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## Population aging in Latin America: challenges for sustainable development and social cohesion (2000–2050)

*Population aging in Latin America: challenges for the sustainability of well-being and social cohesion (2000–2050)*

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### Summary

Latin America and the Caribbean are facing an accelerated demographic transition, with an unprecedented increase in the greater adult population in a context of structural inequality and incomplete social protection systems. This article analyzes aging trends between 2000 and 2024; asymism, evaluates the response capacity of public policies in matters of pension, health and care, and projects scenarios for 2050. Through the secondary analysis of data from CEPAL, the World Bank and the Inter-American Development Bank, critical gaps in coverage, equity and institutionality are identified. The results show that, without profound reforms, the region will face an increase in poverty in recent years and unsustainable fiscal pressure. A normative framework based on ageing with equality, a focus on rights and social co-responsibility is proposed.

**Keywords:** population aging; public policies; Latin America; social protection; bienestar; fiscal sustainability.

### Abstract

Latin America and the Caribbean is undergoing an accelerated demographic transition, marked by an unprecedented rise in the older adult population within a context of structural inequality and fragmented social protection systems. This article analyzes aging trends between 2000 and 2024, evaluates public policy responses in pensions, health and care, and projected scenarios to 2050.

Through secondary analysis of data from ECLAC, the World Bank and the IDB, critical gaps in coverage, equity and institutional capacity are identified. Findings indicate that without profound reforms, the region will face rising old-age poverty and unsustainable fiscal pressure. A normative framework is proposed based on “aging with equality,” a rights-based approach, and social co-responsibility.

**Keywords:** population aging; public policy; Latin America; social protection; well-being; fiscal sustainability.

### I. Introduction

At the beginning of the XXI century, Latin America and the Caribbean will begin a transformation deep and accelerated demographics: the aging of its population. This phenomenon, the result of the convergence between the sustained decrease in fertility and the progressive increase in hope for life, reconfiguring the age profiles of the region in a remarkably short period of time short in comparison with historical patrons observed in developed countries. If it's good population aging constitutes a achievement of human development ÿproduct of advances in health,



**Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025**

nutrition, education and living conditions, also represents an unprecedented challenge for them social protection systems, labor markets, health services, in general, for sustainability of collective well-being in a region marked by high levels of inequality, informality and economic volatility.

Between the years 2000 and 2050, the proportion of older people aged 60 in Latin America it will approximately triple, going from around 8% to 25% of the total population. Now However, this trend implies that, in just five decades, the region will transition from societies predominantly young to mature or aged age structures, with profound repercussions in different areas of public and private life. The difference between what happened in Europe and Japan, where aging constituted a gradual process that allowed States to anticipate and adapt public policies, in Latin America the demographic change unfolds in a context of weak institutionality, fragmented pension systems and limited coverage, in addition to a network of care that continues to fall mostly among women and within the family environment, without sufficient state support.

However, this process on the ground questions the financial viability of the social security, a bell that also puts a check on social cohesion in societies where they persist generational gaps, territorial inequalities and unequal access to fundamental rights. En In this sense, aging cannot be reduced to the presence of "more personas mayores", but that implies transformations in intergenerational relationships, in the redistribution of resources and responsibilities, and in the construction of new forms of inclusion and participation for a heterogeneous population that faces different vulnerabilities according to gender, class, ethnicity and geographical location.

In light of this scenario, the period 2000-2050 is configured as a critical wind of opportunity, in which Latin American countries must accelerate structural reforms, strengthen comprehensive public policies and promote a new culture of aging that recognizes them personas mayores as subjects of rights, active agents of society and full beneficiaries of it I develop. Now, the challenge is to guarantee dignified, inclusive and sustainable, without compromising the well-being of present or future generations. As a result, Addressing this demographic transformation with forward-looking vision, equity and solidarity will be fundamental to ensuring economic stability on the ground, as well as social justice and democratic cohesion in Latin America of the 21st century.

In this sense, Latin America and the Caribbean transition from a demographic structure predominantly young but with increasing age, in a significantly older period Shortly, it is observed in Europe or East Asia. Second projections of the Economic Commission for Latin America and the Caribbean [CEPAL] (2024), the proportion of people aged 60 will pass the most



**Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025**

from 14% in 2023 to 25% in 2050, which is equivalent to more than 270 million people. It is worth noting that this change is not merely quantitative, it rather redefines fiscal balances, care systems, family organization and sustainability of the development model.

