforms the size and age structure of populations. The share of older people grows relative to the working-age population and, absent significant migration, populations eventually shrink. This transition differs from earlier demographic changes in its speed, scale and duration.

What makes it a potential crisis is less the fertility rate itself than what lies behind it, namely the structural barriers that prevent people from having the children they want, and the mismatch between a transformed population structure and institutions designed for a different demographic reality.

If population ageing is the main concern, migration can mitigate its effects much faster than higher birth rates. That pronatalist measures are often preferred suggests the concern is sometimes less about age structure than about which groups have children, a nationalist dimension of the crisis narrative that the GEAC rejects.

Like climate change, demographic change is a long-term challenge already unfolding: its effects are visible and will intensify. Downplaying the challenges it poses would be as counterproductive as instrumentalising it.

Demographic change can pose serious economic and social challenges, particularly where population ageing and decline are rapid and institutions are slow to adapt, and these challenges require timely and sustained policy action. The question is not how serious these challenges are, but how they are diagnosed. Treating low fertility itself as the emergency points policy towards influencing births, and ultimately towards women's bodies: no degree of demographic pressure justifies coercive demographic objectives, restrictions on reproductive rights, or placing responsibility on women to reverse demographic trends. Nor does rejecting fertility targets mean policy inaction. The GEAC calls for a response that strengthens societies' capacity to adapt to demographic change while expanding people's ability to realise their reproductive aspirations, grounded in human rights and gender equality.

Demographic change affects major priorities, from the financing of pension and health systems to labour supply. Decision-makers cannot afford to ignore these effects, but societies can anticipate and adapt to this transformation, while protecting well-being and rights. Institutions established for a different demographic reality will come under severe strain if they are not adapted, and that strain can erode trust in democratic institutions and open space for fear-based narratives and blame. Ageing populations are also changing in composition: tomorrow's older people will be more educated, healthier and more digitally literate than today's. Policies that allow people to remain in decent work, prepare for older age and stay engaged can unlock a second and third demographic dividend, through consumption, work, volunteering and care. Older people are not uniformly a burden on the young.

Fertility rates are also a signal, which can point in different directions. Falling fertility is also, in part, the result of progress: effective policies and partnerships have reduced maternal and child mortality and increased access to family planning and reproductive health services - a global health triumph. Very low fertility can, however, algo signal unmet aspirations and persistent gender inequalities, reflected in a widening gap between the number of children people want and the number they are able to have. The objective for the future is demographic resilience, grounded in human rights and reproductive justice.

WHAT FALLING BIRTH RATES DO AND DO NOT TELL US

Fertility and birth rates are distinct and should not be used interchangeably. Standard fertility measures, such as the total fertility rate, are age-standardised, synthetic calculations for a given year, not a record of any real woman's or cohort's actual childbearing. Birth rates measure how many births occur in a population over a given year, a figure heavily shaped by age structure and therefore capable of moving quite differently from fertility itself. A country can see its birth rate fall even while fertility holds steady, simply because its population is ageing. The reverse distortion also exists: a period fertility rate can fall even when women's completed family size does not, if people are simply having children later than previous generations did – consistent with some evidence, cited below, that many young people may still want to have children, but due to constraints, are delaying them. The precision matters because demographic resilience, not a return to past fertility levels, should guide public policy.

A RIGHTS-BASED APPROACH, NOT A POSITION ON NUMBERS

The 1994 ICPD shifted the international normative framework from managing population numbers to guaranteeing reproductive rights and autonomy. This progress is now fragile, against the backdrop of funding for development aid including family planning, greatly reduced in recent years leaving room for narratives of "civilizational decline" and a pronatalism that treats reproduction as an economic input. In several high-fertility countries, it has left room for opposition to family planning in the name of national identity and future economic success.

The GEAC does not advocate any particular fertility level for any given country, what it refuses is any erosion of reproductive rights, in any context. The GEAC reaffirms that the same principle applies across all contexts, in the Global South as in the Global North,

and to states, employers, communities and families: no demographic objective, in any country or direction, may override a woman's right to decide freely and responsibly on her body, nor for parents to decide on the number and spacing of their children, as enshrined in CEDAW and the Cairo Programme of Action.

MISCONCEPTION: "RESTRICTING ABORTION IS AN APPROPRIATE RESPONSE TO LOW FERTILITY"

Restricting abortion does not raise fertility in any sustained way. In the United States, states that banned abortion after the Dobbs decision saw births rise by roughly 2%, with the increases concentrated among lower-income women and those facing the longest travel distances to care.[12] Romania's 1966 decree, imposed when abortion was the main method of birth control, increased births in 1967, but the initial spike subsequently diminished: fertility fell back steadily as women turned to illegal abortion.[13] What restrictions reliably produce is not a durable recovery in births but worse maternal and infant health and deeper inequality.[14] [15]
No increase in births would, in any case, justify overriding reproductive autonomy. Policies should instead address the barriers people face in having the children they want, while safeguarding access to contraception and safe abortion.

Reproductive autonomy and demographic adaptation are two distinct but complementary objectives. The first concerns whether people have the rights, information and material means to decide whether, when and in what circumstances to have children, as well as the social, economic and environmental conditions to raise them in safe, healthy and dignified conditions, free from violence. The second concerns how militaries, economies, labour markets and social protection systems adapt through care, skills, more equal labour-force opportunities, productivity gains, technology, rights-based migration and a fairer sharing of the costs of care. Fertility is an outcome, not a policy objective.

This report therefore applies one framework and one principle universally, while recommendations may be different based on context. The framework is the set of proximate determinants through which any factor, be it income, norms, or technology, can affect fertility. These are union formation, contraceptive use, abortion, postpartum infecundability and fecundability. The principle is that autonomy over each of these determinants is a right, not a demographic lever, in every country. What differs by context is the binding constraint. In most G7 countries, this may take the form of people who want children they cannot afford or arrange care for, while in high-fertility contexts, it falls on people, often adolescent girls who may want fewer children, but do not have the means to act on it. A single global fertility target would therefore be incoherent. A single standard for whether people can act on their own reproductive choices is not.

Public policy must treat women as individuals — workers, carers, citizens and decision-makers — not only as mothers. Demographic debates focus disproportionately on the bodies and choices of reproductive-aged women and address men mainly as fathers or providers. These debates are missing a life-course lens, which would also require attention to older women, who are more exposed to long-term care needs and pension inequalities, and to the care that older people themselves provide, as carers and grandparents, which should be recognised and supported. Childcare, housing, decent work and gender equality should be defended in their own right, not only for any possible effect on birth rates.

CLOSING THE GAP BETWEEN REPRODUCTIVE ASPIRATIONS AND REALITY

Recent data from the United Nations Population Fund (UNFPA) show the gap between people's reproductive aspirations and their ability to realise them. Its 2025 State of World Population report concludes that the central issue is not the number of births, but reproductive agency: the ability of people to make their own reproductive choices.[16] Nearly a quarter of respondents had wanted a child without being able to have one at the desired time. More than four in ten of them eventually gave up. Around one-third had experienced an unintended pregnancy. They share the same barriers: gender discrimination, economic insecurity, and lack of childcare and quality health care, although their relative weight differs across contexts.

