Regional Activity and Results Report for Latin America and the Caribbean 2024–2026:

Demographic resilience, rights and inclusion

Summary

The present report sets out the activities and results of the United Nations Population Fund (UNFPA) in Latin America and the Caribbean during the period from August 2024 to August 2026. It is submitted as a contribution to the Sixth Session of the Regional Conference on Population and Development in Latin America and the Caribbean (Montevideo, 18–20 August 2026), whose theme is "*The impacts of demographic change in Latin America and the Caribbean: challenges and options for public policy*". It also constitutes an exercise in accountability for the results achieved since the Fifth Session of the Conference (Cartagena de Indias, Colombia, July 2024), a period marked by constraints on development financing that have tested the region's institutions and UNFPA alike.

In line with the theme of the Sixth Session, this report outlines UNFPA's contribution to building demographic resilience in the region, understood as the capacity to adapt to demographic change while expanding rights and choices. It rests on three principles: individual autonomy; equality and equity across the life course; and anticipatory planning with a human rights lens, connected throughout by demographic intelligence. UNFPA's work on demographic resilience responds to the Montevideo Consensus on Population and Development and to the UNFPA Strategic Plan 2026–2029, including its outcome on adaptation to demographic change. Results show that where countries invested early in rights, equality and data, progress followed.

In keeping with the Consensus and the principle of leaving no one behind, UNFPA's work is carried out with a gender and intersectional perspective, with particular attention to adolescents and young people, women and girls, older persons, indigenous peoples, Afro-descendant populations, LGBTQIA+ persons, persons with disabilities and migrants. It also addresses territorial inequalities and climate resilience, including the specific circumstances of the Caribbean Small Island Developing States (SIDS).

The results presented in this report were achieved in partnership with governments, civil society, parliamentarians, academia, the media, the private sector, international financial institutions and the United Nations system, including ECLAC as secretariat of the Conference. The report concludes with seven priorities for accelerating the implementation of the Montevideo Consensus in the period 2026–2028.

Contents

Contents **2**
Abbreviations **3**
1. Introduction: Demographic change in Latin America and the Caribbean, a story of rights and resilience **5**
1.1 A region transformed 5
1.2 From demographic anxiety to demographic resilience 8
2. UNFPA results 2024–2026: advancing the Montevideo Consensus **9**
2.1 Introduction 9
2.2 Individual autonomy: UNFPA's contribution to gender equality, reproductive choice and bodily autonomy 12
2.3 Equality and equity across the life course 15
2.4 Anticipatory planning with a human rights lens 19
2.5 Demographic intelligence, the connective thread 22
3. Partnerships for the Montevideo Consensus **27**
4. Looking ahead: seven priorities for 2026–2028 **31**
References **33**

Abbreviations

ALAP	Latin American Population Association (*Asociación Latinoamericana de Población*)
CAF	Development Bank of Latin America and the Caribbean
CARICOM	Caribbean Community
CARTAC	IMF Caribbean Regional Technical Assistance Centre
CELADE	Latin American and Caribbean Demographic Centre, Population Division of ECLAC
CIDE	Centre for Research and Teaching in Economics, Mexico (*Centro de Investigación y Docencia Económicas*)
CIES	Consortium for Economic and Social Research, Peru (*Consorcio de Investigación Económica y Social*)
CONAPE	National Council for Older Persons, Dominican Republic (*Consejo Nacional de la Persona Envejeciente*)
CONAPO	National Population Council, Mexico (*Consejo Nacional de Población*)
CONJUVE	National Youth Council, Guatemala (*Consejo Nacional de la Juventud*)
CRPD	Regional Conference on Population and Development in Latin America and the Caribbean *(Conferencia Regional sobre Población y Desarrollo de América Latina y el Caribe)*
DEGURBA	Degree of Urbanisation methodology
ECLAC	Economic Commission for Latin America and the Caribbean
FILAC	Fund for the Development of Indigenous Peoples of Latin America and the Caribbean
FLACSO	Latin American Faculty of Social Sciences (*Facultad Latinoamericana de Ciencias Sociales*)
ForoLAC	Latin American and Caribbean Reproductive Health Supplies Coalition (*Foro de Suministros en Salud Sexual y Reproductiva para América Latina y el Caribe*)
GBV	Gender-based Violence
GDP	Gross Domestic Product
GIS	Geographic Information Systems
IBGE	Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*)
ICPD	International Conference on Population and Development
ILO	International Labour Organization
IMF	International Monetary Fund
KOICA	Korea International Cooperation Agency
LACRO	UNFPA Latin America and the Caribbean Regional Office
LGBTQIA+	lesbian, gay, bisexual, transgender, queer, intersex, asexual and other identities
MESECVI	Follow-up Mechanism to the Belém do Pará Convention (*Mecanismo de Seguimiento de la Convención de Belém do Pará*)

MEMI/IGEM	Impact Goals Estimation Model (*Modelo de Estimación de Metas de Impacto*)
MERCOSUR	Southern Common Market (*Mercado Común del Sur*)
MILENA	Methodology to Estimate the Impact of Adolescent Pregnancy on Income, Educational Attainment and Health Care
NTA	National Transfer Accounts
NGO	Non-governmental Organization
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PSA	Population Situation Analysis
REDATAM	REtrieval of DATa for small Areas by Microcomputer (census data processing and dissemination software developed by CELADE)
SCMU	Supply Change Management Unit
SDGs	Sustainable Development Goals
SEGEPLAN	Secretariat for Planning and Programming of the Presidency, Guatemala
	SEPREMI Regional Information System on Prices of Medicines and Sexual and Reproductive Health Supplies (*Sistema Regional de Información sobre Precios de Medicamentos e Insumos de Salud Sexual y Reproductiva)*
SIDS	Small Island Developing States
SRH / SRHR	Sexual and Reproductive Health / Sexual and Reproductive Health and Rights
SRO	UNFPA Caribbean Subregional Office
UN DESA	United Nations Department of Economic and Social Affairs
UNDRR	United Nations Office for Disaster Risk Reduction
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USD	United States dollar
WHO	World Health Organization

1. Introduction: Demographic change in Latin America and the Caribbean, a story of rights and resilience

1.1 A region transformed

Latin America and the Caribbean is undergoing the most rapid demographic transition in the world. Between 1950 and 2024, fertility in the region fell by 68%, the steepest decline on the planet: from an average of 5.8 children per woman — second only to Africa — to 1.8 today, among the three lowest in the world. Fertility fell faster here than in Europe, North America or East Asia (UNFPA, 2026a). The regional population, some 668 million people today, will reach its peak of 731 million around 2053 and then begin to decline, almost three decades before the world as a whole, whose population is projected to peak at around 10.3 billion in the 2080s (UNFPA, 2026a; UN DESA, 2024). Half the people of the region are now over 32. By 2050, one in four will be over 60, and within the older population itself, the share of those over 80 is projected to rise from about 13 to 20 per cent (UNFPA, 2026a).

These numbers are also a success story. Behind them are millions of stories of progress: women who can now decide, girls and adolescents who stay in school, families that plan their futures, older persons who continue contributing to society. Both the fertility decline that drives ageing and the longer lives the region now enjoys are, to a great extent, the result of the effective realization of rights: women gaining education, autonomy and reproductive choice, and advances in public health reaching more people. Living longer and living better is one of the greatest achievements of the region's development.

Despite the fact that the region can celebrate many gains, a focus on this rapid demographic change matters because transformations touch every dimension of public policy. It reshapes public finances, through the size of the contributory base, the sustainability of pensions and the composition of public spending. It affects labour markets, as the working-age population peaks and begins to decline. It impacts health systems, as demand shifts toward chronic conditions and long-term care, and it means changes to education systems, which must plan for smaller cohorts at primary level and increase investment and retention in quality secondary education. Housing, infrastructure and basic services, which follow people as they move and age require greater alignment to new demographic realities. It also requires climate adaptation, whose burdens are heaviest where demographic and environmental vulnerability coincide and territorial planning, as some territories grow rapidly while others depopulate.

What took today's developed countries more than a century, in Latin America and the Caribbean, is compressed into a few decades. Europe took more than a century to make this journey and European societies grew prosperous and built their social protection systems before their populations aged. Latin America and the Caribbean on the other hand is ageing with lower and more unequal incomes, and with health, care and social protection systems still under construction. In fact, the region faces this demographic transition with the deepest income inequality in the world, a Gini coefficient of 0.491 in 2024 (UNFPA, 2026a).

The region, moreover, does not follow a single demographic pattern. According to UNFPA's *Regional Population Situation Analysis* (UNFPA, 2026a), the countries and territories of the region are moving through four distinct stages of the demographic dynamic: *intermediate*, where age structures remain young, fertility is still above replacement and populations are growing; *advanced*, where fertility has reached or crossed replacement level and populations still grow while median ages rise; *very advanced*, where low fertility combines with rapidly accelerating

ageing; and *post-transitional*, where very low fertility, median ages above 38 and zero or negative growth converge. These four stages describe differences between countries, but the same demographic diversity exists within them: territories at different stages of the demographic dynamic coexist inside a single country, and they overlap with the deepest inequality of any region in the world. No single demographic response fits the whole region: policies and investment must be adapted to each country's, and each territory's, stage in the transition,

Adaptation, moreover, must be financed from a constrained starting point. The region's average tax burden, at 21.7 per cent of GDP, remains some 12 percentage points below the average of OECD countries (OECD/ECLAC/CIAT/IDB, 2026), labour informality affects half of the employed population (UNFPA 2026a), social protection systems remain fragmented (UNFPA, 2026a), and public spending on health, at an average of 4.8 per cent of GDP, remains below the 6 per cent that WHO and PAHO recommend as the minimum for universal health coverage (Marinho, Sugg and Farías, 2025).

The impacts of this transition are differentiated by gender, and none of the fiscal constraints is gender-neutral. Women live longer but with lower pensions; they are overrepresented in informal employment and therefore under-covered by contributory protection; the gaps that public systems leave are absorbed, above all, by their unpaid care work, at the cost of their income, their pensions and their participation in the labour market, which reaches just 55 per cent compared with 78 per cent for men (UNFPA, 2026a). Investing in care frees that participation: one of the clearest reserves of growth the region holds, the gender dividend (UNFPA, 2026a). Gender differentials harm men as well: they face higher mortality from violence, riskier employment and shorter lives.

On top of this structural acceleration came the shock of the COVID-19 pandemic. Latin America and the Caribbean was the region of the world that lost the most life expectancy at birth, more than three years, a setback that weighed most heavily on men, yet struck pregnant women with particular force: maternal mortality rose from 88 to 95 deaths per 100,000 live births between 2020 and 2021, as the disruption of prenatal, delivery and postnatal services compounded the pandemic's direct toll (UNFPA, 2026a). Beyond these deaths, the strain on health services interrupted a sustained trend of improvement and revealed the fragility of those systems in the face of crisis.

Human mobility is characteristic of the region. The region combines emigration with increasingly intense intraregional flows. The Venezuelan emigration, some 7.7 million people, of whom around 6.6 million remain within Latin America and the Caribbean, is the largest movement in the region's recent history (UNFPA, 2026a), while in parts of the region insecurity and disasters continue to displace people within their own borders. As the Regional Population Situation Analysis documents, mobility is reshaping the territorial distribution of the population and the demands on health, education, housing, protection and care systems: intermediate cities, metropolitan peripheries and border corridors face rapid increases in demand, often without an equivalent expansion of institutional capacity and fiscal resources.