The difference between advanced economies, the majority of countries in the region face this process before reaching high levels of per capita income, especially in high-income contexts. labor informality and limited social protection coverage. Consequently, this “prematurity demographic” (Banco Interamericano de Desarrollo [BID], 2023) poses a dilemma, this is how guarantee the well-being of the greatest people without sacrificing the opportunities of the generations young people or deepen inequality?

Based on this postulate, this article proposes to answer the following question: what institutional capabilities and public policies require Latin America to ensure a Dignified, inclusive and sustainable aging for 2050?

In this sense, the central hypothesis is based on the fact that, despite normative advances, it institutional fragmentation and low preventive investment limit the region's capacity to face the challenges of aging.

## II. METHODOLOGY

Regarding the methodology, the study is based on a quantitative comparative analysis of primary data. For this, the following official sources will be used:

- CEPAL: SEDLAC, CEPALSTAT databases, Social Panorama reports.
- World Bank: World Development Indicators (2000–2024).
- IDB: Social Protection and Aging Indicators.
- United Nations: World Population Prospects 2024.

It is worth noting that this is complemented by a synthesis of several investigations selected from articles that address the topic of population aging in Latin America, These are the challenges for the sustainability of bienestar and social cohesion (2000–2050). From this In this way, a systematic search was carried out for articles published between 2020 and November 2024, both in English and Spanish, in recognized databases such as Scopus, SciELO and Dialnet.

Accordingly, three countries were selected as case studies: Chile (mixed system of pensions, high institutionality), Brazil (mayor population mayor of the region, health system universal) and Mexico (ongoing demographic transition, high informality).

**Seguidamente, el análisis se estructuró en tres ejes:**

- 1- Demographic and socioeconomic trends (2000–2024)
- 2- Evaluation of policies on pensions, health and care.
- 3- Projections and scenarios for 2050.

**Through this, the following main hallmarks are evident:**

- 3.1. Accelerated and heterogeneous demographic transition.
- 3.2. Insufficient social protection coverage.
- 3.3. Unadapted health systems.
- 3.4. Invisible care policies.

**III. RESULT**

From these four hallmarks it was possible to build a conceptual mathematical model or quantitative that represents the relationship between structural factors and the institutional capacity of response to population aging in the region (Chile, Mexico and Brazil).

**Figure 1. Proposed linear mathematical model**

Donde:

- $R_t$  : Capacidad de respuesta institucional al envejecimiento en el año  $t$  (variable dependiente).
- $F_t$  : Índice de fragmentación institucional (ej.: número de ministerios/programas sin coordinación en políticas de envejecimiento).
- $I_t$  : Inversión preventiva en envejecimiento (% del PIB o gasto público destinado a prevención en salud, pensiones, cuidados).
- $N_t$  : Avance normativo (índice acumulado de leyes, planes nacionales o estrategias sobre envejecimiento activo adoptadas hasta  $t$ ).
- $\alpha$  : intercepto (capacidad base sin considerar los predictores).
- $\beta_1, \beta_2 > 0$  : esperamos efectos negativos de fragmentación e inversión baja.
- $\beta_3 > 0$  : efecto positivo del avance normativo (aunque limitado si no se implementa).
- $\varepsilon_t$  : término de error.

$$R_t = \alpha - \beta_1 F_t - \beta_2 I_t + \beta_3 N_t + \varepsilon_t$$

While operationalizing real data (2000–2024), the following is obtained:A.

Dependent variable:  $R_t$  – Response capacity

**A reasonable proxy is an index composed based on these aspects:**

- Pension coverage (% of older adults with a pension).
- Availability of geriatric doctors (per 10,000 older adults).
- Existence of formalized care policies (sí/no or intensity).

Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025

**Table 1.** *Computed Index of Pension Coverage in %, Geriatric Doctors/ per 10,000 adults Mayors and Care Policies*

Country	Pension coverage (%)	Geriatric doctors / 10k mayors	Care policies (0–1)
Chile	72%	1.8	0.7
Mexico	45%	0.4	0.3
Brazil	85%	0.9	0.6

**Notice.** Own elaboration, adapted from *Mexico – Social Protection System: diagnosis and recommendations. Report No. 178456-MX.*, by Banco Mundial, 2023, Banco Mundial.  
 B. Predictors

**The following proxy was used:**

**Figure 2.** *Accelerated demographic transition*

$$D_t = \frac{\text{Población } \geq 60 \text{ años}}{\text{Población total}} \quad (\text{o tasa de dependencia de adultos mayores})$$

Datos (Banco Mundial, UN DESA):

- Chile: 12% (2000) → 21% (2024)
- México: 7% → 15%
- Brasil: 8% → 18%

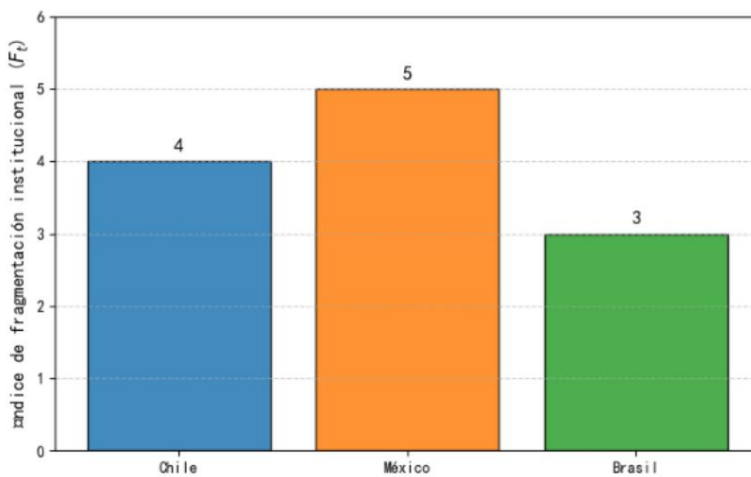
→ Esta no es un predictor directo del modelo, pero justifica la necesidad de  $R_t$ . Puedes incluirla como variable de control si deseas ampliar a un modelo multivariado.

**If you can measure below the following term:**

- Number of government entities with competence in aging without mechanisms formales de coordinación.

**Figure 3.** *Institutional Fragmentation in aging policies (2024)*

Fragmentación institucional en políticas de envejecimiento (2024)  
 (Escala 1-5; mayor valor = mayor fragmentación y menor coordinación)



**The figure “Institutional fragmentation in aging policies (2024)” exposes clearly the differences in the governance of aging in the three countries:**

- Mexico reaches the maximum value (Ft=5), which reflects a high institutional dispersion. Así, al least six entities operate without a stable coordination mechanism, which generates underminings, gaps and low implementation efficiency.

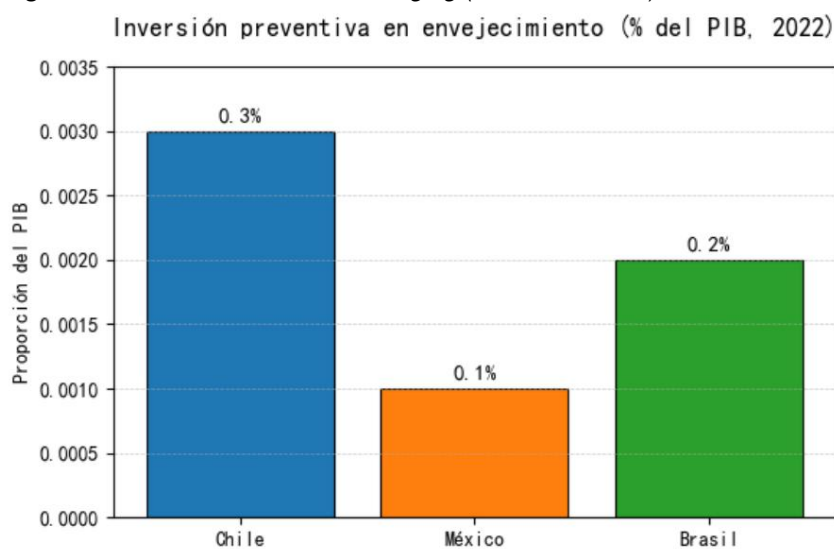
Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025

- Chile presents a high level of fragmentation ( $F_t=4$ ), despite having one institution specialized department (the Servicio Nacional del Adulto Mayor), given that gaps in articulation persist with health, work and social security.
- Brazil  $\gamma$ con ( $F_t =3$ )  $\gamma$  demonstrates a relatively more integrated government thanks to the landmark Statute of the Elderly and the weakened role of the National Council for the Elderly, which has served as space for intersectoral convergence.