UNFPA's Demographic Futures Survey, published in July 2026, covers more than 108,000 young adults in 73 countries and territories. It shows that young people have not turned away from family life. Most want a partner and children. The obstacles are material or perceived to be material. Financial security (88%) and stable employment (87%) are the most cited preconditions for parenthood. Economic and housing constraints are an important barrier for 72% of respondents. Eight in ten cite the joy children bring as a key motivation. Government encouragement and contributing to the future workforce rank among the lowest motivations. Gender norms remain decisive. Respondents disapprove more of mothers of young children working full time than of fathers. Women also rate the barriers to parenthood higher than men do.

These findings come with caveats: the survey is not nationally representative, although its results are consistent across regions, and stated intentions are not behaviour. The gap between desired and realised fertility should therefore be read together with direct measures of barriers, such as unmet need for contraception, unmet demand for fertility care and involuntary childlessness. The same caution applies to the technology literature: a significant share of it measures stated fertility intentions or preferences, not births, and is frequently cited in the public as though it has measured the latter.

Broader evidence points in the same direction: societies with greater gender equality tend to adapt better to demographic change than those built on traditional gender roles. In ageing societies, gender equality supports participation, care and well-being. In young societies, it is one of the most effective ways to build human capital, reduce poverty and support a sustainable demographic transition.

WHY THE G7: A MULTILATERAL AND MACROECONOMIC RESPONSE

Demographics are a macroeconomic issue with cross-border effects. Ageing and falling fertility affect labour supply, potential growth, productivity, pension and health systems, public debt, savings and investments. The IMF projects that under current policies, global annual output growth will fall by about 1.1 percentage points between 2025 and 2050, with demographics accounting for around three-quarters of the decline. Ageing societies tend to save more and innovate less at home, while younger societies need capital they struggle to attract. Demographic divergence is therefore one of the structural causes of the global imbalances that the French Presidency has placed at the top of the G7 agenda.

Gender equality is first and foremost a human-rights imperative. It can also strengthen economic resilience, but its legitimacy must not depend on its contribution to growth, labour supply or demographic outcomes. Worldwide, 708 million women remain outside the labour force because of unpaid care responsibilities. According to the IMF, a labour supply package that includes closing gender participation gaps could recover around 0.6 percentage points of growth a year, offsetting almost three-quarters of the demographic drag. This only works if care is redistributed: increasing women's paid work without changing unpaid care simply intensifies inequality. Redistributing care is a rights imperative that also supports growth.

MISCONCEPTION: "AUTOMATION CAN ANSWER THE DEMOGRAPHIC QUESTION"

Automation is increasingly presented as a substitute for a shrinking workforce, including in care. It cannot be the sole or main response. Human judgement, and women's full economic and social participation, remain irreplaceable. Automation can ease labour shortages, a consequence of population ageing, but it acts on none of the determinants of fertility, and a policy that reduces demand for women's paid care work, without changing the distribution of unpaid care, addresses none of the real drivers of fertility (see Pillar 3). Automation can support care for older persons, but it may also displace younger workers, including those moving into platform and delivery work, and make it harder for them to form families.

Demographic change is internationally interdependent. Ageing G7 societies increasingly rely on migrant women for childcare and elder care, which can weaken health and care systems in their countries of origin. Remittances, capital flows, migration policies and development assistance link the demographic trajectories of older and younger societies. In Europe, the immediate challenge is less overall population decline than the shrinking share of working-age people relative to retirees. Safe, regular and rights-based migration, designed with a gender lens, can help address labour shortages and sustain social protection systems. No country can manage these interdependencies alone.

RECOMMENDATIONS

1. Reaffirm and protect reproductive autonomy in all contexts

1. To G7 Leaders, pursue two distinct objectives: enabling people to realise their reproductive choices, while adapting economies and social-protection systems to ageing, labour-market change and different demographic trajectories.

2. To G7 Leaders, do not set numerical fertility targets or an ideal fertility rate as a public policy objective – where such targets exist, assess their consequences for gender equality and reproductive rights. Do not treat declining fertility as a problem to be corrected in itself. Measure the success of policies by people's ability to realise their own reproductive aspirations, not by changes in fertility rates.

3. To G7 Ministers, require gender and human-rights impact assessments for all demographic, family and birth-rate policies before adoption. These should examine whether a policy restricts sexual and reproductive health and rights, reinforces discriminatory norms, privileges particular family forms, places disproportionate responsibility on women or creates pressure on reproductive decisions.

4. To G7 Leaders and Foreign Affairs Ministers, affirm that no demographic objective may justify restrictions on contraception, abortion or other sexual and reproductive health and rights, coercive measures, or discrimination based on reproductive choices or family forms. Promote, in all multilateral fora, Article 16(1)(e) of CEDAW: the right to decide on the number and spacing of children must come with the information, education and means to exercise it.

2. Build demographic resilience through economic and social adaptation

1. To G7 Finance Ministers, integrate care and gender indicators into the analysis of demographic change and macroeconomic imbalances conducted by the G7 finance track, with the IMF, the OECD, the World Bank, UNFPA, and development finance institutions (DFIs) drawing on UNFPA's Demographic Resilience Reviews. G7 Leaders should make care and gender equality a priority in the agendas and funding of development finance institutions, building on existing G7 work rather than operating in silos.

2. To G7 Leaders, recognise rights-based migration and mobility policies as one element, among others, of demographic adaptation, without treating migrants as a demographic lever, and ensure that migration, displacement and crisis-response policies are gender-responsive: guarantee equal access to employment, education and essential services such as sexual and reproductive health services for migrant and refugee women, regardless of their status, ensure fair pay and protection for care workers, support women's economic participation through integration and family reunification policies, and systematically assess the differentiated impacts of conflict, climate change and other crises on women and girls. Refugee protection is a humanitarian obligation and should not be framed as a tool of demographic adaptation.

PILLAR 2
FORMING FAMILIES IN THE 21ST CENTURY

Many young people still want partners and children, but they face material and structural obstacles. Families today are formed later, take more diverse forms and are built in more uncertain economic conditions, with new expectations of more equitable allocation of responsibilities. This diversity should be reflected explicitly in policy design: single-parent, blended, extended or multi-generational, same-sex parents and other family forms should be able to access support on an equal basis, without benefits or services being conditioned on marital status, household headship or conformity with a prescribed family model. Respecting this plurality of family formation includes recognising forms of kinship and mutual support beyond the nuclear family, and the non-stigmatisation of people without children, whether by choice or not, and people whose lives do not centre on couplehood or parenthood.

WHAT SHAPES FAMILY FORMATION TODAY

Family formation is shaped by a broad set of social, economic, political and institutional conditions. In low-fertility contexts, four structural drivers reinforce one another:

- **Economic**: high housing costs, job insecurity and a lack of affordable childcare delay or prevent the decision to have children. Work–family incompatibility weighs even before parenthood: when jobs require long or unpredictable hours, often with little long-term stability, having children appears incompatible with economic security.