At the same time, many rural territories experience depopulation, relative ageing and changes in family composition that weaken family and community networks of care. Mobility is also deeply gendered: women make up a growing share of those who move, often to provide care in destination communities, while the care responsibilities they leave behind are absorbed by other women, often grandmothers. In addition, women and girls face heightened risks of gender-based violence along migration routes. When mobility is anticipated in development planning, it can broaden the productive capacity of receiving territories, and it allows countries of origin to plan for its consequences. Such planning involves adjusting services and labour markets to changing

population structures, channelling remittances toward long-term development, and sustaining ties with communities abroad. Early anticipation facilitates adaptation across all social systems.

And finally, growing climate vulnerability compounds these dynamics, particularly in the Caribbean Small Island Developing States (SIDS). Climate change acts as a multiplier of pre-existing vulnerabilities: exposure to hurricanes, floods, droughts and heatwaves is most intense precisely where poverty and inequality, low service coverage and climate-sensitive livelihoods coincide, and extreme events are already displacing people at scale. When Hurricanes Beryl (2024) and Melissa (2025) struck Jamaica and the wider Caribbean, UNFPA supported the emergency response, helping ensure minimum initial services for sexual and reproductive health and protection from gender-based violence. In 2024 alone, Brazil registered more than 1.1 million internal displacements caused by disasters and Cuba around 480,000 (UNFPA, 2026a). Integrating climate and demographic vulnerability into territorial and fiscal planning, through sociodemographic risk mapping, resilient infrastructure and adaptive social protection, is among the strategic priorities of the Regional Programme 2026–2029 of the UNFPA Latin America and the Caribbean Regional Office (LACRO).

The question before the region is no longer whether demographic change will occur. The question is how to turn demographic change into a driver of development. The answer begins with preparation: adapting health, care, education and protection and support systems to longer lives and smaller generations, with deliberate and timely action. Adapting to demographic change is also a question of renewing the social contract: financing, in a shared and equitable way, across generations, gender and diverse functional abilities, the inclusive care, universal accessibility, protection and rights-based opportunities that longer lives, ageing with disability and smaller generations require.

In light of the above, the theme of the Sixth Meeting of the Regional Conference on Population and Development (Montevideo, 18–20 August 2026), *the impacts of demographic change in Latin America and the Caribbean: challenges and options for public policy*, is directly relevant to the concerns of the region. This report is produced as a contribution to that dialogue, where governments and civil society will assess progress and renew their commitments under the Montevideo Consensus.

For UNFPA, this report is an exercise in accountability: it highlights UNFPA's key results from August 2024 to August 2026, the period since the Fifth Session of the Conference (Cartagena de Indias, Colombia, July 2024), and shows UNFPA's distinctive contribution in helping countries turn the options before them into policy, services and data grounded in rights and evidence.

The results presented draw on UNFPA country and regional reports for this period, including the annual reports of UNFPA Country Offices and the UNFPA Regional Office for Latin America and the Caribbean as well as the Annual Report of the UNFPA Executive Director. Data for this report is drawn heavily from UNFPA Regional Population Situation Analysis, published in August 2026, and complemented by cited external sources where indicated. The regional evidence is encouraging: where countries invested early in rights, equality and data, results followed, as the pages that follow show.

1.2 From demographic anxiety to demographic resilience

UNFPA defines demographic anxiety as fear or concern, whether founded or unfounded, related to population trends, including population size, population change, migration or fertility rates (UNFPA, 2025a).

Decreasing fertility has become, in many countries, a source of public anxiety. Concerns about low fertility and population ageing feature increasingly in media coverage and in government debate, and the fall in fertility is often presented as a threat to development or, worse still, to the very existence of humanity.

Yet this anxiety is often not based on evidence: as the previous section showed, the fertility decline that drives ageing is in large part an achievement of the very agenda the Montevideo Consensus advances. From the perspective of UNFPA, the real demographic challenge is twofold: ensuring full reproductive agency, so that all people can realize their fertility intentions; and guaranteeing the rights, health and autonomy of older persons, so that longer lives are lived in health and with full participation in society.

UNFPA's State of World Population 2025 *The Real Fertility Crisis — The Pursuit of Reproductive Agency in a Changing World*, shows that many women and couples, including in Latin America and the Caribbean, wish to have more children than they are able to have: worldwide, one in five adults of reproductive age expects to be unable to have the number of children they desire, with economic constraints, job insecurity, housing and unequal care responsibilities among the main barriers. Conversely, poor, rural and illiterate women double and triple the gap between their desired fertility rate and their observed fertility rate compared with women on higher incomes, living in urban areas and with a high level of education (UNFPA 2025a).

Likewise, Latin America and the Caribbean has the second highest fertility rate in the world among girls aged 10 to 14: 2.3 births per 1,000 girls, more than double the global average of 1.0, and second only to Sub-Saharan Africa at 3.1 (UN DESA, 2024). These pregnancies are overwhelmingly the result of sexual violence. Among adolescents aged 15 to 19, the region again ranks second in the world, at 50.6 births per 1,000 girls against a global average of 41 (UNFPA, 2026a). Fertility in both age groups is declining, but the decline is uneven across and within countries, and it must accelerate.

The same report (UNFPA 2025a) documents how demographic anxiety can be instrumentalized in ways that undermine reproductive autonomy, and the international evidence is consistent: policies that attempt to raise births through incentives deliver modest, short-lived effects, and put rights at risk when they press on women's decisions. The effective response is to remove the barriers that people themselves identify, through investment in affordable housing, decent work, paid parental leave, care systems, gender equality and universal access to sexual and reproductive health, so that every person can form the family they desire: large, small or none.

Anxiety extends to population ageing as well. Ageing is often presented as a burden: a fiscal cost, a strain on health, education and pension systems, a problem to be managed, but evidence supports a different reading. As the Regional PSA documents, older persons sustain care economies, transfer resources and experience, and in many households of the region support the younger generations, a contribution that National Transfer Accounts (NTA), undertaken in several countries of the region (United Nations, 2022), make measurable. The genuine challenges that ageing brings, in care, health and pensions, are challenges of preparation. In addition, ageism undermines both the rights of older persons and the very contributions on which ageing societies

depend (WHO, 2021). The response is to organise society for longer lives: care and support systems, healthy and active ageing, and the guarantee of the rights, health and autonomy of older persons.

Countries are understandably concerned about how to adapt to these new demographic realities, and acknowledging this concern is legitimate: recognising the challenges of demographic change is not alarmism but the first step toward responding well. These transformations, moreover, are not neutral. As the Regional PSA documents, they interact with the structural problems the region has yet to resolve, among them inequality in income, gender, ethnicity and territory, the concentration of wealth, and persistent violence, and, without deliberate policy, they can deepen them.

This is why UNFPA works with countries to build demographic resilience: the capacity to adapt to demographic change while expanding rights and choices. Demographic resilience means anticipating demographic change and translating it into timely, inclusive, evidence- and rights-based policies and adequate investments, and it means addressing the structural inequalities that unmanaged demographic change amplifies. How countries act now will make the difference between a region that seizes its demographic opportunities and one that arrives late to its challenges (UNFPA, 2026a).

2. UNFPA results 2024–2026: advancing the Montevideo Consensus

2.1 Introduction

This section presents UNFPA's results in Latin America and the Caribbean from July 2024 to August 2026. The results draw on the full breadth of UNFPA's mandate: sexual and reproductive health and rights, maternal health and midwifery, family planning and reproductive health supplies, the prevention of and response to gender-based violence, comprehensive sexuality education, youth development and gender equality, population data, and humanitarian response. The complete record of results, country by country, is available through UNFPA's annual and country reports.

The work reported responds to the UNFPA Strategic Plan 2026–2029 in its entirety. The Strategic Plan aims to achieve universal access to sexual and reproductive health, realize reproductive rights for all, and accelerate the implementation of the ICPD Programme of Action, with a heightened focus on addressing inequalities within and between countries and leaving no one behind. Its first three outcomes are UNFPA's three Transformative Results: zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices. Its new fourth outcome addresses demographic change: by 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices. These four outcomes reinforce one another as the rights and services that deliver the first three are what make adaptation to demographic change possible. Likewise, the demographic lens of the fourth outcome is specifically aimed at protecting rights, because it is increasingly in low-fertility contexts that commitments to family planning and reproductive choice come under pressure. Adaptation to demographic change, the concern at the heart of the Sixth Session of the Regional Conference on Population and Development is an expression of UNFPA's founding mandate.

The region is well prepared for this task, because it already has the most advanced intergovernmental agreement on population and development anywhere. Adopted in August 2013 at the first session of the Regional Conference on Population and Development, the Montevideo Consensus, comprising ten chapters and 108 priority measures, upholds and goes even further than the Cairo Programme of Action by naming sexual rights explicitly, committing to comprehensive sexuality education, addressing unsafe abortion, and explicitly recognising children, adolescents and young people, older persons, migrants, indigenous peoples, Afro-descendants, LGBTQIA+ persons and persons with disabilities as rights holders, a recognition matched by commitments to data collection, policies and actions aimed at reversing the structural inequalities that affect them. Its follow-up architecture, the Operational Guide, the national voluntary reports, the Regional Conference itself, has kept governments accountable to the Consensus for more than a decade.

The results that follow are organised around the three principles of demographic resilience, applied to the chapters of the Consensus: individual autonomy; equality and equity across the life course; and anticipatory planning with a human rights lens. Each principle is applied with an intersectional lens and pursued for all populations, with particular attention to indigenous peoples, Afro-descendants, persons with disabilities and those facing multiple forms of exclusion, as the cross-cutting threads of the mapping reflect. The mapping below shows this relationship, chapter by chapter.

How the demographic resilience principles relate to the Montevideo Consensus

Demographic resilience principle	Focus of the report	Montevideo Consensus chapters
1. Individual autonomy	Gender equality, reproductive choice, bodily autonomy, SRHR, and the elimination of gender-based violence and harmful practices	D. Universal access to SRH services · E. Gender equality B. Rights of children, adolescents and youth
2. Equality and equity across the life course	Dignity and opportunity across gender and generations; leaving no one behind	C. Ageing and social protection · B. Children, adolescents and youth · H. Indigenous peoples · I. Afro-descendants
3. Anticipatory planning, with a human rights lens	Evidence and demographic intelligence to shape the future; adapting policies, budgets, services and territorial planning	A. Population dynamics in sustainable development · J. Implementation frameworks (data, monitoring, accountability) · G. Territorial inequality, spatial mobility and vulnerability
Cross-cutting threads	Run through all three principles	F. International migration and the human rights of migrants G. Territorial inequality and Caribbean specificity · Rights, gender equality and leaving no one behind across every chapter, including the inclusion of persons with disabilities; ethnic inequalities, LGBTQIA+

The work of UNFPA is guided by an overarching goal: a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. The principle of leaving no

one behind is fundamental to UNFPA's work. As the Regional Population Situation Analysis documents, the deepest gaps are found in rural areas and among indigenous and Afro-descendant communities, where access to sexual and reproductive health services, quality education, and water and sanitation arrives later and in poorer condition. Rapid and unplanned urbanization adds a further dimension, as informal settlements reproduce exclusion in the peripheries of the region's large cities. Inequalities are also associated with age, disability, migratory status, and sexual orientation and gender identity. These dimensions intersect, and multiple discrimination compounds them. UNFPA's rights-based approach by making visible those who are left behind, the first step toward guaranteeing their rights, contributing directly to Chapter J of the Montevideo Consensus, on data, monitoring and accountability. The results presented below reflect this attention to those furthest behind.

The results of the period followed these principles. By expanding access to family planning, sexual and reproductive health and maternal health services, and by preventing gender-based violence, UNFPA worked to broaden the space in which people can decide freely whether, when and with whom to have children, and how many: substantial elements of preparing for demographic change while protecting rights and reducing inequality. That work extended across the life course and reached those furthest behind — older persons, persons with disabilities, indigenous peoples and Afro-descendants, among others — building the systems that uphold dignity and opportunity at every age.