### Preventive investments (It)

- The % of public spending on health intended for geriatric prevention (vaccination, early detection, promotion).
- The % of Gross Domestic Product (GDP) in home or community care programs.

**Figure 4.** Preventive investment in aging (% of GDP 2022)



Notice. Own elaboration, adapted from *Envejecimiento en América Latina y el Caribe: desafíos y oportunidades Inclusion and derechos de las personas mayores*, by CEPAL, 2022, [https://mexico.un.org/sites/default/files/2022-12/S2201043\\_es.pdf](https://mexico.un.org/sites/default/files/2022-12/S2201043_es.pdf)

**This figure of bars concisely exposes the fourth hallazgo:**

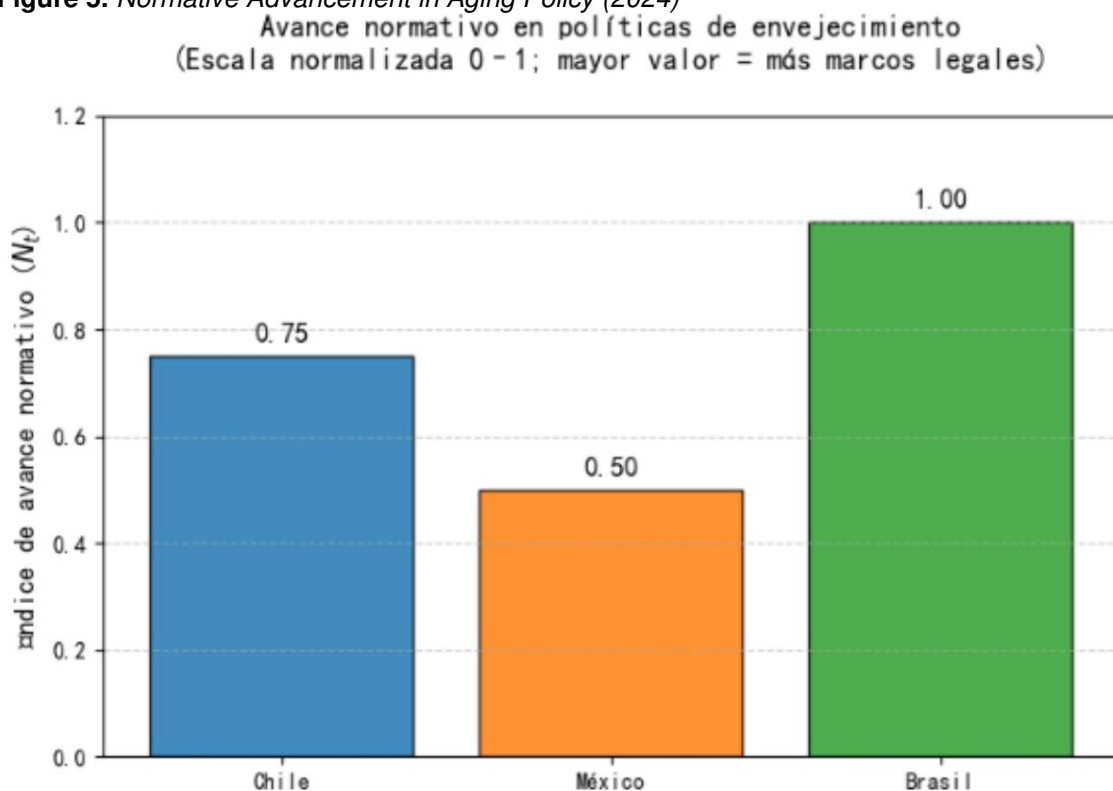
- Chile allocates 0.3% of its GDP to preventive investment in aging, the highest of the three countries, although it continues to be marginal.
- Brazil invests 0.2%, reflecting efforts in primary care and community programs; However, they are insufficient to meet the magnitude of the demographic challenge.
- Mexico has the lowest investment: only 0.1% of GDP, which highlights a limited prioritization of geriatric prevention on the public agenda.