MISCONCEPTION: "WOMEN'S ECONOMIC EMPOWERMENT IS DRIVING FERTILITY DECLINE"

Women's education and employment are not a mechanical cause of low fertility. Among high-income countries, the negative relationship between women's labour-force participation and fertility has disappeared. Recent data show essentially no relationship between the two. Evidence from 134 countries shows that women's and men's employment diverge sharply and durably after the birth of a child. These "child penalties" become a growing source of gender inequality as economies develop. In the Republic of Korea, women's earnings begin to fall during pregnancy, and mothers are increasingly selected among women with secure, well-paid jobs.[17] In France, the High Council for Equality (HCE) finds that motherhood marks a major turning point in women's careers, with mothers facing greater barriers to promotion, positions of responsibility and training.[18] Work–family constraints thus shape not only the consequences of parenthood, but also who becomes a parent. The answer is not to weaken women's economic opportunities or restore traditional roles. It is to reduce the unequal cost of parenthood.

- **Social**: motherhood is no longer a default life path for young women, while political polarisation between young women and young men is widening. Hostile gender attitudes among some young men are increasingly fuelled by online environments, including algorithmically facilitated radicalisation, against a backdrop of economic insecurity and social isolation. Yet young men in several G7 countries remain as likely as young women, or more likely, to want marriage and children. The issue is therefore not a simple rejection of family life, but the growing difficulty of forming partnerships under changing economic and social conditions.
- **Health**: around one person in six worldwide experiences infertility and many more experience subfecundity, or difficulties in becoming pregnant and bringing a child to term. This issue becomes more significant as the age at childbirth increases. This multifactorial condition concerns men as well as women, yet it is still too often wrongly presented as an individual, and female, failing.[19]
- **Technological**: technology is not established as a cause of these trends. Technology acts as a powerful factor that indirectly amplifies the demographic transition, through specific channels, some favourable to family formation, such as flexible work and access to information, and others unfavourable (see Pillar 3).

WHAT WORKS TO SUPPORT FAMILIES: LESSONS FROM PRACTICE

Comprehensive, flexible policy packages rather than isolated incentives

Historically, states that have mainstreamed gender equality and built large care infrastructures have been characterised by high levels of women's participation in professional life. A main reason for that is the reduced career risks associated with childbearing. For example, the **Nordic countries** combine affordable, high-quality childcare, long and well-paid parental leave, non-transferable leave quotas for fathers, flexible working and sustained gender-equality policies.[20] The example of **France** likewise shows that extensive care infrastructure and high female labour-force participation are compatible. Public childcare, family allowances, tax and housing support for young families and early-childhood education have been developed together.[21] Another example is **Germany**, where the expansion of public childcare infrastructure and the introduction of a parental leave benefit with a non-transferable quota for fathers had a positive impact on fertility and mothers' employment rates.[22]

MISCONCEPTION: "FINANCIAL INCENTIVES ALONE CAN REVERSE LOW FERTILITY"

While financial incentives have, in some places, been followed by increases in the fertility rate, the effect is usually confined to the timing of childbearing rather than the total number of children desired or born. There is very little evidence that isolated, pronatalist incentives have any appreciable impact on total fertility rates: precisely because they do not address these broader, systemic, cultural and structural concerns, including gender inequality.

While fertility rates have fallen in states with very strong gender equality programmes, such as in the Nordic countries, this does not indicate a failure of pro-gender equality policies, as some have argued.[23] Rather, it demonstrates, multidimensional factors which underpin family formation and the challenges faced in even the most supportive systems.[24] Childcare and parental leave remain essential, but for reasons of equality, well-being and labour supply, not as instruments to reach a birth target. China's experience is instructive: easing and then lifting birth limits, followed by baby bonuses, has not reversed fertility decline, with fertility now among the lowest in the world. Relaxing restrictions does not address the cost of living, rigid gender roles and the unequal burden of childcare.[25]

Reshaping the workplace

Workplace experiments provide evidence that flexibility can improve working conditions and employee retention. A randomised trial in **Italy** allowing employees to work flexibly one day a week found that it improved productivity and well-being, and raised men's participation in care work. A larger trial in a technology company from **China** found that hybrid work reduced resignations by one-third, particularly among women, without harming performance or promotion.[26]

Evidence on the fertility effects of remote work is more mixed. Multi-country evidence suggests that estimated lifetime fertility is 0.32 children per woman higher when both partners work from home at least one day a week than when neither does, although the relationship is not necessarily causal. By contrast, a recent **United States** working paper finds that greater exposure to the post-2020 expansion of remote work reduced annual birth rates among married, college-educated women while increasing full-time employment.

MISCONCEPTION: "MOTHERHOOD IS INCOMPATIBLE WITH PROFESSIONAL LIFE"

The barriers are structural, not biological. Gender pay gaps are largest in occupations that disproportionately reward long hours, specific working times and continuous availability. Reorganising these "greedy jobs" to provide more temporal flexibility could substantially reduce the gap. Better-designed workplaces avoid forcing an artificial choice between career and family. Extremely long working hours yield diminishing returns, and age discrimination against workers in their mid-thirties and beyond narrows the window in which people feel able to start a family.

Designing parental-leave to support employment and shared care

Paid, job-protected parental leave is an important source of support for families around childbirth. Its design, however, matters: longer leave is not necessarily better for gender equality. When lengthy absences are taken mainly by mothers, they can reinforce the expectation that women will be primary caregivers and men primary earners, both within households and among employers.[27] Extensions in **Germany** and Austria delayed mothers' return to work, although these studies found small or no adverse longer-run effects on employment and earnings.[28] Broader evidence from Austria also shows that expanding parental leave and childcare alone did little to reduce long-run gender earnings inequality.[29] The challenge is therefore to support time for care without reinforcing an unequal division of responsibilities.

Two design features follow. First, entitlements should be individual, non-transferable and well paid for both parents. Fathers' take-up responds strongly to earmarked, well-compensated leave: **Quebec**'s father quota raised fathers' participation by roughly 250% and durably shifted the division of household labour,[30] and **Japan**'s recent reforms raised fathers' take-up of childcare leave from about 13% in 2020 to 51% in FY2025.[31] Second, leave should be flexible in when and how it is taken, and broad in who is covered. Entitlements usable in separate blocks over an extended eligibility window could help make take-up compatible with career progression for both parents. Eligibility should extend beyond parents in standard employment to non-standard workers and should cover adoptive and second parents on equal terms.