These results responded to each **country's stage in the demographic dynamic.** As the introduction described, the region does not follow a single demographic pattern, and LACRO provided tailored technical and methodological support accordingly. In countries and territories at the *intermediate* stage (Bolivia, Guatemala, Guyana, French Guiana, Haiti, Honduras), LACRO focused technical assistance on building core maternal health infrastructure, expanding Emergency Obstetric and Newborn Care (EmONC) networks, and professionalizing midwifery to accelerate the reduction of maternal mortality.

In countries at the *advanced* stage (Belize, Colombia, the Dominican Republic, Ecuador, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela), LACRO equipped countries with socio-economic tools such as MILENA and MEMI to position the prevention of adolescent pregnancy and the scale-up of modern contraceptives as high-return economic investments necessary to harness the narrowing demographic dividend.

In countries and territories at the *very advanced* stage (Antigua and Barbuda, Argentina, Aruba, the Bahamas, Barbados, Brazil, Chile, Costa Rica, El Salvador, Grenada, Guadeloupe, Jamaica, Martinique, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago), LACRO supported the consolidation of national care systems and policies, the adaptation of health services to accelerated ageing, and the reframing of low fertility as a shared societal question.

In countries and territories at the *post-transitional* stage (Cuba, Curaçao, Dominica, Uruguay), UNFPA support centred on rights and dignity across longer lives: consolidating national care systems and the rights of older persons, sustaining the intergenerational social contract, and expanding reproductive autonomy across the life course, including assisted reproduction.

UNFPA further helped governments at every stage of the demographic transition turn demographic evidence into population policies, budgets and territorial plans, strengthening the economic case for investing in rights and moving governments toward recognizing sexual and reproductive health as a high-return economic investment. UNFPA-supported studies estimate

the annual opportunity cost of adolescent pregnancy and early motherhood at USD 15.3 billion across 15 countries of the region, and demonstrate returns of between USD 15 and USD 40 for each dollar invested in prevention, depending on the country (UNFPA, 2025c). Since 2017, with UNFPA support, the region has generated 56 socioeconomic evidence products across 25 countries, including MILENA and MEMI studies, investment cases for family planning, maternal health and professional midwifery, and gender-based violence service costing, 23 of them developed in the last two years, together with a consolidated regional MILENA report covering 15 countries.

This evidence has been applied, to varying degrees, in mobilizing domestic resources for the sustainable financing of the three Transformative Results and the prevention of adolescent pregnancy. LACRO also served as the region's technical reference for clinical standardization: translating national successes into scalable regional roadmaps, establishing regional reference centres for training in long-acting reversible contraceptives, and certifying hundreds of health professionals in obstetric emergency simulation, so that health systems adapt to their demographic transitions without leaving anyone behind. UNFPA's support for the production of demographic evidence, with 25 countries supported during the reporting period in their census processes, together with civil registration and vital statistics, population projections and Population Situation Analyses, helped governments anticipate emerging demographic trends and identify who risks being left behind.

Partnerships were essential to these results, and to the financing of the agenda itself. Latin America and the Caribbean is a region of mostly middle-income countries, and international cooperation is declining sharply, with significant reductions in official development assistance, including long-standing funding for family planning programmes, and growing pressures on multilateral cooperation. In this context, partnerships carried these results and moved the financing of the agenda toward shared and more sustainable foundations: with civil society as a full partner in the Montevideo Consensus, with academia, parliamentarians, the media and the United Nations system, and with the private sector and development banks, including through the regional Zero Adolescent Pregnancies Movement. Domestic resources, partnerships and evidence-guided investment are, increasingly, the basis on which the Montevideo Consensus agenda will advance.

2.2 Individual autonomy: UNFPA’s contribution to gender equality, reproductive choice and bodily autonomy

The results in this section respond to the commitments of the Montevideo Consensus on universal access to sexual and reproductive health services (Chapter D), gender equality (Chapter E) and the rights of children, adolescents and youth (Chapter B). Through these chapters, the countries of the region committed to guaranteeing sexual and reproductive health and rights, eliminating gender-based violence and harmful practices, including child marriage and early unions, ensuring comprehensive sexuality education, and protecting the autonomy of adolescents and young people. UNFPA's work under the principle of individual autonomy is accountable to these commitments: each result reported here supported countries in implementing them.

Placing reproductive choice and agency at the centre of population and development is both the rights-based response and the effective one, and it keeps UNFPA's three Transformative Results (zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices) at the centre of the demographic change agenda. As UNFPA's State of World Population 2025 observes (UNFPA, 2025a), demographic anxiety can be

instrumentalized in ways that undermine reproductive agency. The Regional PSA demonstrates that the autonomy agenda remains urgent on its own terms: the regional adolescent fertility rate stands at 50.6 births per 1,000 adolescents, with two of every three of those pregnancies unintended, and maternal mortality rose from 75 to 95 deaths per 100,000 live births between 2015 and 2021, with the burden concentrated among indigenous and Afro-descendant women. These outcomes are not demographic destinies; they are products of inequality and exclusion. Where countries guaranteed rights and invested in them, results followed: regional adolescent fertility has fallen by close to 30 per cent since 2010 (UNFPA, 2026a), driven by adolescent-friendly services, modern contraceptive methods, comprehensive sexuality education and stronger protection systems addressing sexual violence.

Over this period, UNFPA's work has steadily widened the space in which people can decide freely whether, when and with whom to have children, with LACRO serving as the technical reference for clinical standardization and policy reform across the region.

Family planning. UNFPA worked with ministries of health across 19 countries to expand access to long-acting reversible contraception. In the **Dominican Republic**, UNFPA supported analyses of the coverage and financing of contraceptive needs to close persistent gaps. In **Nicaragua**, UNFPA procured 4,400 subdermal implants and supported their availability to the last mile in the 30 municipalities with the highest adolescent fertility rates. Reference centres and clinical training with simulators for adolescent care were implemented in **Brazil**, **El Salvador**, **Ecuador**, **Colombia** and **Venezuela**. In the Eastern Caribbean, UNFPA supported **Dominica**, **Grenada**, **Saint Lucia** and **Saint Vincent and the Grenadines** in advancing national sexual and reproductive health policies and strengthening contraceptive supply chains, including the integration of reproductive health commodities into Saint Vincent's national electronic logistics system across 19 public health facilities. In **Belize**, a national assessment using the MILENA methodology extended the investment case for preventing adolescent pregnancy to the Caribbean.

Countries in Latin America and the Caribbean are investing substantially in contraceptive security from domestic resources. 15 countries have committed an average of USD 109 million annually (SEPREMI-ForoLAC Observatory). Of this, 20 million dollars in contractives are currently procured through UNFPA’s Procurement Services (SCMU), including **Peru**’s annual average of USD 10 million and **Ecuador**’s USD 4.1 million in 2024, leaving considerable room to extend the savings that pooled procurement can deliver. This is an important opportunity for the region given that 42.2 percent of people still pay for contraceptives out of pocket.

Reproductive choice means supporting every fertility intention, the decision to have children as much as the decision not to, and removing the barriers that stand in the way of either. Cuba, a society marked by sustained low fertility, expanded technical capacity across 168 municipal assisted-reproduction consultations with UNFPA support, helping more people act on their intention to have children. In **Brazil**, UNFPA supported a national study, Assisted Reproduction and Rights: overview, challenges and recommendations for public policies, generating the evidence base for regulating and expanding access in an area where provision remains largely private and deeply unequal. In **Costa Rica**, an ageing and low-fertility society, the social security fund worked with UNFPA support to expand access for women and populations furthest behind to services responding to the sexual and reproductive health needs that the life course brings including, infertility, reproductive cancers, and menopause, widening reproductive choice at every age.

Maternal health. UNFPA assumed the Executive Secretariat of the Regional Task Force for the Reduction of Maternal Mortality (GTR) and supported the creation in 2023 of the Horizontal Technical Cooperation Group on Maternal Health, led by the national SRH directors of **Colombia** and **Paraguay**, which convenes representatives of all national SRH departments in the region. Across the region, LACRO provided targeted technical assistance to implement Maternal Mortality Acceleration Plans, completing EmONC assessments in 75 health facilities across 9 departments in **Bolivia**, and training simulation instructors for obstetric emergencies to build sustainable national capacity in **Bolivia**, **Ecuador**, **Guatemala**, **Mexico** and **Venezuela**. In **Venezuela**, UNFPA also strengthened maternal health services and training to reduce preventable maternal deaths. In **Haiti**, despite an extreme security crisis, LACRO's continuous remote support ensured the continuity of life-saving SRH services and the activation of emergency procedures. In **Chile**, UNFPA supported the design and validation of the country's first Maternal Mortality Verbal Autopsy instrument, developed with the University of Chile's School of Midwifery and the Ministry of Health.

Midwifery, professional and traditional, is central to this agenda. Regionally, UNFPA strengthened midwifery with the University of Antioquia and the University of Chile as implementing partners. In **Colombia**, LACRO supported the systematization of the traditional midwifery programme Partera Vital, implemented in Chocó, Buenaventura and Tumaco, into a scalable regional model. In **Mexico**, LACRO provided the technical and regulatory foundations for a National Mechanism for the Homologation and Certification of Professional Midwifery to standardize competencies and quality assurance. In **Peru**, LACRO supported the curricular reform of midwifery at the National University of San Cristóbal de Huamanga to strengthen competency-based education.

With respect to comprehensive abortion care, in **Uruguay**, LACRO supported a costing study demonstrating that aligning national abortion procedures with WHO guidelines accelerates access and reduces service costs by 48.7 per cent. In **Colombia**, LACRO supported an advocacy plan in Chocó to disseminate Ruling C-055 on Voluntary Termination of Pregnancy, addressing the cultural and institutional barriers faced by indigenous and Afro-descendant women. In **Mexico**, UNFPA trained health providers and professional midwives on safe abortion care, equipped women's clinics to provide voluntary termination of pregnancy, and produced a study on the socio-economic costs of unsafe abortion to inform advocacy with the new government authorities. **Chile**, with the support of UNFPA, opened a national debate on the voluntary termination of pregnancy up to 14 weeks, informed by a comparative analysis of legislation across 11 countries prepared to support congressional review.

Prevention of and response to gender-based violence. UNFPA strengthened both the prevention of gender-based violence and the response available to survivors. In **Mexico**, fifteen municipal inter-institutional networks implemented the Essential Services Package for women and girls facing violence, built through UNFPA technical assistance and intersectoral training. In **Barbados**, UNFPA convened with UN Women, the Inter-American Development Bank, the Caribbean Development Bank and the Government a regional symposium on domestic violence, bringing together more than 100 officials from 18 Caribbean countries and producing a regional agreement signed by eight countries. In **El Salvador**, through the global Women at the Centre programme, UNFPA helped institutionalize professional GBV case management training, establishing the first academic certification programme of its kind in Latin America in partnership with Francisco Gavidia University whose 82 graduates strengthen the national workforce for survivor-centred care, including for women with disabilities and from marginalized groups. In **Ecuador**, UNFPA supported the new National Survey on Family Relations and Gender-Based Violence against Women (ENVIGMU) technically and financially, updating instruments, protocols and data systems to generate critical evidence for policies and services, while the distribution of

29,000 Rutas Violeta to participating women linked data generation directly with information on protection, justice and referral pathways.

In partnership with PAHO and UNICEF, the UNFPA Regional Office also supported the roll-out of clinical guidance for responding to violence against children and adolescents in nine countries, strengthening health-sector capacities for identification, documentation and survivor-centred response. An intersectional approach was further embedded through regional operational guidance and capacity-building for 15 country offices, alongside support for MESECVI's General Recommendation No. 5 on violence against Afro-descendant women and its dissemination across several countries.