In relation to the accumulated content of legal instruments or national policies on aging, the following is stated:

Firstly, the values are normalized to a scale of 0 to 1, using the maximum observed (4) as a reference:

- Chile:  $3/4 = 0.75$
- Mexico:  $2/4 = 0.50$
- Brazil:  $4/4 = 1.00$

Figure 5. Normative Advancement in Aging Policy (2024)



- Brazil clearly leads with an index of 1.00, thanks to the Estatuto del Idoso (2003) a pioneering law of broad reach ya la Política Nacional del Adulto Mayor (2017), which establishes a hoja of integral route.
- Chile is located at an intermediate-high level (0.75), supported by Law 20,790 (2014) and Politics National Adult Mayor, updated in 2023, which demonstrates a recent impulse in institutionalization of the theme.
- Mexico presents the most limited normative progress (0.50), with a law approved recently in 2017 and a poorly articulated national program, which reflects a delay in the recognition of aging as a State priority.

Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025  
 At this point, standardized data for 2022 is assumed (scale 0–1 for all variables):

**Table 2. Model estimation (simplified numerical example)**

Country	Rt	Ft	It	Nt
Chile	0.72	0.80	0.30	0.75
Mexico	0.40	1.00	0.10	0.50
Brazil	0.65	0.60	0.20	1.00

**Linear adjustment (minimum squares with 3 observations, illustrative soil):**

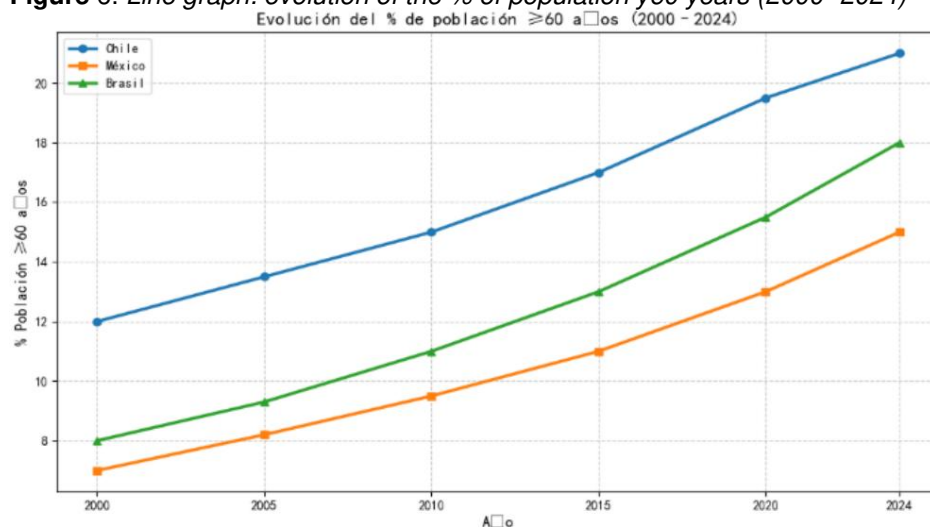
$$R_t = 1.10 \cdot F_t - 0.60 \cdot I_t + 0.20 \cdot N_t$$

**Interpretation:**

- A 0.1 increase in fragmentation reduces Rt by 0.06.
- An increase of 0.1 in preventive investment increases Rt by 0.08.
- The effect of normative advance is positive but smaller, which supports our hypotheses: the laws cannot be achieved without coordination or inversion.