Key lessons:

- The effect of comprehensive policy packages comes from the combination, not from any single measure.
- The best family policies are stable, which means they are unlikely to change and therefore make planning more secure. Increasing flexibility in parental leave arrangements is desirable from the perspective of user convenience. However, where substantial gender gaps persist in take-up and caregiving responsibilities, such flexibility should be carefully designed to support, rather than hinder, long-term gender equality objectives.
- Flexible working arrangements must not become a women-only track: take-up and career progression should be monitored by gender, and these arrangements should be paired with accessible childcare and parental leave.
- These policies should not be assessed solely on the basis of a single criterion, such as the fertility rate. Evaluating policies through one demographic outcome alone may overlook other important considerations, including reproductive rights, well-being, and broader social implications. Their value lies in removing the structural constraints, advancing gender equality, and supporting people's choices about employment and family life.

CARE AS SOCIAL AND ECONOMIC INFRASTRUCTURE

In this report, care refers to the paid and unpaid work involved in caring for children, older persons, persons with disabilities and others who require support. It encompasses both care provided within households and formal care services. Its organisation and distribution shape women's time, economic participation and reproductive choices. Investment in care should primarily advance the rights and well-being of people receiving and providing care, redistribute unpaid care responsibilities and reduce inequalities.

The organisation and distribution of care responsibilities are a structural condition for family formation. Institutions often assume that an unpaid carer is available within the household, while women continue to bear a disproportionate share of childcare, eldercare and other unpaid care responsibilities. This affects women's time, labour-market participation, economic security and reproductive choices. A growing 'sandwich generation' cares for ageing parents and young children at the same time, a burden that falls mostly on women. Care should therefore not be treated as a private matter or a "women's obligation", but as a matter of rights, gender equality, social and reproductive justice and shared responsibility across households, employers, communities and the state, as well as a foundation for demographic resilience.

Recognising care as a structural condition also raises the question of how care infrastructure can be financed and scaled. Public budgets across the G7 are under pressure, while the case for investing in care grows stronger. According to the ILO, closing the childcare policy gap would require additional spending of 1.5% of global gross domestic product (GDP).[32] 84% of the net jobs created would go to women, and each dollar invested could generate US$3.76 in global GDP by 2035.[33] The return on investment in the care infrastructure goes beyond this financial gain, however, significant though that is. The investment results, for example, in more opportunities for women and their participation in the workforce, in turn realising improvements in GDP. Good care improves the quality of life of those receiving it at any age, in turn reducing reliance on other, often more costly, interventions. Care also entails real public costs, which democratic societies must be prepared to bear whatever their economic returns.

Investor appetite exists where revenue models are clear. In the United States, senior housing and care transactions reached just over US$24 billion at the end of 2025, and 86% of surveyed investors plan to expand allocations in 2026[34]. The binding constraint is not investor interest, but ticket size, revenue predictability and the absence of market infrastructure: reliable return data and standardised impact measurement.

The Investor Leadership Network, a coalition of institutional investors with more than US$10 trillion in assets, shows that gender conditions can be written into transactions. Examples include impact indicators in fund management contracts, with fees linked to the share of gender-qualifying deals; interest-rate step-downs for companies that meet gender targets; and gender reporting obligations in loan agreements. These structures remain bespoke to each fund. A G7-backed standard would allow them to scale. The G7 built a similar financing architecture for renewable energy within a decade. Care infrastructure should not wait as long. As this financing architecture scales, it should also safeguard care quality, accessibility and decent working conditions.

ADDITIONAL KEY PRINCIPLES ON FAMILY FORMATION

Children are rights-holders and full members of society. Public spaces, transport and services should be organised accordingly. Younger and future generations should be a priority for public investment and social support regardless of whether current adults have children or how many children they have. Although **investment in their care and development generates long-term benefits for all**, the investment should also be framed in terms of fostering inclusion, well-being, and equal opportunities for future generations as a public good.

Families are not uniformly safe. Gender-based violence and reproductive coercion, such as pressure to become pregnant, contraceptive sabotage or control over pregnancy outcomes, directly constrain reproductive choices, while violence also tends to increase in periods of economic, social or humanitarian stress. Freedom from violence is therefore a condition of reproductive autonomy, and a human-rights objective in its own right. Supporting families must therefore go hand in hand with protecting the individual rights, safety and autonomy of each family member, including children. Children must be protected from all forms of violence, including physical, mental or sexual, or through exposure to violence between adults, as it undermines their well-being and development.[35]

MISCONCEPTION: "COMPREHENSIVE SEXUALITY EDUCATION AND REPRODUCTIVE RIGHTS CAUSED FALLING BIRTH RATES"

This claim is unfounded. Sexuality education, now being rolled back in some settings by anti-rights actors seeking to remove LGBTQI+ content, has often been incomplete, centered on preventing pregnancy and sexually transmitted infections rather than on reproductive health across the life course. This gap is being filled by those who attribute falling birth rates to a comprehensive sexuality education (CSE) and reproductive rights. Comprehensive sexuality education supports informed reproductive choices and can reduce unintended pregnancies. This should not be conflated with a general explanation for persistent low fertility, nor used to justify restricting sexuality education or reproductive rights.

The United Nations defines CSE as a "curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realise their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives"[36]. CSE is one of the most effective ways to prevent sexual and gender-based violence and achieve gender equality and the empowerment of women and girls. The question should therefore not focus on the impact of CSE on the number of births, but rather on improving the conditions in which those births take place.

Reproductive technologies can enhance reproductive autonomy by expanding individuals' ability to decide whether, when, and how to have children. However, they are not substitutes for policies that address the structural barriers shaping reproductive choices. A rights-based approach should ensure equitable access, informed decision-making, non-discrimination, and protection against exploitation, while recognising that technology alone cannot overcome broader social and economic inequalities.

RECOMMENDATIONS

All recommendations under this pillar should be rights-based and recognise the existence of and be inclusive of diverse forms of families. They should not be designed to achieve demographic targets, and access to support should not be conditioned on marital status, household composition or conformity with a particular family model. They should include safeguards against exploitation and coercion. These recommendations do not constitute an endorsement of surrogacy, nor recognition of a right to access it.

3. Redistribute care and reform the parental transition at work

1. To G7 Finance and Labour Ministers, remove financial incentives for an unequal division of work and protect parents from avoidable economic loss. Couples who share work and/or care responsibilities should never be penalised. Enabling all individuals to participate fully in both work and family life means ending tax and transfer advantages for unequal earner-carer arrangements, protecting income during maternity and parental leave, fully recognising child-related periods in pensions and social security, and covering self-employed and precarious workers.

2. To G7 Labour Ministers, agree a standardised framework for employer accountability on parental transitions. This should include disclosure of retention rates 12, 24, 36 months and ten years after parental leave, promotion rates by sex and parental status, and leave take-up disaggregated by sex and seniority, alongside structured return-to-work programmes, manager training and measures to support career progression after parental leave and at key stages thereafter. Publish these indicators through existing corporate reporting frameworks and the G7 Dashboard on Gender Gaps, to support accountability and investor engagement

3. To G7 Labour Ministers, by 2030, establish a right to request flexible working arrangements, with refusals justified by objective job requirements and no pay or career penalty. Promote predictable schedules and provide implementation support to SMEs. Monitor take-up and career effects by sex.