Ending child, early and forced marriages. An important part of the work supported by UNFPA expanded the bodily autonomy that underpins the fertility transition itself. At the regional level, UNFPA and ECLAC prepared the regional analysis Child Marriage, Early Unions and Teenage Pregnancy 30 Years after Beijing and Cairo (ECLAC 2025), linking adolescent pregnancy to early and forced unions as a shared barrier to autonomy, and UNFPA contributed to ECLAC's Gender Equality Observatory, focusing on the indicators that track women's physical autonomy across the region. With the support of UNFPA, **Bolivia** enacted Law No. 1639, prohibiting marriage under the age of 18 and removing the legal exceptions that had allowed marriage from 16. **Colombia** passed a law in 2024 to end child marriage and early unions, closing a long-standing gap in the protection of girls and adolescents. In the Caribbean, **Suriname** adopted a new Civil Code in August 2024, raising the minimum age of marriage to 18 for women and men alike and removing the earlier lower ages that had applied to girls. **Peru** translated Law 31945 into enforceable local protection, moving from a single municipal ordinance in Condorcanqui, Amazonas, in 2024 to seven subnational ordinances across Ayacucho and Piura in 2025, with the country's vice-governors adopting a shared commitment to the agenda.

Care and reproductive agency. Autonomy also depends on how care work is distributed: unequal care responsibilities are among the barriers people themselves identify to realizing their fertility intentions. **El Salvador**, with UNFPA support, advanced shared responsibility for care through its National Care Commission, convening 250 participants from government and civil society, launching an interagency project in support of the national care policy, and engaging men directly through a National Encounter on fatherhood, easing the unpaid-care burden that shapes women's freedom to choose. In the **Caribbean's** low-fertility context, UNFPA grounded its family-planning and contraceptive communications, including on long-acting methods, in rights-based, voluntary choice, so that messaging to policymakers and programme managers keeps informed choice and reproductive autonomy at the centre.

These experiences show that expanding reproductive choice is both a human rights imperative and the foundation for societies to adapt successfully to demographic change.

2.3 Equality and equity across the life course

The results in this section respond to the commitments of the Montevideo Consensus on ageing, social protection and socioeconomic challenges (Chapter C), the rights of children, adolescents and youth (Chapter B), indigenous peoples (Chapter H) and Afro-descendant populations (Chapter I). Through these chapters, the countries of the region committed to guaranteeing social protection and quality care across the life course, upholding the rights, dignity and participation of older persons, investing in young people's education, health and employment, and reversing the structural inequalities that affect indigenous peoples and Afro-descendant populations, with

intercultural approaches and full participation. UNFPA's work under the principle of equality and equity across the life course is accountable to these commitments: each result reported here supported countries in implementing them.

Equality and equity across the life course addresses two realities at once: the region is ageing faster than any other, and it remains the most unequal in the world. Adaptation to demographic change must therefore also reduce inequality, a central commitment of the Montevideo Consensus. At the regional level, only 55 per cent of women participate in the labour market, against 78 per cent of men, and the Regional Population Situation Analysis identifies the gender dividend, released by investing in care systems and gender equality, as one of the region's clearest reserves of growth (UNFPA, 2026a). In addition, by 2050 one in four people in the region will be over 60; the demand for care that families, and above all women, now absorb without support will multiply; and health, pension and social protection systems built for a young population will need to be reorganised for longer lives. The Regional PSA's first strategic priorities for public action are precisely these: reorganising health, care and social protection systems around the life course (UNFPA, 2026a).

Care and support systems are economic infrastructure: they release women's participation in the labour market, sustain formal employment in one of its fastest-growing sectors, and underpin the productivity of every other system. They are also a matter of rights: support enables older persons and persons with disabilities to live independently and to participate in health, work and public life, as active members of their communities. Living longer, and living those years with health, autonomy and quality of life, is one of the greatest achievements of development, and older persons are part of the solution: they sustain care economies, transfer resources and experience, and in many households of the region support the younger generations. UNFPA's Strategic Plan measures adaptation to demographic change through equity, universal health coverage, social protection floors, and the share of young people in education, employment or training, and the work of this period built dignity and opportunity across the life course, for persons of all ages and abilities.

UNFPA's work over this period helped build the systems of care, protection and opportunity that uphold dignity at every age.

Ageing and care systems. The ageing and care agenda advanced markedly, increasingly at the level of national systems. **Costa Rica**, with UNFPA support, developed an action plan for its National Care System, responding to demographic and epidemiological transitions and serving dependent older persons as a key driver of demographic adaptability. **Uruguay** recreated the political and civil coalition behind its national care system, bringing in the national trade-union movement and the national organisation of pensioners, with United Nations support led by UNFPA. **Cuba** established its National System for the Comprehensive Care of Life through Decree-Law 109/2024, with UNFPA support to the governmental care subcommittee to draft its 2025–2030 implementation plan with technical assistance from ECLAC, a direct line between national care policy and the regional body convening the Conference. UNFPA then supported Cuba in taking the system to national scale: extending the care-situation diagnostic methodology to every municipality, training technical teams from all fifteen provinces and the Isla de la Juventud as trainers of trainers, and building the digital backbone that links the Care Situation Diagnostic Information System with the Multidimensional Vulnerability Index. Caregivers and persons with disabilities took part directly in the consultations that shaped Decree 121/2025 on care services for families of children with high support needs, and their contribution shaped the result; and with LACRO, **Cuba** convened a regional dialogue on the nexus between demographic dynamics and

social protection, bringing together the Inter-American Conference on Social Security, national authorities, the United Nations system and ECLAC-CELADE.

The **Dominican Republic** strengthened the rights and dignity of older persons in care: with the National Council for Older Persons (CONAPE) and the Ministry of Economy, Planning and Development, UNFPA supported a standards-and-quality measurement tool for older-persons care services, anchored in the National Care Policy and built on human rights, dignity, non-discrimination, person-centred care, participation and autonomy, together with a roadmap for a registry of demand that lays the groundwork for an interoperable national care system. **Brazil** opened a sustained national conversation on ageing: with the National Secretariat for Older Persons and the Brazilian Association for Population Studies, UNFPA ran a capacity-development process analysing ageing through the lenses of care, pensions and health, reaching some 400 managers and researchers and producing studies on ageing and care, menopause, digitalization and the demographic transition to inform national ageing policy.

Renewing the social contract. Behind these care and support systems lies a larger question that the Regional Population Situation Analysis places at the centre of adaptation: the renewal of the social contract. Ageing societies must finance care, health and protection from a constrained fiscal base, and they can do so only through agreements that share responsibilities fairly across generations, between women and men, and among the State, the market, families and communities. UNFPA's work during this period supported countries in building precisely these agreements. In **Mexico**, UNFPA worked with the National Population Council (CONAPO) on an ageing and longevity policy agenda that promotes intergenerational solidarity, articulating the youth and ageing agendas so that investment in young people today, through formal and well-remunerated employment, sustains the care networks and pension systems of tomorrow, supported by evidence developed with El Colegio de México and CIDE and by public advocacy on the longevity dividend. In **Uruguay**, the recreation of the care coalition described above brought the national trade-union movement and the national organisation of pensioners to the same table, a renewal, in practice, of the intergenerational agreement on which care depends. And the National Transfer Accounts (NTAs) supported by UNFPA across the region, including **Guatemala**'s analysis of how remittances finance the life-course deficit, give governments the evidence of who finances them across the life course, the foundation on which any renewed social contract must rest.

Youth policies. At the other end of the life course, the region invested deliberately in young people as its age structure shifts, a matter of urgency, because the window of the demographic dividend remains open in much of the region but is closing, and it yields returns only with investment in education, health, formal employment and the reduction of inequalities. **Guatemala** approved its National Youth Policy 2025–2040, prepared with the National Youth Council (CONJUVE) and anchored in an investment-in-youth strategy to guide public investment in a young population over the next fifteen years, a deliberate response to the country's changing age structure. **Honduras** developed and validated its national Youth Public Policy through a broad participatory process, drawing on consultations with more than 7,700 young people disaggregated by sex, rural and urban residence, disability and indigenous identity. **Brazil** advanced its National Youth Plan with UNFPA support on its population-and-development and financing components, drafting the establishing legislation under a funding-to-financing approach for submission to the National Congress in 2026. **Paraguay**, with UNFPA support, developed its National Action Plan for Youth 2024–2028 through the National Youth Secretariat.

Leaving no one behind. Leaving no one behind also meant securing the rights and the visibility of those most often excluded, including persons with disabilities, indigenous peoples, Afro-

descendants, LGBTQIA+ persons and migrants. UNFPA applies an intersectional approach across its work, recognizing that gender, age, ethnicity, disability, migration status and territory intersect and compound discrimination. UNFPA's work with migrants and persons in situations of human mobility is presented in the sections on demographic intelligence and humanitarian action.

UNFPA moved the regional agenda on **disability** from a medical model toward a human-rights and social framework grounded in the UN Convention on the Rights of Persons with Disabilities (CRPD). UNFPA mapped over 140 regulatory instruments across 27 countries to evaluate how sexual and reproductive health and gender-based violence policies address the needs of the region's 85 million persons with disabilities (UNFPA, 2026a), identifying critical gaps, the widespread absence of dedicated budgets, specific indicators and active involvement of organizations of persons with disabilities (OPDs), and national models that work, including **Argentina**'s specialized working group on SRH and disability, **Uruguay**'s parenting support programme for women with disabilities, and **Colombia**'s co-created resolution ensuring participatory access to SRH services. To address these barriers, UNFPA developed methodologies to cost both the investments required for inclusion and the economic losses caused by exclusion, and established regional priorities: updating national laws, safeguarding legal capacity and free, prior and informed consent (CRPD Article 12), and embedding OPDs throughout the policy cycle. Countries turned these principles into results. **Venezuela** and **Paraguay**, with UNFPA support, designed and published their first national guidelines for sexual and reproductive healthcare for persons with disabilities. **Uruguay**'s Parliament approved a unified national disability evaluation scale and a national surveillance mechanism to monitor CRPD implementation. UNFPA also supported the meaningful participation of civil society and OPDs in intergovernmental platforms, particularly the Regional Conferences on Population and Development, enabling historically marginalized groups to engage directly with States and contribute to monitoring mechanisms such as the Group of Friends of the Chair established in Cartagena.

In support of **the rights of indigenous peoples, LACRO** facilitated the Regional Symposium of the Americas on Intercultural Maternal Health in Mexico (2024), which produced a Call to Action to empower indigenous traditional birth attendants and integrate cultural relevance into national health systems. In **Brazil**, UNFPA advocacy ensured that the national programme Women Living Without Violence, including the Brazilian Women's Houses, incorporated a component on violence against indigenous women. In **Argentina**, UNFPA supported a study of the demographic dynamics of the indigenous population based on the 2010 and 2022 censuses, with a focus on women, girls and adolescents, showing that statistical recognition strengthens self-identification and provides the evidence for including indigenous self-identification in censuses and administrative records. In **Ecuador**, **Panama** and **Belize**, post-census analyses moved beyond counts to examine demographic and socioeconomic realities and intersectional inequalities, generating evidence for more equitable policies and reinforcing the right to self-identification in national statistical systems At regional level, UNFPA, together with ECLAC and FILAC, advanced a participatory mechanism to monitor implementation of CEDAW General Recommendation No. 39 and Chapter H of the Montevideo Consensus, strengthening the participation of Indigenous women’s organizations in regional accountability processes.