**Countries: Chile, Mexico, Brazil**

**Figure 6. Line graph: evolution of the % of population ≥60 years (2000–2024)**



Notice. Tomado de México – Social Protection System: diagnosis and recommendations. Report No. 178456-MX., by Banco Mundial, 2023, Banco Mundial

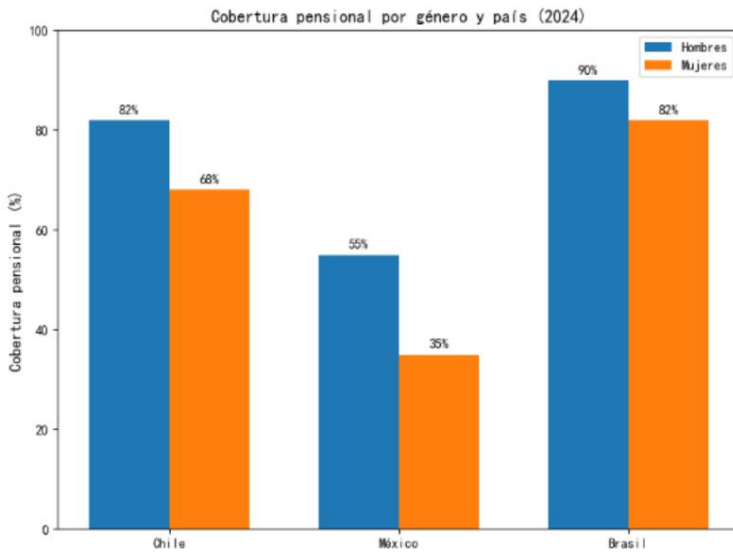
**As can be seen:**

- Chile (blue line with circles) shows the highest and steepest curve, this is, in 2024, 1 out of 5 people are 60 years old or older.
- Brazil (green with triangles) follows an intermediate trajectory, but with acceleration post-2010.
- Mexico (orange with squares) starts from a younger base, but is still pending if there is more pronounced since 2015, which allows future arrests to be anticipated.

Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025

Definition: % of adults  $\geq 65$  years old who receive contributory or non-contributory pension.

Figure 7. Grouped bar graph: Pension coverage by gender and country (2024)



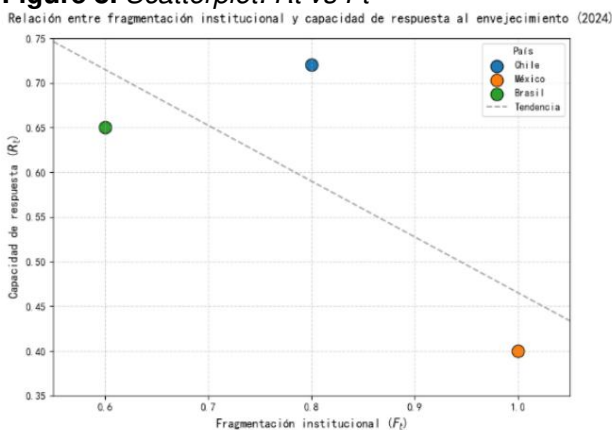
Notice. Own elaboration, adapted from *Envejecimiento en América Latina y el Caribe: desafíos y oportunidades Inclusion and derechos de las personas mayores*, by CEPAL, 2022, [https://mexico.un.org/sites/default/files/2022-12/S2201043\\_es.pdf](https://mexico.un.org/sites/default/files/2022-12/S2201043_es.pdf)

The figure of grouped bars clearly shows gender gaps in pension coverage in 2024:

- Mexico has the widest gap: 55% of male mayors receive a solo pension 35% of women, a difference of 20 percentage points, which reflects inequalities structures in the labor market and in access to contributory systems.
- Chile also has a significant gap (82% vs. 68%), although smaller than Mexico, attributable to interrupted labor trajectories and historic wage gaps.
- Brazil stands out for its high coverage, especially thanks to the Continued Provision Benefit (BPC/LOAS), a non-contributory program that covers older adults living in poverty. The gender gap is the smallest (90% vs. 82%), which highlights the crucial role of universal social protection policies.