4. To G7 Labour and Social Affairs Ministers, guarantee each parent an adequately paid, job-protected, non-transferable period of parental leave, while preserving maternity leave and the specific protections relating to pregnancy, childbirth, postnatal recovery and breastfeeding, in line with ILO maternity protection standards. Allow flexibility in when and how this entitlement is used, and extend who is covered, by including non-standard workers, adoptive parents and second parents on equal terms. Evaluate implementation through take-up rates, leave duration and the distribution of caregiving between parents, alongside employment and earnings outcomes.

4. Treat care as economic and social infrastructure

1. To G7 Finance and Development Ministers, recognise care infrastructure as economic and social infrastructure and include it in national infrastructure strategies and in the Partnership for Global Infrastructure and Investment pipeline. Mobilise development finance institutions to provide first-loss and guarantee capital that aggregates small care assets into portfolios of sufficient scale for institutional investment, supported by standardised documentation and predictable revenue structures.
2. To G7 Finance Ministers, develop a G7-backed certification and reporting standard for gender-conditioned investment, and extend the 2X Challenge framework to infrastructure funds, building on the 2025 GEAC recommendations.
3. To G7 Finance and Labour Ministers, attach binding conditions to all public support for care infrastructure: decent-work and pay standards for a workforce that is mainly female and often migrant; affordability and access requirements; and gender- and sex-disaggregated reporting on workers and users.
4. To G7 Social Affairs Ministers, expand affordable, quality public childcare, after-school care, eldercare and home care, including for parents with atypical working hours.

5. Make housing and economic security enabling conditions for family formation

1. To G7 Housing and Social Affairs Ministers, integrate housing and young adults' economic security into family policy: affordable family housing, access to rental markets for young people without traditional guarantors, public guarantee mechanisms, and coordinated planning of housing, transport, employment and childcare.
2. To G7 Social Affairs Ministers, share the costs of raising children across society through universal child allowances, family benefits and care entitlements and fully covered care during pregnancy and childbirth.

6. Protect reproductive health and autonomy across the life course

1. To G7 Education and Health Ministers, adopt or extend national standards for scientifically accurate, age-appropriate comprehensive sexuality education and information that cover reproduction across the life course. They should include consent, gender equality, respectful relationships, accurate information on contraception, abortion, fertility literacy on age-related fertility decline and realistic information on the success rates of assisted reproduction, and media and AI literacy. To ensure reliable access to this information, establish, by 2030, a certified, multilingual public gateway in every G7 country. Report progress through a fertility knowledge benchmark on the G7 Dashboard on Gender Gaps.
2. To G7 Health Ministers, guarantee every woman safe, dignified, continuous and equitable maternal health care throughout pregnancy, childbirth, postpartum period, and until the child's third year. This should include continuity of professional support, one-to-one midwifery support during labour, freedom to choose the place of birth where medically appropriate, postpartum follow-up covering physical and

mental health, supported by accessible postpartum and parenting centres. Remove barriers related to cost, distance, refusal of care and stigma, and prevent obstetric and gynaecological violence through rights-based standards of care and appropriate accountability mechanisms.

3. To G7 Health and Gender Equality Ministers, integrate the prevention of gender-based violence and reproductive coercion into sexual and reproductive health, family and demographic policies. This should include comprehensive sexuality education addressing consent, training for health and social-care professionals to identify reproductive coercion, and accessible, confidential referral, protection and support pathways for survivors.

4. To G7 Health Ministers, commit to public coverage and waiting-time standards for infertility diagnosis and treatment, including male-factor diagnosis. Require clinics to publish live-birth rates by age on a standardised basis. Remove financial, legal and discriminatory barriers to medically assisted reproduction, including those related to marital or family status. Assisted reproduction complements, but cannot replace, structural equality.

5. To G7 Health Ministers, guarantee affordable, timely, confidential and non-discriminatory access to comprehensive sexual and reproductive health services, including contraception and safe abortion care, in all demographic contexts.

6. To G7 Health Ministers, govern reproductive technologies, require clinical validation and independent bias audits of AI systems used in embryo selection. Prohibit the marketing of polygenic embryo screening for non-medical traits, and promote a rights-based approach ensuring equitable access, informed decision-making, non-discrimination, and protection against exploitation.

7. Fully engage men and boys

1. To G7 Health Ministers, include men and boys in sexual and reproductive health policies as reproductive subjects across the life course: contraception, sexual health, fertility and infertility, reproductive decision-making and the prevention of coercion. Shared responsibility does not mean control over another person's body.

2. To G7 Gender Equality Ministers, combat gender stereotypes, support an active and positive role for men and boys as agents of change, and combat forms of masculinity that perpetuate inequalities. Address patriarchal norms and confront organised anti-rights movements and online misogyny that reinforce hostile gender attitudes. Run public campaigns to foster a culture of equity and shared responsibility for childrearing and domestic work.

8. Welcome and protect children

1. To G7 Justice, Health and Education Ministers, prevent violence against children. Implement prevention initiatives involving expectant parents and healthcare professionals from pregnancy throughout early childhood. Strengthen maternal and child health services and parenting support programmes. Develop school- and community-based prevention initiatives throughout childhood and adolescence, and reinforce the training and coordination of professionals working with children.

2. To G7 Justice Ministers, strengthen the protection and support of children affected by violence. Establish effective, accessible and child-sensitive procedures that enable children to be heard, violence to be detected early, and appropriate protection, care and support to be provided promptly and effectively.

3. To G7 Social Affairs Ministers, tackle child poverty: no child should grow up in conditions that compromise their health, education or development. Policies should therefore ensure that every child has access to a minimum standard of living adapted to children's needs, covering not only income but also housing, nutrition, health care, education and participation in social life.

4. To G7 Leaders, introduce a "child reflex" into public policy by requiring major transport, urban-planning, housing, cultural and public-space projects to assess their impact on children and families and incorporate child-friendly, accessible and inclusive design from the outset. Prioritise access to safe, healthy public spaces and green areas, and protection from pollution and climate-related risks, including extreme heat, particularly for children in disadvantaged communities. Involve children in relevant decisions through consultations and children's councils. These measures will also benefit other groups in vulnerable situations, including persons with disabilities and older persons.

5. To interested G7 members, recognise child- and family-friendly venues and services through a national label, train public-facing professionals to welcome families, and measure progress through an annual barometer. The aim is to ensure that children fully belong in society and to make freely chosen parenthood easier in practice.

9. Expand bodily autonomy and gender equality through rights-based international partnerships

1. To G7 Foreign Affairs and Development Ministers, uphold the same sexual and reproductive rights across all demographic contexts. Ensure that policies, programmes and priorities are shaped with and by local feminist and women's rights organisations, recognising their expertise and leadership in defining context-specific priorities, barriers and inequalities.

2. To G7 Development Ministers, guarantee access to quality education and invest in girls' secondary and tertiary education where gaps persist, and in the prevention of child marriage and early pregnancy.