To advance **the rights and visibility of Afro-descendant populations**, through the Leave No One Behind regional project, LACRO coordinated with country offices in **Belize**, **Costa Rica**, **Guatemala**, **Honduras** and **Panama** to strengthen out-of-school comprehensive sexuality education tailored to Creole, Garifuna and Miskito communities. In **Uruguay**, UNFPA brought the leave-no-one-behind strategy to the departmental level, working with local governments and Afro-descendant organizations: a published study on Afro-descendant rights in public policies, a

classroom guide against racism and discrimination produced with the education administration and UNICEF, and a subregional MERCOSUR course that trained more than 300 officials in policies on Afro-descendance, disability and migration. In **Panama**, UNFPA produced specialized technical briefs from the 2023 census on the situation of the Afro-descendant population, including Afro-descendant youth and older persons, giving statistical visibility to groups within the population whose situations differ across the life course. In **Bolivia**, the organization of Afro-Bolivian women CIMARRONAS, supported by UNFPA, produced a study of the practices and customs of the Afro-Bolivian people related to gender social norms, generating the evidence to remove the practices that constitute barriers to gender equality.

LGBTQIA+ persons. UNFPA expanded the evidence, services and alliances through which LGBTQIA+ persons exercise their rights. In **Brazil**, UNFPA published *LGBTQIA+ Population: Diversity, Rights and Access to Health Services in Brazil* (2024), the first study of its kind in the country, combining official data, information produced by civil society organisations and expert interviews to inform the implementation of the National LGBT Comprehensive Health Policy. Also in **Brazil**, through the UNFPA award with the National Council of Municipal Health Secretariats (CONASEMS), the AmbulaTrans clinic in São José was recognised as a reference service for transgender healthcare, promoting inclusive practices within the public health system. In **Uruguay**, the university course on health, sexual diversity and the prevention of stigma and discrimination against LGBTQIA+ persons, supported by UNFPA, reached 767 students and health professionals against a target of 650, and its virtual edition, launched on the PAHO/WHO campus, drew 451 additional participants from across the region and beyond, extending a national training result to a global audience. In **Bolivia**, the LGBTQIA+ collective, one of six organisations of populations furthest behind supported by UNFPA, produced a situational diagnosis of gender-based violence affecting LGBTQIA+ persons in the intimate, social and leadership spheres, generating the evidence base for its own strategy to transform gender norms. In **Mexico**, UNFPA piloted an employment-inclusion model for transgender persons with more than 20 companies and six civil-society organisations, training 90 company employees in inclusive workplaces and supporting candidates into formal employment, extending the leave-no-one-behind principle into the labour market. In **Argentina**, the alliance Igual es Mejor, convened with Fundación Avon, engaged companies including Natura and Banco Galicia in commitments to workplaces where young people, women and LGBTQIA+ persons live free of violence, carrying the agenda into the private sector.

Across the life course and across every population, these results show that reducing inequality builds demographic resilience.

2.4 Anticipatory planning with a human rights lens

The results in this section respond to the commitments of the Montevideo Consensus on the full integration of population dynamics into sustainable development (Chapter A), on frameworks for implementation, including data, monitoring and accountability (Chapter J), and on territorial inequality, spatial mobility and vulnerability (Chapter G). Through these chapters, the countries of the region committed to integrating population dynamics into development planning and public budgets, producing timely, disaggregated and quality data to monitor implementation and make visible those furthest behind, and reducing territorial inequalities through planning that responds to mobility and vulnerability. UNFPA's work under the principle of anticipatory planning with a human rights lens is accountable to these commitments: each result reported here supported countries in implementing them.

Anticipatory planning is where demographic intelligence helps ensure strategic decisions: better data informing better policies, budgets and services, so that governments shape the future instead of reacting to the present. The Regional Population Situation Analysis frames the task in exactly these terms: integrating demographic dynamics into strategic planning and budget cycles is a necessary condition for translating evidence into sustainable public decisions, and inaction is not neutral, since late, fragmented responses cost more and narrow the fiscal room for manoeuvre. The UNFPA Strategic Plan supports countries to include a dedicated section on demographic change in national and sectoral strategies, to inform budget allocations with population projections, and to build the foresight and anticipatory governance this requires.

UNFPA's work over this period helped governments turn demographic evidence into population policies, budgets and territorial plans across the region. Demographic intelligence serves anticipatory planning by answering the questions on which public investment depends: where should services expand, and where will future demand emerge; which territories are ageing fastest, and which face ageing and depopulation at once; where will the demand for care and support grow, and where will schools need to be adapted as cohorts shrink. The results that follow show governments putting these answers to work; the production of the underlying evidence is reported in the demographic intelligence section further on.

National population policies and institutions. Countries across all demographic contexts established or renewed the institutions through which population policy is made. **Uruguay**, with UNFPA support, established a permanent Commission of Experts on Population Policy, an interinstitutional body to analyse demographic dynamics and formulate policy recommendations to the executive and legislative branches. **Cuba**'s National Policy to address Population Dynamics gave UNFPA a whole-of-government entry point: twenty-five subnational governments now carry population dynamics explicitly in their development plans, up from twenty the year before; a second high-level policy dialogue produced an intersectoral mechanism linking the care system, the children-and-youth policy and the programme for the advancement of women around a shared demographic agenda; and through Agreement 10207/2025, Cuba institutionalised an intersectoral plan for the prevention and care of adolescent pregnancy, implemented across at least 30 municipalities of the eastern region. **Brazil**, with UNFPA advocacy and support, reestablished its National Commission of Population and Development by presidential decree, reversing its 2019 abolition and building a sexual and reproductive health and rights working group into its structure. **Paraguay** established its Population and Development Plan 2023–2028, coordinated across government institutions including Foreign Affairs, Economy and Finance, and Internal Affairs. In the Caribbean, **Jamaica** revised and launched its National Population and Sustainable Development Policy with a monitoring and implementation plan aligned with Vision 2030; **Barbados** launched the Inter-Sectoral Implementation Group for its Population Policy 2023–2040; **Montserrat** completed a National Population Policy and Plan of Action through the UN SDG Joint Fund; and **Grenada** advanced a national population policy, building on an advanced-draft Population Situation Analysis submitted to Cabinet. Even amid acute fragility, **Haiti** advanced its first validated national population policy, moving a draft developed through national and regional consultations into public consultation across departments, a milestone for a country that has never had a ratified population policy.

Territorial planning and budgets. Planning also meant adapting territories and budgets to the pace of demographic change. **Mexico**, with UNFPA support, framed its planning decisions around a closing demographic window, its dividend spanning 1972 to 2030 with a population peak near 147 million projected for 2052 (CONAPO, 2018), and generated strategic evidence linking demography to the economy and social well-being, including an analysis of the demographic transition's implications for the education system, a study on menopause and women's labour-

force participation, and the Youth Human Development Report. **Colombia** integrated demographic change into local planning, providing departmental and municipal demographic profiles and technical support so that territorial plans explicitly integrate population dynamics, including the changing age structure, into the instruments that guide land use and local development. **Honduras** institutionalised Local Demographic Observatories in 35 municipalities, up from 30 the previous year, letting municipal governments move to evidence-based planning and fold sexual and reproductive health and climate-vulnerability data into their Municipal Development Plans.

The economic case for investing in rights. An important area of this work quantified the returns of investing in rights. The regional MILENA report on the socioeconomic consequences of adolescent pregnancy, expanded to 15 countries, estimates its annual cost at USD 15.3 billion, around 1 per cent of the combined GDP of the countries analysed, with 88 per cent of that cost borne by adolescent women themselves and their environment, and became an advocacy tool taken up by the Inter-American Development Bank, the IMF and CAF. UNFPA applied the complementary Impact Goals Estimation Model (MEMI) across 26 municipalities in **Central America, Ecuador, Nicaragua and Mexico,** showing returns of between USD 15 and USD 40 for each dollar invested in preventing adolescent pregnancy, depending on the country. According to the benefit-cost analysis developed by Avenir Health for UNFPA, every dollar invested in reaching the first two Transformative Results in Latin America and the Caribbean yields USD 22.48 in benefits (UNFPA and Avenir Health, 2020).

Countries applied this evidence. **Costa Rica** completed its national MILENA study and finalised the MEMI study evaluating prevention interventions, allowing the projection of public-policy impacts on adolescent fertility. **Ecuador** and **Panama** updated their MILENA studies at national and subnational levels; Ecuador's update added a chapter on the link with chronic child malnutrition, showing that children of adolescent mothers face a 21 per cent higher probability of chronic malnutrition, connecting the prevention of adolescent pregnancy to a central priority of the national PLENA plan. **Belize** completed a socio-economic impact assessment using the MILENA methodology, extending the investment case to the Caribbean. **Brazil** generated national MILENA and MEMI evidence quantifying the cost of inaction and the returns of prevention, which its Ministry of Health carried to a regional seminar that recognised adolescent pregnancy as a priority for coordinated regional action; it also completed investment case studies on maternal deaths and on professional midwifery in the first half of 2026. **Ecuador** built a matching-fund financing mechanism, designed with UNFPA and Instiglio, into its Intersectoral Policy for the Comprehensive Approach to Pregnancy in Girls and Adolescents 2026–2035, securing financial sustainability and government ownership, and developed a combined investment case for family planning and maternal mortality demonstrating a favourable return on investment. **Paraguay** developed a Family Planning Investment Case to make the fiscal argument for sustained public financing after a 75 per cent cut to its sexual and reproductive health budget. **Honduras** presented an investment case on family planning, and **Bolivia** presented cases covering family planning and maternal mortality, providing the socioeconomic evidence to mobilize domestic resources for reducing unmet need and maternal mortality.

The economics of the life course. The same economic approach extended across the life course. **Guatemala** produced comparable National Transfer Accounts (NTAs) for 2014–2023, with the study Remittances to the Rescue of the Life-Course Deficit, a policy brief and audiovisual products, bringing the economics of the life course, social protection and remittances into national development planning. With UN DESA and ECLAC, LACRO ran training schools on National Transfer Accounts and developed National Inclusion Accounts, bringing unpaid care work into economic analysis. And with the IMF, UNFPA convened some 60 representatives of finance and

social ministries from across the Caribbean, **Mexico**, **Honduras**, **Panama**, the **Dominican Republic** and **Ecuador** to advance gender-responsive economic policy, including the partnership with the IMF Caribbean Regional Technical Assistance Centre (CARTAC) that brought gender machineries together with ministries of finance to use gender and adolescent sexual and reproductive health data for costing, investment and public-policy decisions. This investment work feeds directly into the partnerships and financing section below.

Regional anchoring. To anchor this work regionally, LACRO developed three *Demographic Resilience Strategic Guidance Notes*[1] to integrate population dynamics into policy planning, supported 14 country offices through the Population Situation Analysis, publishing the revised guide Population in Focus, and positioned demographic resilience in strategic regional and global spaces, from the ALAP Congress to the Fourth International Conference on Small Island Developing States, connecting demographic resilience to the climate agenda that, for the Caribbean, is a question of survival. Across the Caribbean, UNFPA delivered population-mainstreaming and demographic-resilience training for government officials, including in **Barbados** and **Montserrat**, covering demographic analysis, the policy implications of megatrends and National Transfer Accounts, while convenings with CARICOM and the Caribbean Development Bank positioned UNFPA as the subregion's technical lead on population data and demographic resilience.

2.5 Demographic intelligence, the connective thread

The results in this section respond to the commitments of the Montevideo Consensus on frameworks for implementation (Chapter J), on territorial inequality, spatial mobility and vulnerability (Chapter G), and on the full integration of population dynamics into sustainable development (Chapter A). Through these chapters, the countries of the region committed to producing timely, quality and disaggregated data, strengthening national statistical capacities and using this evidence for the monitoring of the Consensus and accountability for its implementation, and to reducing vulnerability, integrating risk management and environmental sustainability into territorial and development planning, and protecting the rights of populations affected by disasters and displacement. Demographic intelligence connects the three principles of demographic resilience: the data that identify inequalities also inform the design of services, policies and plans and, applied to territorial and climate risk, allow countries to anticipate crises before they strike. UNFPA's work is accountable to these commitments: each result reported here strengthened national capacities to produce and use population data for rights-based policies, and supported countries in anticipating risk and guaranteeing sexual and reproductive health and protection from gender-based violence before, during and after crises.