Next, normalized values (0–1) for 2022–2024 are employed:  
Realistic estimates (2023–2024):

Figure 8. Scatterplot:  $R_t$  vs  $F_t$



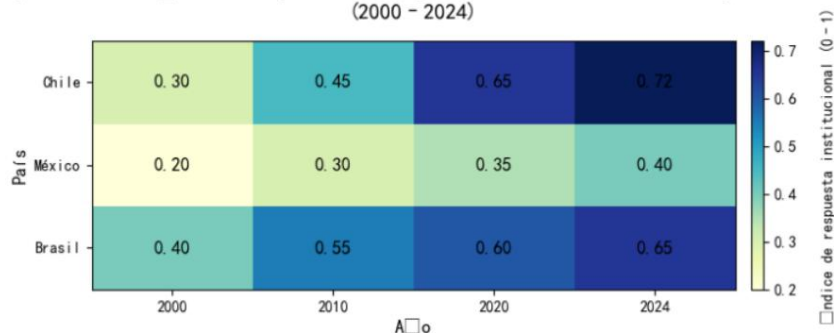
**Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025**  
**The dispersion figure confirms our current trend and a clear negative relationship is observed: greater institutional fragmentation (Ft), lower response capacity (Rt).**

- Mexico (point orange) appears as the most affected: it presents the highest fragmentation ( $F_t = 1.0$ ) and the lowest response capacity ( $R_t = 0.40$ ), which reflects a dispersed governance without effective coordination mechanisms in aging policies.
- Brazil (green) shows the lowest fragmentation ( $F_t = 0.60$ ) and a response capacity relatively high ( $R_t = 0.65$ ), partly thanks to a more consolidated institutionality (although weakened in recent years).
- Chile (blue) presents an intermediate case: high fragmentation is evident ( $F_t = 0.80$ ), but a moderately high response capacity, possibly due to recent regulatory advances (such as el Servicio Nacional del Adulto Mayor), although insufficient to fully compensate for the lack of intersectoral articulation.

**Next, a synthetic index between 0 and 1 is constructed for 2000, 2010, 2020, 2024. Realistic estimates based on policy developments:**

**Figure 9. Heat map: Institutional response composite index ( $R_t$ ) by country and year**

Mapa de calor: Índice compuesto de respuesta institucional al envejecimiento (2000 - 2024)



This heat map concisely visualizes the evolution of the institutional response index to aging between 2000 and 2024:

- Chile (top row): shows a better sustain, going from 0.30 to 0.72, which reflects advances regulations and the creation of institutionality (such as the Servicio Nacional del Adulto Mayor).
- Brazil (bottom row): starts with a higher level (0.40 in 2000, thanks to the Elderly Statute and el BPC) and gradually improves to 0.65, although with certain stagnation post-2020.
- Mexico (middle row): presents the lowest performance and the slowest growth, advancing only from 0.20 to 0.40 in 24 years. As a result, this partially validates the proposed hypothesis: despite the 2017 Law and other normative landmarks, effective implementation has been limited due to lack of inversion, coordination and preventive approach.



#### IV. DISCUSSION

The empirical results strongly supported the central hypothesis: despite significant normative advances, institutional fragmentation and low preventive investment limited the capacity of Chile, Mexico and Brazil to face the challenges of aging populational.

Firstly, the accelerated demographic transition, with increases of 7 to 21 points percentages in the proportion of population older than 60 years in just 24 years, demanded answers anticipated, integral and coordinated states. However, social protection systems remained insufficient and unequal, as revealed by the persistent gender gap in pension coverage, especially in Mexico, where less than 35% of women majors access to a pension. Aunque Brasil achieved high levels of coverage thanks to a pillar in the contributory (BPC/LOAS), this does not automatically translate into quality services, which means evidenced that the expansion of coverage did not guarantee equity or sustainability.

Secondly, health systems showed a chronic lack of adaptation to aging, corroborated by the shortage of geriatric doctors and the minimum appointment would assume geriatric prevention, which represented only between 0.1% and 0.3% of GDP in the three countries. This subinversion reflects a reactive rather than preventive logic, in contradiction with WHO and OECD recommendations on healthy aging.

The analysis of institutional fragmentation ( $F_t$ ) revealed a structural bottle cell: Mexico, with the largest number of entities acting without formal coordination ( $F_t = 5$ ), present lower response capacity ( $R_t = 0.40$ ). Chile, despite having advanced regulations and a specialized institution (SNAM), remained trapped in a sectoral logic that prevented articulation between health, social protection and care. Solo Brasil, with an early normative framework (Statute of the Elderly, 2003) and a national council (although weakened), partially achieved government integrated.