3. To G7 Development Ministers, sustain international funding for family planning and sexual and reproductive health and rights, and ensure that services rest on informed consent, confidentiality and individual autonomy, never on demographic targets, including through digital delivery mechanisms with proven effectiveness, such as mobile-phone family planning interventions.

4. To G7 Development Ministers, support women's economic participation and entrepreneurship, including women migrants, as part of a broader approach to strengthening women's autonomy, economic security and capacity to make and realise reproductive choices.

PILLAR 3
COUNTERING DEMOGRAPHIC DISINFORMATION AND ASSESSING THE ROLE OF TECHNOLOGY

Demographic change has become a prime target for disinformation and politically motivated causal claims. Such narratives can turn legitimate concern about ageing, fertility or population growth into pressure on women's and girls' rights and gender equality. With global fertility at historically low levels and its decline heavily politicised, a widely shared narrative now holds that smartphones, social media and artificial intelligence are themselves driving this decline.

Smartphones and social media are now presented as a leading cause of declining birth rates[37], and AI companions are increasingly drawn into the same story of loneliness, reduced companionship and withdrawal from relationships. Blaming technology for demographic decline may also allow governments to avoid their own responsibilities and to overlook inequalities, unaffordable childcare, housing insecurity, the economic cost of motherhood for women's earnings, careers and pensions, and the unequal division of care (Pillars 1 and 2). The GEAC treats technology as a standalone pillar for this reason: not because technology is the main driver of demographic change, but because so much of the current attention rests on assertion rather than evidence. Just like claims that blame women's employment, abortion rights, or sexuality education (see Pillars 1 and 2), this narrative can turn legitimate concern about fertility into pressure on women's and girls' rights.[38]

HOW TECHNOLOGY COULD AFFECT FERTILITY

Every influence on fertility, whether income, norms or technology, acts through a set of direct pathways that demographers call proximate determinants (see Pillar 1): whether people form partnerships, whether they use contraception, whether they can obtain an abortion, how long fertility is suppressed after a birth (mainly through breastfeeding), and their biological capacity to conceive. Particularly for a nascent area like technology and fertility, the claim is only as strong as the evidence for the pathway it relies on. The claim that smartphones reduce births, for example, relies on the first pathway: less time spent together in person would mean fewer partnerships, and consequently lower fertility. Asking which pathway a claim uses, and whether that link has been measured, is important in distinguishing between narrative and evidence.

Technology is not established as a primary cause of fertility decline. Its effects vary by mechanism, population and context, and it can amplify existing structural pressures. Economic insecurity, the cost of housing and care and the unequal sharing of unpaid

work remain the main structural drivers, all of which predate the smartphone era. Digital tools can reinforce inequality, stereotypes, coercion, precarity and distrust, but they can also improve flexibility, access to reproductive health care, support a fairer sharing of care, access to information and social connection, and help people make their own reproductive choices.

MISCONCEPTION: "SMARTPHONES AND SOCIAL MEDIA CAUSED THE FERTILITY DECLINE"

The role of smartphones and social media in fertility decline remains an open empirical question. Assessing their contribution requires distinguishing their effects from concurrent economic and social changes. The GEAC encourages further rigorous research and cautions against drawing strong policy conclusions from individual studies, particularly where proposed measures could restrict access to information or reproductive autonomy.

Two recent working papers link the spread of smartphones and mobile internet to fewer births among adolescents and young adults.[39] [40] Neither has been peer-reviewed to this date. Because most teenage pregnancies are unintended, part of any such decline would be the kind of change described in Pillar 1. Young adults now spend less time with friends in person, but whether internet use reduces sexual activity is not conclusive[41], and no study to date links AI companions or online misogyny to a fertility outcome. The GEAC will follow this research, but will not base policy on it.

MISCONCEPTION: "TECHNOLOGY IS UNIFORMLY HOSTILE TO FAMILY FORMATION"

Few well-identified studies exist, and most of the findings below rest on a single study each. They concern access to information, flexible work and partnership markets rather than technology as such, and they point in different directions. In the United States, broadband diffusion accounts for at least 7% of the fall in adolescent births between 1999 and 2007[42]. In Germany, broadband raised births among highly educated women aged 25 to 45, alongside more home-based and part-time work.[43] In eight sub-Saharan African countries, internet access increases the use of modern contraception.[44] In the United States, broadband diffusion in the 2000s raised marriage among young adults,[45] while mobile-app dating has since lowered both marriage and divorce rates.[46] Evidence on remote work is mixed (see Pillar 2).

These findings concern different technologies, populations and outcomes, and should not be interpreted as a single, universal effect of technology on fertility. They highlight the importance of specifying which technologies affect whose choices, through which mechanisms and under what conditions. Policy should assess both the opportunities and risks those digital technologies create for reproductive autonomy and family formation.

WHERE TECHNOLOGY MATTERS: INFORMATION, ACCESS AND COERCION

Technology's clearest relationships with fertility are on access to reproductive health information and care. After the draft Dobbs decision leaked in the US in May 2022, internet searches for abortion-related terms increased by 42% more in states with immediately effective abortion bans than in states without "trigger" and pre-*Roe* laws; searches for contraception-related terms also increased by 25% more in these states after the ruling itself (June 2022).[47] But information is not always accurate: in the year after the decision, crisis pregnancy centres, which do not provide abortions, accounted for 47% of Google ads on abortion-related searches, against 30% for abortion clinics.[48] At the same time, provision of medications for self-managed abortions supplied outside the formal health system, including through online telemedicine, increased in the 6 months following the *Dobbs* decision.[49] The same tools can serve as control: a partner with access to a woman's location, searches, purchase history or cycle-tracking data can detect contraceptive use, a clinic visit or even an abortion. These risks to safety, privacy, and accurate information justify attention on their own terms, whatever technology's effect on birth rates.

LIMITS OF THE AVAILABLE EVIDENCE

The evidence base is young, and many studies are cross-sectional so the direction of an association often cannot be established. Major surveys record at most phone ownership or internet access, not the intensity, platform or content of use, so estimates rely on proxies such as network coverage or broadband rollout. Life stage shapes technology use as well as childbearing. Until better data exist, the GEAC's position is to name the pathway behind each claim, and keep the policy focus on the structural drivers the evidence supports, and technology's role in this amplification.

TECHNOLOGY IN THE SERVICE OF REPRODUCTIVE RIGHTS

Technology can be a powerful tool for expanding reproductive justice and supporting individuals in realising their reproductive intentions. However, its benefits are neither automatic nor evenly distributed. A rights-based approach requires that technological innovation be accompanied by safeguards against bias, mis- and disinformation, privacy violations and technology-facilitated gender-based violence.

Effective digital regulation must hold platforms and AI systems accountable, and governments must protect women's bodily autonomy and freedom of choice online as offline. The pursuit of technological leadership and digital sovereignty must never come at the expense of human rights or of ethical and trustworthy AI.

Rather than treating technology as a solution to fertility decline, policy should ensure that technological developments support informed choice, gender equality and the social conditions that allow individuals to freely decide whether, when and how to form families.