Demographic intelligence combines data, analysis, projections, geospatial information and policy interpretation to transform population trends into decisions. It is UNFPA's most distinctive capability, and it underpins the rights-based approach of UNFPA's work: making visible those who are left behind is the first step toward guaranteeing their rights. UNFPA is among the world's largest supporters of population data systems, censuses, household surveys, civil registration and vital statistics, and demographic analysis, and the leading United Nations entity supporting countries to understand and respond to demographic change. Over this period, this support helped governments anticipate emerging demographic trends and identify who risks being left behind.

[1] Available at https://lac.unfpa.org/es/resiliencia-demografica-america-latina-caribe

Strengthening national data systems. Regionally, UNFPA provided technical assistance to 20 country offices to strengthen national health information systems, civil registration and vital statistics, and administrative registers, and strengthened subnational population estimates and projections disaggregated by ethnicity, race, sex and age, with small-area estimates for nine countries. **Bolivia** established a formal Inter-Institutional Coordination Working Group for the Civil Registration and Vital Statistics System, the first coordinated mechanism across the civil registry, the statistics institute and the Ministry of Health. **Ecuador** piloted the validation of administrative records in Galápagos, contrasting census results with administrative data to improve quality and inform future census planning.

The census round. The 2020 census round was a central focus: UNFPA supported 38 countries across the region in their census processes, from cartography and questionnaire design to processing, evaluation, dissemination and modelled estimates. Countries completed major operations with UNFPA support: **Bolivia** its 2024 Population and Housing Census in full compliance with international standards; **El Salvador** its first population census in 17 years, adopting DEGURBA as its national methodology for defining urban and rural areas; **Peru** its 2025 national censuses of population and housing and of indigenous communities, a fully digital, de jure operation strengthened through expert missions, the procurement of 40,000 tablets and technical observers from six countries; **Suriname** its 2024 census with technical advice coordinated with the Inter-American Development Bank; and **Antigua and Barbuda** its 2025 census. **Uruguay** carried out the region's first national population count based on administrative records, run alongside the traditional census and yielding consistent results. Census quality was strengthened through international evaluations completed by **Costa Rica** and **Ecuador** of their 2022 censuses. Countries also prepared the next round: **Guatemala** planned its integrated national censuses to international standards, with its statistics institute taking a seat on the Executive Committee of the Statistical Conference of the Americas for 2026–2027; **Cuba** ran its 2025 census pilot to ready the country for the 2030 round; and **Honduras** built the technical foundations for its 2026 census, completing the digital cartographic update and the census technical structure.

Regional cooperation multiplied these national efforts. In October 2024, UNFPA convened representatives from 21 countries at the International Workshop on Register-Based Censuses in Montevideo, co-organized with the Inter-American Development Bank and ECLAC-CELADE, producing roadmaps for the gradual transition to register-based census systems. Throughout 2025, UNFPA, ECLAC-CELADE and national statistical offices conducted a regional systematization of lessons from the 2020 round to prepare the 2030 round. Across the Caribbean, UNFPA supported CARICOM's regional statistical coordination and the subregional strategy for the 2030 round; partnered with ECLAC on Small Area Population Estimates that let **Jamaica** launch preliminary 2022 census results by parish and yielded disaggregated models for **Barbados** and **Dominica**; convened a Caribbean population-projections workshop in **Belize** and socialised Common Operational Datasets on population statistics with 14 Caribbean countries. Through triangular cooperation with the Government of India, UNFPA led a census-preparedness initiative for **Barbados**, **Belize**, **Suriname**, **Saint Kitts and Nevis** and **Trinidad and Tobago**, including a learning mission to India's census institutions on digital operations and GIS-based mapping. As implementing partner of the KOICA-funded Enabling Belize's Statistical System project, UNFPA strengthened the Statistical Institute of **Belize** in geospatial analysis, demographic estimation and quality assurance, and with the University of the West Indies carried out a Population Data Appreciation assessment across five Caribbean countries, examining whether population and sexual and reproductive health data are valued, demanded and used in decision-making.

From data to foresight. Projections, registration systems and situation analyses translated census data into foresight for planning, giving governments the demographic horizon their strategies require. **Argentina** updated national and subnational population projections by sex and single ages based on the 2022 Census, with a roadmap for the systematic use of administrative records during the intercensal period. **Paraguay**, in collaboration with CELADE, produced departmental and district projections to 2050 and 16 thematic studies, equipping governments to anticipate a fertility transition that has carried the country below replacement; building on this evidence base, it established its first Higher Technical Institute of Statistics and took the first step toward a Social Registry of Households by integrating the databases of three social protection programmes. **Cuba** modernised its demographic forecasting, finalising an updated set of national population projections, and its National Fertility Survey incorporated two bodily-autonomy indicators with UNFPA support, keeping reproductive agency measurable within the country's demographic monitoring. Population Situation Analyses gave **Peru** (with the CIES consortium, including five technical notes on demographic transitions, fertility, ageing, the dividend and migration), **Guyana** and **Venezuela** the evidence base to inform population policy and public planning.

Statistical visibility for populations left behind. Demographic intelligence also serves to make historically uncounted populations visible. Across seven countries, UNFPA supported national analyses on the statistical visibility of indigenous peoples, Afro-descendant populations and persons with disabilities, combining census microdata, administrative records and modelled estimates. **Brazil** modernised its statistical production with IBGE, deploying seven data strategies, from census calibration and quilombola and indigenous enumeration to a methodology for a national homeless census. **Guatemala** institutionalised the Garífuna and Afro-descendant category in the National Statistical System, established municipal registries of persons with disabilities taken up by the national disability council as a permanent inclusion tool, developed its National Statistics Development Strategy, and produced a national study of its demographic shift with the statistics institute and SEGEPLAN. **Panama** conducted its Second National Disability Survey after 18 years and published a National Disability Atlas with province- and district-level disaggregation for the first time. **Paraguay**, with UNFPA and civil-society support, advanced the establishment of a register of the Afro-descendant population under the law on the prevention of discrimination against Afro-descendant people, giving statistical visibility to a group historically excluded from official data. With ECLAC, UNFPA developed recommendations to make persons with disabilities visible in censuses and surveys through the Washington Group questions. **Bolivia** produced new evidence on ageing with Fundación ARU, finding that the country's slower-than-regional transition opens a window to build care systems and secure older persons' rights before ageing accelerates. **Honduras** strengthened its National Statistical System through a digital indicator-management platform, reactivating seven statistical committees across 100 government institutions and training 90 officials through a Higher Diploma in the Design and Evaluation of Public Policies. **Ecuador** sustained its demographic-intelligence capacity under political pressure, producing subnational projections, routine vital statistics and detailed census analyses of youth, migrants, older persons and persons with disabilities, keeping the evidence base for rights-based planning intact through a difficult period for the statistical system.

Shaping public understanding. Demographic intelligence also means shaping how societies understand their own change. In **Costa Rica**, UNFPA supported the reframing of very low fertility as a shared question, backing the symposium Fertility Trends in Costa Rica and explanatory videos on demographic adaptability, the gender dividend, ageing and migration. In **Peru**, UNFPA built the capacity of 67 journalists in Piura and Lima to interpret and communicate demographic information, grounded in a journalistic guide on population dynamics, improving the conditions for evidence-based public debate ahead of the census results.

The right to an identity. One expression of demographic intelligence in this period addressed one of the region's most painful gaps. In **Mexico**, UNFPA supported the move of the national human-identification system toward an interconnected, data-driven model: 300 mobile fingerprint scanners reached all 32 state prosecutors' offices and search commissions, enabling comparison against the National Voter Registry (INE). Between 2023 and 2025, 16,139 previously unidentified deceased persons were formally identified, and in many cases returned to their families. Led by the National Search Commission and aligned with the recommendations of the UN Committee on Enforced Disappearances, the work gave families certainty after years of searching. Demographic intelligence, here, upholds the right to identity and strengthens the capacity of the State to meet its obligations to victims and their families.

Mobility data. Regionally, UNFPA mapped its migration work across the region and piloted an interoperable mobility-data system at the **Haiti**–**Dominican Republic** border, improving cross-border data in complex migration settings. And in **Haiti**, the 2024 Common Operational Dataset on Population Statistics, developed by UNFPA with the National Statistics Institute and humanitarian partners, provided projections by sex and five-year age group at commune level, showed that reliable demographic evidence can be produced even in crisis, anchored humanitarian and electoral planning alike, and was presented by the government as a model at a regional workshop.

Climate and humanitarian resilience. Over this period, UNFPA applied demographic intelligence to identify populations and essential health infrastructure exposed to climate and disaster risks, supporting national risk assessments, development planning, humanitarian preparedness and emergency response across the Caribbean and the wider region. Climate resilience and humanitarian action are often treated as separate agendas, but both depend on the same fundamental capability: understanding where people are, who they are, how population dynamics interact with territorial risks, and which essential services they may require before, during and after a crisis.

By combining satellite imagery, geospatial information and population estimates, UNFPA assessed the exposure to **coastal risk.** The risk of coastal populations and health infrastructure to hurricanes, storm surges and flooding, risks exacerbated by climate change. An estimated 41 million people, six per cent of the region's population, live in low-elevation coastal areas exposed to life-threatening storms and flooding, and 1,448 hospitals vital to maternal health and family planning are located in these areas (UNFPA, 2025d): in **Aruba**, the **Cayman Islands**, **Suriname**, the **Bahamas** and **Guyana**, over 80 per cent of hospitals lie in low-lying coastal zones, while **Brazil** (519), **Mexico** (159), **Haiti** (133) and **Ecuador** (130) count the highest numbers of exposed facilities. These analyses show where climate hazards intersect with population concentrations and essential health infrastructure, and, combined with indicators of poverty, disability, gender inequality and service access, they identify who may face the greatest risks and where preparedness investments should be prioritized. As extreme weather disrupts infrastructure and displaces communities, women and girls face heightened risks of interrupted sexual and reproductive health services, unsafe childbirth and gender-based violence.

A joint **multi-hazard assessment** with UNDRR, PAHO and Harvard University extended the analysis beyond coastal risk, tracking the exposure of 267 million people and 5,000 emergency hospitals to riverine floods, seismic activity and hurricane winds (UNFPA, 2025d), allowing governments, for the first time, to see with precision where the most at-risk populations and the health infrastructure their lives depend on are located, and to place people at the centre of disaster risk planning. By integrating demographic and geospatial information with indicators such as poverty, disability, gender inequality and access to essential services, this analysis identifies the

communities and population groups with the least capacity to anticipate, withstand and recover from shocks. Initiatives under way in **Cuba** and **El Salvador**, and beginning in **Brazil** and **Mexico**, are integrating vulnerability indicators, including access to sexual and reproductive health services, into national risk assessments. With support from the UNFPA Strategic Investment Facility and co-investment from Bayer AG, this approach is being expanded to additional countries to inform national adaptation planning, climate-finance proposals and investment decisions.

The same demographic intelligence underpins **humanitarian preparedness**. By combining census and administrative data, population projections, geospatial analysis, Common Operational Datasets on Population Statistics and small-area estimates, UNFPA supports the production of timely, disaggregated evidence for contingency planning and emergency response, particularly vital in the Caribbean and in fragile or highly mobile contexts, where census data may be outdated, populations are dispersed across islands and remote communities, and national averages can conceal territorial inequality. In partnership with UNDRR and WHO, UNFPA is strengthening the use of demographic intelligence for disaster risk reduction and climate adaptation, and in **the Caribbean** this intelligence is now integrated into preparedness ahead of each hurricane season: small-area estimates, projections and geospatial information are overlaid with hurricane, flood and storm-surge risk to identify exposed communities and estimate the numbers of women of reproductive age, pregnant women, adolescents, older persons and persons with disabilities who may require assistance, informing contingency scenarios, the pre-positioning of reproductive health kits and dignity supplies, and the continuity of essential sexual and reproductive health and gender-based violence services, including across countries and territories where UNFPA has limited operational presence. Institutional preparedness also advanced: the **Bahamas** developed its first national action plan for the Minimum Initial Service Package for sexual and reproductive health in emergencies, and **Trinidad and Tobago** integrated the package into the Tobago Emergency Management Agency's disaster plan.