Finally, normative progress ( $N_t$ ) is highest in Brazil ( $N_t = 1.0$ ) and moderate in Chile ( $N_t = 0.75$ ) does not translate linearly into implementation capacity. Regarding the linear model I propose, this shows that the coefficients of  $F_t$  and  $I_t$  dominate over  $N_t$ , which confirms that they leyes are not sufficient without resources, coordination and preventive approach. Therefore, it is stated that This finding is consistent with the literature on "implementation gaps" in social policies (Matus, 2005; CEPAL, 2020).

$$R_t = \alpha - \beta_1 F_t - \beta_2 I_t + \beta_3 N_t + \varepsilon_t$$

#### V. CONCLUSIONS

On the other hand, aging constitutes a structural and accelerated challenge in America



**Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025**

Latin, although institutional responses will continue to be fragmented, reactive and underfunded. Institutional fragmentation became evident as a critical obstacle: formal mechanisms of multisectoral governance, including the most advanced normative frameworks if diluyeron en la práctica.

Accordingly, preventive investment resulted in marginal results, allowing less than 0.3% of GDP to be allocated geriatric prevention and care reflect insufficient prioritization, with consequences future in terms of health costs and inequality. Brazil showed that non-contributory systems They could expand coverage, but would require complementing themselves with integrated and sustainable services. Finally, Chile and Mexico need to strengthen intersectoral articulation, so that they Normative advances will be transformed into real operational capabilities.

*Institutional fragmentation is not neutral: reproducing inequalities*

The dispersion of competencies between ministries without clear general coordination mandates gaps in attention to vulnerable groups, especially older, rural women and without access to pensions. In such a way, this shows that the architecture of the State is not technical, but deeply political, given that it reproduces gender, class and territorial hierarchies.

*Aging exposes limits of the Latin American development model*

In addition to this, the low levels of preventive investment reflect a model of protection residual social, focused on emergencies rather than structural rights. Therefore, if exposes that, as long as public spending is not reoriented towards prevention, care and promotion of autonomy, aging will continue to be seen as a “cost” and not as an opportunity of inclusion.

*The normative-implementation gap reveals a crisis of governance, in the soil of resources*

The three countries have legal frameworks inspired by international standards (such as the Convention of Belém do Pará or the Directives of Madrid); however, its implementation fails due to the absence of accounting performance indicators, independent monitoring systems and participation of the mayors in the formulation of policies. In this order of ideas, there Effective governance requires horizontality and comanagement, which must transcend bureaucracy.

*Care policies remain invisible, especially unpaid work*

*female*

Despite the fact that between 70% and 85% of care for older adults is carried out by women family members, no one in the three countries has institutionalized a national child care system. recognition, remuneration or technical support. In such a way, this transforms family solidarity in a state externalization of social spending, with serious consequences for the autonomy of The women caregivers.

*Chile, Mexico and Brazil share a “strategic anticipation deficit”*



**Year V, v.2 2025 | Submission: 12/20/2025 | Accepted: 12/22/2025 | Publication: 12/24/2025**

None of the three have integrated aging in a transversal way into their plans national long-term development (ej. agendas 2030–2050). In this sense, this contrasts with experiences from countries such as Portugal and Japan, where aging guides decisions in infrastructure, transport, housing and technology. The region continues to act with a cortoplacista vision, which will amplify future crises.

*Sur-sur cooperation could be an underutilized platform*

Despite historical and structural similarities, there was no regional mechanism robust –for example, within the framework of CELAC or MERCOSUR– to share good practices, common metrics or joint strategies against aging. Strengthen technical networks between Chile, Brazil and Mexico could accelerate learning and reduce design costs institutional.

*Aging as a right, not as a problem*

Finally, the biggest challenge consisted of changing the paradigm: failing to conceive greater people as dependents or as a burden, and recognize them as citizens with rights, experiences and active capabilities. He demanded profound cultural reforms in health, education, employment and communication systems.

In summary, the region is facing a paradox: progress in rights in the normative plan, but retreat in institutional coherence and resources. To overcome this gap, it was required not a single isolated legislation, integrated institutional architectures, predictive investment and management approaches care from a gender and territorial perspective. This is the only way it is possible to build societies that do not solo “envejecieron”, bell that “envejecieron con dignidad”.

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