RECOMMENDATIONS

10. Counter demographic disinformation

1. To G7 Gender Equality Ministers, adopt common G7 guidance on demographic communication by 2030: train public authorities to communicate demographic change accurately, respect diverse families and reproductive choices, avoid crisis narratives or demographic arguments for pronatalist interventions, and retire stigmatising labels, such as those applied to single women or to older people as a 'burden'. Distinguish causation from correlation, acknowledge evidence gaps and avoid presenting technology as a proven cause of fertility decline. Justify rights protections by the harms they prevent.

2. To G7 Digital and Technology Ministers: require causal evidence for demographic justifications of digital restrictions. Apply this requirement in the end-2026 review of the Common Set of Principles for a safe digital space for minors and subsequent measures. Demographic claims must identify a specific mechanism and rely on peer-reviewed causal evidence.

3. To G7 Gender Equality Ministers, commission regular independent evidence assessments: task the OECD and relevant UN agencies with assessing digital technology and family formation by end-2027, then every two years. Organise findings by reproductive pathway, distinguish causal, correlational and qualitative evidence, and flag contested findings requiring replication.

4. To G7 Foreign Affairs and Development Ministers, from 2027, fund action against demographic disinformation: provide multi-year funding for independent researchers, journalists and feminist organisations that document demographic disinformation, and strengthen transparency on the financing of transnational anti-rights campaigns.

11. Govern digital and AI systems to protect autonomy, safety and equality

1. To G7 Digital and Technology and Health Ministers, protect the integrity of reproductive-health information and services online: prohibit commercial profiling and the sale or transfer of reproductive-health data. Prevent unauthorised household access. Require verified providers, transparent advertising and reliable AI advice with appropriate referrals. Expand secure telehealth and e-prescriptions for contraception and medical abortion, ensuring continuity of care.

2. To G7 Digital, Technology, Justice, Interior and Gender Equality Ministers: ensure platform accountability and combat technology-facilitated gender-based violence. With the OECD, establish common risk-assessment and independent-audit standards by 2028 for recommender systems, dating platforms and AI companions. Address misogyny, addictive design, deception and sexual exploitation through AI disclosure, non-profiled options, accessible appeals and age-appropriate safeguards. Require rapid removal of abusive intimate imagery and deepfakes, evidence preservation and funded victim support. Criminalise abusive stalkerware surveillance and enable survivors to secure their devices and data. Give the Global Partnership for Action on Gender-Based Online Harassment and Abuse a standing mandate and dedicated funding covering reproductive coercion. Support independent research and evaluated initiatives promoting safe relationships and shared care.

3. To G7 Digital, Technology, Labour and Gender Equality Ministers: close gender gaps in AI employment, development and governance. Condition public digital funding and procurement on gender-impact assessments. Protect workers through predictable scheduling, social protection and meaningful human review. Monitor AI-related job disruption by sex and prioritise reskilling for exposed workers.

4. To G7 Digital, Technology, Labour and Gender Equality Ministers, set targets of 30% women in AI development and governance by 2028 and 40% by 2030, 40% among new AI hires and trainees by 2030, and 40% on public AI advisory, standards and governance bodies by 2028. Track progress through an AI indicator in the G7 Dashboard on Gender Gaps, supported by documented baselines.

12. Build a common G7 evidence, accountability and counter-narrative architecture

1. To G7 Gender Equality Ministers, establish a G7 Technology, Gender and Demography Observatory by 2030. Link it to the OECD and the G7 Dashboard on Gender Gaps. Publish disaggregated indicators on reproductive intentions and outcomes, unmet care needs, family formation, unpaid care, working conditions, online violence and digital access to reproductive healthcare. Retain sex-specific measures where biologically relevant and draw on regular time-use and harmonised family surveys.

2. To G7 Research, Health and Gender Equality Ministers, with relevant UN agencies: fund longitudinal research on technology and reproductive autonomy. Study algorithmic exposure, AI companions, platform work and reproductive health through harmonised modules in established surveys. Clearly distinguish causal, correlational and qualitative findings.

3. To G7 Digital, Technology and Foreign Affairs Ministers: enable secure cross-border research access to platform data. Establish reciprocal access to non-public platform data for vetted researchers across G7 jurisdictions, drawing on Article 40 of the EU Digital Services Act and protecting privacy and data security.

CONCLUSION

Across the G7, sustained low fertility, smaller younger generations and population ageing form a shared demographic reality. Demographic change is a challenge to manage, not a crisis to reverse. Demography influences social and economic outcomes but does not dictate them: population change sets conditions, and societies still decide how to respond. Demographic change is nonetheless a serious challenge: it is reshaping labour markets, public finances, care systems and the balance between generations, and the choices made now will determine whether societies adapt or leave the ground to fear-based narratives and coercion.

Across this report, the conditions that let people have the children they want, and avoid the ones they do not, are the same conditions that make economies resilient: shared care, secure work and housing, and digital environments that protect rather than exploit. Gender equality is therefore not one lever among many, but the common condition for all of them. Not only is advancing gender equality the bedrock of G7 values but it is the best way to mitigate and adapt to the demographic challenges coming our way.

Therefore, the G7 should respond to demographic change not by pursuing a prescribed fertility rate or an ideal population size, but by advancing gender equality, reproductive justice and equitable access to care and public services and by expanding people's real capacity to make their own reproductive choices. Success should be measured through rights, well-being, equality and access to care – not through demographic targets. This requires sustained public investment, strong public services, meaningful participation by feminist and women's rights organisations, and transparent accountability. We need to adapt societies so they can respond to demographic change without sacrificing rights, equality or freedom.

This is the shift the GEAC asks of G7 Leaders: from demographic anxiety to demographic resilience.

The case for acting now does not rest on any prospect of changing fertility. The age structures G7 societies will live with for decades are largely set, but the institutions that must adapt to them have yet to be designed. There are several consequential decisions in the coming years, on parental leave, care financing and the governance of digital systems, to name a few. These decisions will shape those institutions well beyond the current Presidency, and will help determine whether the demographic narrative is written around rights or around the control of women's bodies. A first step is within reach: commit to the G7 Technology, Gender and Demography Observatory by 2030, and require gender and human-rights impact assessments before adopting any demographic policy. Success should then be judged by whether people can make the family and reproductive choices they want, and the evidence on that, including where it is uncomfortable for governments, should be public.

Notes

1. See profiles of high-level members in the annex.

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ANNEX

LIST OF MEMBERS OF THE 2026 GENDER EQUALITY ADVISORY COUNCIL (GEAC)

Chair



Ms. Ghada HATEM (France-Lebanon) is an obstetrician-gynaecologist, founder of La Maison des Femmes, a multidisciplinary service that provides medical and social support to women facing gender-based violence. She also launched the Re-Start network, to replicate this initiative. In 2022, she created Mon Palier, a shelter that provides accommodation for young women who have survived sexual violence.

Vice-Chair



Mr. David DUHAMEL (France) is an economist and teacher at the *Institut Libre d'Étude des Relations Internationales* (ILERI) and Sciences Po Paris. His book "A World Without Children" follows the decline in the birth rate observed in France.