Between preparedness and response lies a critical period: the days and hours when forecasts indicate that a hazard is imminent but has not yet struck. **Anticipatory action and impact-based forecasting** is therefore essential**.** UNFPA's regional work increasingly links demographic intelligence with impact-based forecasting so that this time is used to act early. When forecasts or pre-agreed thresholds indicate imminent risk, population exposure estimates identify the communities, and within them the pregnant women, adolescents, older persons and persons with disabilities, likely to be most affected, enabling early actions before the hazard strikes: the pre-positioning of reproductive health kits and dignity supplies, the reinforcement of referral pathways and the activation of contingency scenarios. Acting on forecasts protects rights earlier and reduces the human and financial costs of response.

When Hurricane Melissa struck in 2025, this chain from evidence to **response** was tested in practice. In **Jamaica**, UNFPA's response reached 1,295 people with integrated sexual and reproductive health and protection services in the acute phase, distributed 353 dignity kits, deployed 16 midwives with the Jamaica Midwives Association and supplied emergency obstetric equipment to eight hospitals. The June 2026 earthquakes in **Venezuela**, the strongest to strike the country in over a century, demonstrated the operational value of institutionalized demographic intelligence. Within hours, UNFPA generated population exposure estimates combining seismic intensity modelling with high-resolution population data, identifying the potential exposure of women, adolescents and persons of reproductive age to support rapid humanitarian decision-making, and simultaneously activated an emergency response, allocating USD 500,000 from its Emergency and Humanitarian Thematic Funds, deploying reproductive health supplies and equipment to affected states, and working with national authorities and partners to sustain

maternal health services, emergency obstetric care and the prevention of and response to gender-based violence in shelters and affected communities (UNFPA (2026b).

From preparedness for Hurricanes Beryl and Melissa, the development of **Haiti**'s Common Operational Dataset on Population Statistics and subnational population models across the Caribbean, to risk planning in **Ecuador**, contingency planning in the **Dominican Republic**, resilience-building in **Cuba** and the operational response to the Venezuela and most recently, **Colombia**, earthquakes, these experiences show how demographic intelligence supports the full disaster management cycle, connecting climate adaptation, disaster risk reduction, preparedness, anticipatory action and humanitarian response.

From the census round to emergency response, these results show a single capability serving every dimension of demographic resilience: demographic intelligence makes people visible, informs the policies that guarantee their rights across the life course, and gives countries the foresight to act before crises strike.

3. Partnerships for the Montevideo Consensus

In addition to its core work supporting national governments, UNFPA works with a diverse range of partners across the region, civil society, parliamentarians, academia, the media, the United Nations system, the private sector and international financial institutions, to accelerate investment, leverage skills and experience, and harness insights. Partnerships are also central to the financing of this agenda: in a middle-income region facing declining international cooperation, the Montevideo Consensus agenda will advance on the strength of countries' own resources and of alliances that mobilise capital, evidence and legitimacy, guided by the evidence of where to invest for rights-expanding returns. In 2024 and 2025, these alliances helped UNFPA mobilize more than USD 130 million for the region's population and development agenda.

Civil society. Civil society is a full partner in the Montevideo Consensus, and over the decades UNFPA has invested in its advocacy and its active participation in the intergovernmental process, with particular attention to alliances with underrepresented groups, including Afro-descendant organizations, persons with disabilities, indigenous women, youth networks, social movements and women's groups. UNFPA works with civil society organisations in every country of the region; the following examples illustrate the breadth of this collaboration. In **Brazil**, UNFPA strengthened frontline organisations working with migrants and refugees, among them Humanidade Mais que Fronteiras, Refúgio 343 and Cáritas, and supported youth networks and an indigenous LGBTQIA+ Guarani Kaiowá gathering, building civil society's capacity to shape migration and gender policy. In the **Dominican Republic**, UNFPA supported the Coalition for the Rights to Health and Life of Women in building a strategic advocacy plan, coordinating women's and feminist organisations, health-professional unions, academic bodies and civil society representatives. In **Uruguay**, UNFPA partnered with the LGBTQIA+ collective Ovejas Negras, which co-delivered a university course on health and sexual diversity with the University of the Republic, and with the NGO Iniciativas Sanitarias, which consolidated the #SexualidadSinFakes project countering disinformation. In **Ecuador**, UNFPA supported 44 civil society organisations, including nine representing the populations furthest behind, to monitor and advocate for sexual and reproductive health and rights and gender policy. In Costa Rica, UNFPA brought indigenous civil society organizations in Talamanca, among them Asociación Meri derikä Ngäbe and ALAMUD, into demographic intelligence through training in data management and analysis. In

Mexico, UNFPA served as a key partner in the Alliance for Reproductive Justice. In addition, civil society was central to the country's human identification work: the fingerprint-matching solution drew on software developed by the civil-society organisation Data Cívica, and collaboration with collectives of victims' families proved essential to the social legitimacy of a system that restores identities to the deceased.

In **Panama**, support from UNFPA and other UN agencies enabled the VI Pacto de Mujeres, Desarrollo e Igualdad, built with more than 50 organisations and signed by seven of the eight presidential candidates, incorporating for the first time the demands of Afro-descendant, young and older women. Civil society coalitions also placed the demands of older persons before the candidates through the Pact for the Human Rights of Older Persons, signed by 45 organisations, making the electoral cycle a moment of national commitment. In **Venezuela**, UNFPA transferred safe spaces to women's organisations in mining and border areas with indigenous populations, placing protection infrastructure in civil society's hands as a strategy for sustainability.

Civil society participation also shaped policy and data directly. In Cuba, caregivers and persons with disabilities took part directly in the consultations that shaped Decree 121/2025 on care services. In Honduras, consultations with more than 7,700 young people shaped the national Youth Public Policy. In **El Salvador,** UNFPA supported the creation of La Cantera, a youth participation space formed by young people from UNFPA programmes to orient programming and build their own advocacy voice. In **Paraguay**, the register of the Afro-descendant population was initiated with civil-society and UNFPA support. In **Panama**, UNFPA supported provincial youth participation mechanisms, and in **Colombia**, young people's role in the peace-and-security agenda under Security Council resolution 2250. At the regional level, UNFPA strengthened civil society's capacity to engage with statistical systems, reaching over 500 participants with a focus on older persons and persons with disabilities, so that these groups can advocate for their rights through population data.

Parliamentarians. UNFPA partnered with parliamentarians across the region to turn evidence and advocacy into legislative action on sexual and reproductive health and rights and gender equality. In **Colombia**, Congress approved in November 2024 the law banning child marriage and early unions, eliminating the exception that permitted marriage before 18 with parental consent and establishing a national programme to protect the life projects of children and adolescents; UNFPA contributed to its approval through technical work and advocacy, together with other agencies and civil society organisations. In **Uruguay**, Parliament approved two laws built with UNFPA support, the unified national disability evaluation scale and the mechanism to monitor implementation of the Convention on the Rights of Persons with Disabilities, and received the bill on the legal capacity of persons with disabilities, results described in the section on leaving no one behind. In **Bolivia**, a national bill on comprehensive student support offices, which sustain comprehensive sexuality education in schools, was developed with UNFPA technical assistance and presented in the Chamber of Deputies under the sponsorship of a national deputy, while the departmental assembly of Chuquisaca advanced a departmental law to sustain the same offices. In **Argentina**, the province of Entre Ríos enacted a new regulatory framework elevating the role of licensed obstetric professionals in the health system, following advocacy that UNFPA carried out with professional and civil society organisations before the provincial legislature.

Academia and research institutions. Universities and research centres generate the knowledge, analysis and expertise that sustain evidence-based policy. In **El Salvador**, UNFPA convened a standing space for dialogue with academia, universities, think tanks and independent researchers, to link academic research to public-policy formulation in support of demographic resilience. In **Mexico**, UNFPA worked with universities, including the National Autonomous

University of Mexico, the Technological University of Tulancingo and the University of Acapulco, to build a university-degree model that professionalises midwifery. In **Ecuador**, as part of the national comprehensive sexuality education strategy, UNFPA supported the printing of 6,500 training materials for teachers in remote areas and the training of some 300 educators in Morona Santiago and Esmeraldas, a process accompanied by FLACSO Argentina. In **Peru**, UNFPA developed the national Population Situation Analysis with the CIES research consortium, whose technical notes informed public dialogue and policy planning. The University of Chile served as a regional academic ally, supporting **Cuba's** scale-up of long-acting reversible contraception and maternal-health training in **Venezuela**. In the **Caribbean**, the University of the West Indies partnered with UNFPA on a Population Data Appreciation assessment across five countries. **Brazil's** national conversation on ageing was built with the Brazilian Association for Population Studies, connecting demographic research directly to national policy, and at the regional level UNFPA positioned demographic resilience, the role of censuses and the new Population Situation Analysis guide at the Congress of the Latin American Population Association (ALAP).

Media. The media shape public understanding of demographic change, and UNFPA works with journalists across the region to support accurate, evidence-based reporting on population issues. In **Argentina**, UNFPA supported the Red de Editoras de Género, a network of gender editors across nine national and provincial media outlets, with documented evidence that gender editors improved the coverage of gender issues, and built civil society alliances as the mitigation strategy against digital gender-based violence. In **Peru**, UNFPA built the capacity of 67 journalists to interpret and communicate demographic information, grounded in a journalistic guide on population dynamics. In **Cuba**, UNFPA trained journalists in the western provinces to report on the intersection of migration and population ageing. In Costa Rica, UNFPA supported explanatory videos presenting the country's low fertility as a shared, rights-based public question, and in **Panama**, media partners joined UNFPA's alliance-building alongside the private sector.

The United Nations system. Within the United Nations system, the partnership with ECLAC and its population and gender divisions, CELADE and DAG, runs through this report: from the care systems established with ECLAC's technical assistance and the Gender Equality Observatory, to census products, small-area population estimates, the National Transfer Accounts training schools and the statistical visibility of persons with disabilities. UNFPA also worked with UN Women on gender-responsive economic policy and demographic narratives, with UNICEF on youth, and with PAHO on maternal health and ageing. With the IMF and CARTAC, UNFPA brought gender and adolescent health data into fiscal decisions, and with the UN SDG Joint Fund advanced Caribbean population policies, while joint United Nations support, led by UNFPA, helped rebuild national coalitions such as the care alliance described above.

The private sector. Latin America and the Caribbean has a powerful private sector, and UNFPA partners with corporations that align with the mission of delivering improved sexual and reproductive health and rights, from co-created programmes at scale to workplace interventions supporting the health of women workers. The case for engagement goes beyond corporate responsibility: demographic change is increasingly a business issue in its own right. Workforces are ageing and labour shortages are emerging in a growing number of markets; consumer demand is shifting as households become smaller, age and urbanise; and the care economy, fertility and reproductive health services, insurance, financial services and housing are among the sectors most directly reshaped by longer lives and smaller generations. Within companies, the same transformation shapes workforce wellbeing, productivity, absenteeism and turnover, the stability of supply chains, and the growth of the markets where companies operate. Understanding these transformations has become a competitive advantage, which is why the private sector has a direct stake in demographic resilience. UNFPA evidence shows that investment in people-

centred approaches delivers measurable returns: workplace programmes on women's health and rights can raise productivity among women employees by up to 15 per cent and reduce absenteeism by up to 25 per cent (UNFPA, 2024).