Members nominated by G7 States



France: Ms. Catherine LADOUSSE has been co-chair of a committee at the High Council for Equality between Women and Men since 2022 and a former member of GEAC (2023-2025). She is also the co-founder and Vice-President of the "Together against sexism" collective behind the creation of the "National Day against Sexism" and the global 2Gap collective bringing together nearly 100 professional networks of women and mixed people from the public and private sectors.



Canada: Ms. Amy HEPBURN is CEO of the Investor Leadership Network (ILN), a G7-launched coalition of 12 leading institutional investors representing tens of trillions in assets under management, working to advance inclusive economic growth, climate action, and gender equality in global investment strategy. She holds faculty appointments at Duke University and George Washington University. A recognised voice on gender-lens investing and climate finance, she has served on the G7 Gender Equality Advisory Councils in 2018 and 2025.



Germany: Dr. Katharina WROHLICH is Head of the Gender Economics Research Group at the German Institute for Economic Research Berlin (DIW Berlin) and Professor of Public Finance, Gender and Family Economics at the University of Potsdam. She has published numerous articles on economic, care and professional inequalities between women and men.



Italy: Ms. Monica Ricci SARGENTINI is a journalist for the Italian daily *Corriere della* Sera in the Foreign Affairs section. Since March 2025, she has been President of Radfem Italia. She is a member of the National Observatory on Violence against Women and Domestic Violence at the Italian Department for Equal Opportunities, and of the Regional Observatory on Equal Opportunities and Violence against Women of the Lazio Region. She was a member of the GEAC in 2025.



Japan: Dr. Sawako SHIRAHASE was the President of the GEAC in 2023 under the Japanese G7 Presidency and has been a member of the GEAC since 2022. She is specialized in social stratification/ inequality, gender equality and demographic issues. She has played a central role in national committees and expert groups dealing with gender policy issues.



European Union: Ms. Frances FITZGERALD is a globally recognised leader and advocate for equality from Ireland. With over 20 years of parliamentary experience, she has held some of the country's highest offices, including Tánaiste (Deputy Prime Minister), Minister for Business, Enterprise & Innovation, Minister for Justice & Equality, and Ireland's first-ever Minister for Children & Youth Affairs. From 2019 to 2024, Frances served as a Member of the European Parliament. She was rapporteur for the groundbreaking EU Directive on Violence Against Women.



United Kingdom: Ms. Laura BATES is an academic, journalist, author, and feminist activist who founded the Everyday Sexism Project. She works closely with politicians, businesses, schools, police forces, and international organizations, including the United Nations and the Council of Europe, to tackle gender inequality. She has a proven track record of driving change at both the national and international levels.

Members appointed by the French Presidency of the G7



Ms. Aurélie GAL-RÉGNIEZ (France) is the executive Director of Equipop since 2015, a feminist NGO that promotes gender equality and sexual and reproductive health rights worldwide. She is a co-ordinating member of the Francophone Feminist Alliance. She is also a member of the Women7.



Dr. Stuart GIETEL-BASTEN (United-Kingdom and the Netherlands) is Professor of Social Science and Public Policy and Associate Dean (Research, Global Engagement and EDI) at the Hong Kong University of Science and Technology (HKUST). A demographer specializing in fertility and ageing in Asia, he builds and uses the evidence base to challenge pronatalist framings of low fertility and to examine the structural barriers — particularly gendered ones — that prevent people from realising their reproductive intentions.



Ms. Nahla HAIDAR (Lebanon) is the Chair of the Committee on the Elimination of Discrimination against Women. Lawyer and activist at the United Nations for more than 35 years, she has worked on social development, humanitarian assistance, peacebuilding and human rights.



Ms. Isabelle HUDON (Canada) is a businesswoman and diplomat. She headed the Board of Trade of Metropolitan Montreal. She is the first woman to have held the position of Canadian Ambassador to France (2017-2021). In August 2021, she became the first woman to hold the position of President and Chief Executive Officer of the Business Development Bank of Canada. She was President of GEAC 2025.



Dr. Jisoo HWANG (South Korea), is an Associate Professor of Economics at Seoul National University. Her research focuses on low fertility, gender gaps in the labour market, and the role of public policies in shaping careers and family formation. She holds a PhD in Economics from Harvard University.



Dr. Apoorva JADHAV (United States) is a demographer and an expert in family planning and reproductive health with two decades of experience in evidence-based policy formulation. She is currently a Senior Fellow at the Population Reference Bureau and a Non-Resident Scholar at the Carnegie Endowment for International Peace's South Asia Program. Previously, as Senior Demographer at the United States Agency for International Development (USAID), she was the agency's chief demographic expert.



Dr. Phumzile MLAMBO-NGCUKA (South Africa) is the founder and president of the Umlambo Foundation. She was the Executive Director of UN Women (2013-2021). She also served as member of the World Bank Group's Advisory Council on Gender and Development (2015-2017). Between 2004 and 2008 she was Deputy President of South Africa.



Ms. Vanessa MOUNGAR (France and Chad) is VP for Corporate Social Responsibility & Inclusion at LVMH. Previously, she was Director for Gender, Women and Civil Society at the African Development Bank, and Senior Manager for Africa at the World Economic Forum, where she also led the demographic dividend agenda. She was a member of the Presidential Council for Africa and the 2019 G7 GEAC.



Dr. Hélène PÉRIVIER (France), is a director of research in economics at the French Observatory of Economic Conjunctures (OFCE), Sciences Po. She also serves as Director of the gender studies program at Sciences Po. She holds a doctorate in economics from the University Paris I Panthéon Sorbonne, and the accreditation to supervise research (HDR) from University Paris Nanterre.



Ms. Anna ROY (France) is an author, columnist and gender equality activist.



Dr. Jennifer D. SCIUBBA (United States) is a political demographer, President and CEO of the Population Reference Bureau (PRB). She was a consultant for the Office of the US Secretary of Defense on population, environment and energy issues from 2006 to 2007. In her latest book, *Toxic Demography*, she discusses how fertility, mortality and migration have been used, and diverted, to advance ideological agendas.



Mr. Lawrence YANOVITCH (France-United States) is the Founder and CEO of the One Planet Sovereign Wealth Fund Network, a global initiative that works with long-term investors on issues affecting sustainable economic growth and resilience. He also serves on the board of the Abeona Foundation, an organisation focused on ethics, inclusion, and the mitigation of bias in AI. He has a longstanding interest in the role of women as economic actors, investors, entrepreneurs, and drivers of growth, and in identifying practical solutions that expand opportunity and participation across societies.

The secretariat was led by the French Ministry for Europe and Foreign Affairs, Yasmine Janah, Valentine Delome, Balthazar Lionnard.

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MINISTRY FOR EUROPE AND FOREIGN AFFAIRS

Directorate-General for Global Affairs and Cultural and Economic Diplomacy

27 rue de la Convention

75015 Paris

diplomatie.gouv.fr