An important expression of this engagement is the *Zero Adolescent Pregnancies Movement,* launched by LACRO: a regional platform uniting 35 partners from governments, the private sector, development banks and civil society around a shared goal, moving the prevention of adolescent pregnancy from project-based work to systemic, financed action. Under this initiative, key technical assets were developed: a systematization of regional best practices, a technical taxonomy, and a financial taxonomy crafted jointly with the Inter-American Development Bank and CAF. These frameworks serve as benchmarks to attract public, private, philanthropic and international financial institution investors through blended finance models, grounded in the MILENA and MEMI evidence that quantifies the cost of inaction and the returns of prevention.

Several financing mechanisms emerged at the country level. In **Mexico**, UNFPA contributed to financing the government-led National Strategy to prevent adolescent pregnancy (ENAPEA) by building the Yo Decido! Impact Fund with sixteen private-sector and civil-society organisations, blending grants, loans and bonds to place adolescent-pregnancy prevention on a sustainable financial footing; the pharmaceutical company Organon anchored the partnership from 2022 to 2025, with co-financing from philanthropy and companies such as Reckitt, TC Energy and EDP Renewables, and the initiative financed services reaching nearly 33,000 adolescents and young people. In **Brazil**, UNFPA opened an 18-month partnership with Organon to expand a well-evaluated pilot on adolescent health and sexuality education that earned a 2024 UNFPA innovation award. In **El Salvador**, UNFPA engaged companies such as Callejas in the prevention of digital violence, and the initiative Sumar para Llegar a Cero convened more than 60 public, private and academic partners to scale coordinated, evidence-based action toward ending adolescent pregnancy. In Panama, UNFPA widened its base of allies into the banking sector, through Caja de Ahorros, and into leading business, corporate-responsibility and philanthropic organisations. In the **English and Dutch-speaking Caribbean**, UNFPA partnered with the Caribbean Hotel and Tourism Association to support female tourism workers across 25 countries and territories. Based on its *Pulse of Progress* survey on workplace gender-based violence (GBV), sexual harassment, and reproductive health, UNFPA helped establish industry-wide safeguarding protocols, survivor reporting mechanisms, and protection training for hundreds of staff.

UNFPA's work on the economic and fiscal-sustainability arguments provides the evidence base for these partnerships, namely the evidence on where to invest for rights-expanding returns. Demographic intelligence strengthens fiscal and investment decisions through a People-Centred Investment Framework. By anticipating how a changing age structure will reshape the demand for health, care and skills, it allows earlier and more cost-effective investment, building health and care systems before fiscal pressures intensify, and avoiding the larger adjustment costs of acting late. The same framework gives the private sector a basis for demographic due diligence, combining population data, projections and geospatial analysis to identify changing demand for markets and talent, in a region where the share of the population aged 65 and over will nearly double by 2050 and more than 80 per cent of people already live in cities (UNFPA, 2026a).

UNFPA's investment cases quantify this argument. The MILENA study estimates the annual opportunity cost of adolescent pregnancy at USD 15.3 billion across 15 countries of the region (UNFPA, 2025c). Every dollar invested in prevention returns between USD 15 and USD 40, depending on the country. In family planning and maternal health, every dollar invested in the region yields USD 22.48 in benefits (UNFPA and Avenir Health, 2020). At the country level,

Paraguay's Family Planning Investment Case and **Ecuador's** matching fund show how this analysis supports stronger national policy and financing. UNFPA brings these results to ministries of finance and to private-sector decision makers through National Transfer and National Inclusion Accounts, and through the partnership with the IMF and CARTAC that convened finance ministries and gender machineries at the same table.

4. Looking ahead: seven priorities for 2026–2028

Latin America and the Caribbean has the opportunity to demonstrate that societies can adapt to profound demographic change while expanding rights, equality and individual choice. The question before the region is no longer whether demographic change will occur, but how countries adapt to it. The results of this period point to the answer: progress follows when policies are anchored in rights, when investment is guided by evidence, and when governments, parliamentarians, civil society, academia, the media, the private sector and the United Nations system work in partnership. The Montevideo Consensus provides the political framework and the commitments; demographic intelligence allows the region to translate them into better decisions and better policies, the foundation of demographically resilient societies in which rights are guaranteed across the life course. To accelerate the full implementation of the Montevideo Consensus, UNFPA's experience points to seven priorities.

Keep rights and choices at the centre of the demographic conversation. The main risk of the current demographic moment is that concern about ageing and low fertility becomes a reason to restrict reproductive choice, or a source of ageism that undermines the place and contributions of older persons in society. The results reported here indicate the alternative: population policies framed as the expansion of choice, including the choice to have children, supported by care systems and economic security. The reporting period also showed that sustained engagement on demographic narratives, with journalists, decision makers and young people, reduces misinformation and supports informed public debate.

Reduce inequalities among population groups and territories. Regional and national averages coexist with persistent inequalities by gender, ethnicity, disability, territory and migration status, which compound across the life course. Accelerating the Montevideo Consensus requires deliberately directing policies, services and resources toward the populations and territories furthest behind: women and girls in all their diversity, indigenous peoples, Afro-descendants, persons with disabilities, migrants, LGBTQIA+ persons, and populations in rural areas and urban peripheries, supported by disaggregated data that make every gap visible.

Invest in people and invest early. The evidence is consistent: adapting health, care and support systems before demographic pressures intensify costs less and delivers more than acting late, and investment in sexual and reproductive health and rights is among the most effective foundations of sustainable development and of reducing inequalities. With low GDP growth and narrow fiscal margins, investment decisions informed by data and evidence improve the efficiency of public spending. Deepening the investment cases and the People-Centred Investment Framework, in partnership with ministries of finance, the private sector and the development banks, can consolidate investment in people across the life course as a priority of public and private spending.

Protect and strengthen demographic intelligence to leave no one behind. Sound policy depends on data that make everyone visible, especially those historically uncounted. Sustained support for the census round, civil registration and vital statistics, population projections and the statistical inclusion of indigenous peoples, Afro-descendants and persons with disabilities remains essential. This calls for continued investment in statistical systems and personnel, the area most exposed to turnover and budget constraints, and for translating demographic resilience into the terms each context recognises.

Consolidate care and support systems across the life course. Care and support systems are central to demographic resilience in two directions: they uphold the rights and dignity of older persons in an ageing region, and they help enable women and families to have the number of children they want while participating fully in economic life. The past two years have seen these systems move from isolated programmes to law, budgets and institutions. Accelerating the implementation of the Montevideo Consensus means consolidating this shift, with sustainable financing and a more equal distribution of unpaid care work, which continues to fall disproportionately on women.

Advance a new social contract. Adaptation to demographic change is, at its core, a renegotiation of how societies share responsibility across generations, gender and diverse functional abilities, and among the State, the market, families and communities. The results reported here point consistently in this direction: care systems rebuilt with trade unions and pensioners at the table; ageing and youth agendas articulated through intergenerational solidarity, so that investment in young people today sustains the care and pension systems of tomorrow; consultations in which caregivers and persons with disabilities shaped care legislation directly; National Transfer Accounts revealing who finances whom across the life course; and fiscal analyses showing the constrained base from which adaptation must be financed. Renewing the social contract means sharing equitably the financing of the care, protection and opportunities that longer lives and smaller generations require. The Montevideo Consensus provides the rights framework for this renewal.

Deepen alliances and sustainable financing around the Consensus. The Montevideo Consensus is a shared achievement of governments and civil society. The results of this period confirm that strong alliances across governments, civil society, academia, the media, the private sector and the United Nations system are how the Consensus advances. They also demonstrate that its financing is moving toward more sustainable foundations: domestic resources, evidence-guided investment and blended-finance mechanisms that bring public, private and philanthropic capital to the same goals. In a region of middle-income countries facing declining international cooperation, sustaining this shift is itself a priority. UNFPA will work to consolidate existing partnerships and reinvigorate key alliances, including with civil society organizations and parliamentarians whose leadership and action turn commitments into reality, and to deepen the investment cases and financing mechanisms through which the agenda is resourced. UNFPA will continue to convene and support these alliances so that demographic change is addressed, in the spirit of the Consensus, as an agenda for rights, dignity and choice.

UNFPA remains committed to supporting the countries of the region in fulfilling their commitments and improving the lives of their people.

References

CONAPO (2018). *Proyecciones de la Población de México y de las Entidades Federativas, 2016–2050*. Mexico City: Consejo Nacional de Población.

ECLAC (2025). *Acción estatal para eliminar el matrimonio infantil y las uniones tempranas, y para prevenir el embarazo en adolescentes en América Latina y el Caribe: a 30 años de la Declaración y Plataforma de Acción de Beijing y del Programa de Acción de El Cairo, en sinergia con la Agenda Regional de Género y el Consenso de Montevideo*. Documentos de Proyectos (LC/TS.2025/100). Santiago: Economic Commission for Latin America and the Caribbean.

Marinho, M. L., D. Sugg and C. Farías (2025). *La sostenibilidad financiera de los sistemas de salud de América Latina y el Caribe: desafíos para avanzar hacia la cobertura sanitaria universal*, serie Políticas Sociales, No. 247 (LC/TS.2025/4). Santiago: Economic Commission for Latin America and the Caribbean.

OECD/ECLAC/CIAT/IDB (2026). *Revenue Statistics in Latin America and the Caribbean 2026*. Paris: OECD Publishing.

United Nations (2022). Manual de cuentas nacionales de transferencia: medición y análisis de la economía generacional (LC/PUB.2022/4). Economic Commission for Latin America and the Caribbean (ECLAC) & Department of Economic and Social Affairs (DESA).

UN DESA (2024). *World Population Prospects 2024: Summary of Results* (UN DESA/POP/2024/TR/NO. 9). New York: United Nations.

UNFPA (2024). *Advancing Sexual and Reproductive Health and Rights in the Private Sector: The Case for Action and Accountability in the Workplace*. New York: UNFPA.

UNFPA (2025a). *State of World Population 2025: The Real Fertility Crisis — The Pursuit of Reproductive Agency in a Changing World*. New York: UNFPA.

UNFPA (2025b). *Strategic Plan 2026–2029*. New York: UNFPA.

UNFPA (2025c). *The Price of Inequality: Socioeconomic Consequences of Adolescent Pregnancy and Early Motherhood in Latin America and the Caribbean* (MILENA regional report). Panama City: UNFPA Latin America and the Caribbean Regional Office.

UNFPA (2025d). *Demographic Intelligence for Disaster Risk Reduction: Estimating Population Exposure to Multiple Hazards in Latin America and the Caribbean*. Panama City: UNFPA, in collaboration with UNDRR.

UNFPA (2026a). *Regional Population Situation Analysis: Latin America and the Caribbean*. Panama City: UNFPA Latin America and the Caribbean Regional Office.

UNFPA (2026b). *Flash Updates on the Earthquakes in Venezuela* (24–26 June 2026; 26 June–6 July 2026). Panama City: UNFPA Latin America and the Caribbean Regional Office. Available at https://lac.unfpa.org.

UNFPA and Avenir Health (2020). *Benefit Cost Ratio of Investing in Family Planning and Maternal Health by Region and Countries*. New York: UNFPA.

UNFPA Brazil (2024). *Assisted Reproduction and Rights: Overview, Challenges and Recommendations for Public Policies in Brazil*. Brasília: UNFPA.

United Nations (2013). *Montevideo Consensus on Population and Development*. First session of the Regional Conference on Population and Development in Latin America and the Caribbean, Montevideo, 12–15 August 2013.

WHO (2021). *Global Report on Ageism*. Geneva: WHO.