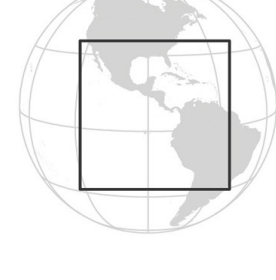


COVID-19 and Projected Older Populations in Latin America

Changes in Aging Trends and Life Expectancy of Selected Countries

Mortality risks and related adverse impacts of the COVID-19 pandemic are disproportionately high among older populations. In Latin America and the Caribbean, deaths attributed to COVID-19 during the early stages of the pandemic resulted in more total deaths than would have occurred during a typical year, further complicating the challenges these countries face in addressing the needs of their aging populations. Impacts of the pandemic on aging trends and life expectancy are illustrated for selected countries: Belize, Bolivia, Colombia, Ecuador, Honduras, Mexico, Panama, and Peru. These countries reflect a range of economic development levels, including lower-middle and upper-middle income.



Population Aged 65 and Older: 2022 and 2040

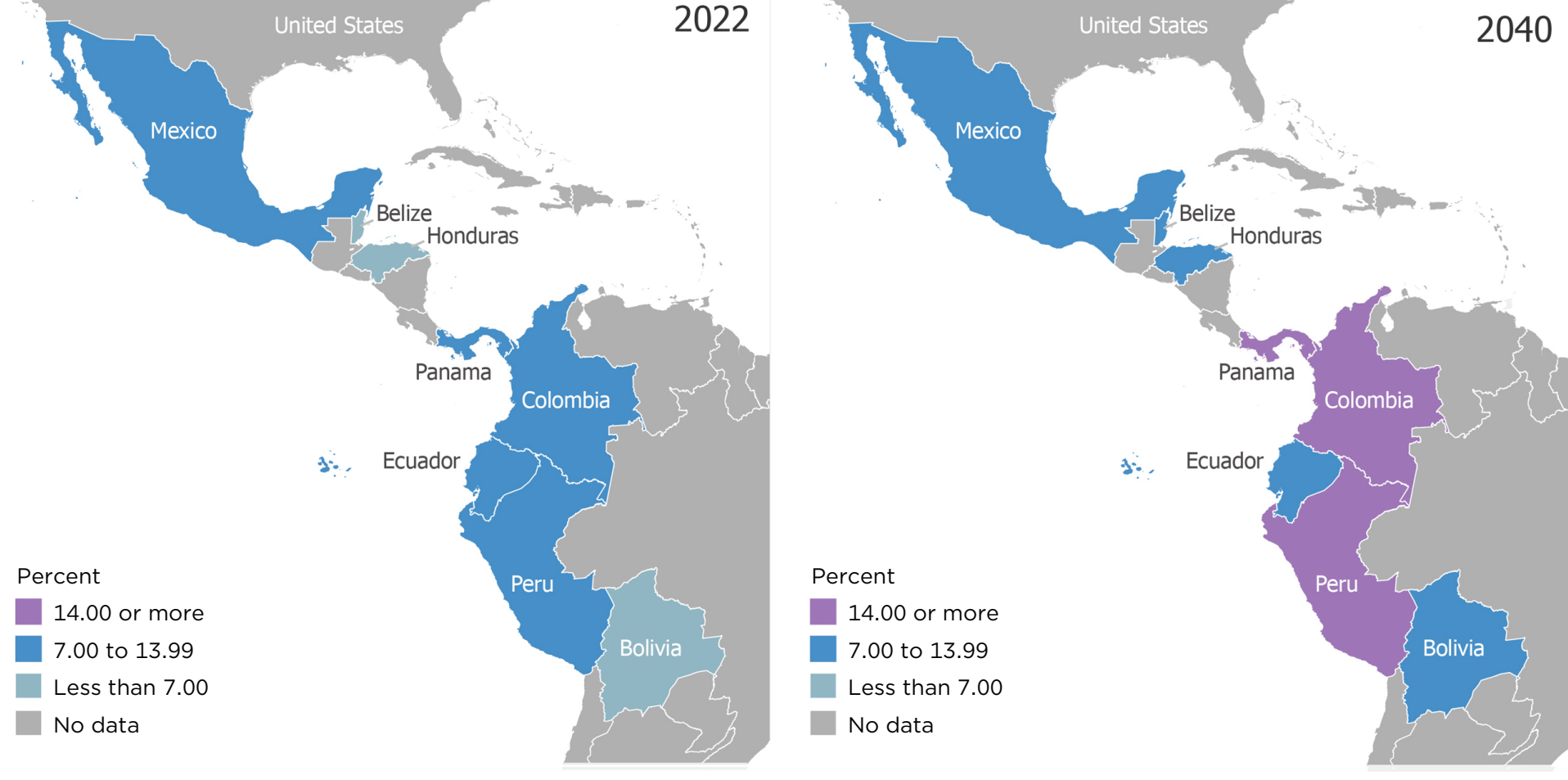
(Assuming pandemic levels of COVID-19 end by 2025)

1

As a region, Latin America and the Caribbean has been rapidly aging, but the pace varies by country. In 2022, the population aged 65 and older ranged from 5 percent of the total population in Belize to around 10 percent in Colombia and Panama. Current projections indicate that in 2040, proportions of those aged 65 and older will continue to grow, reaching 14 percent in Panama and Peru, and 18 percent in Colombia.

However, increased COVID-19 mortality among older adults and early pandemic migration restrictions that affected younger adults resulted in a relatively smaller proportion of the older population in 2022 than projections without COVID-19 mortality. This could impact the future aging trajectories in these countries.

Percentage of Total Population Aged 65 and Over for Selected Countries

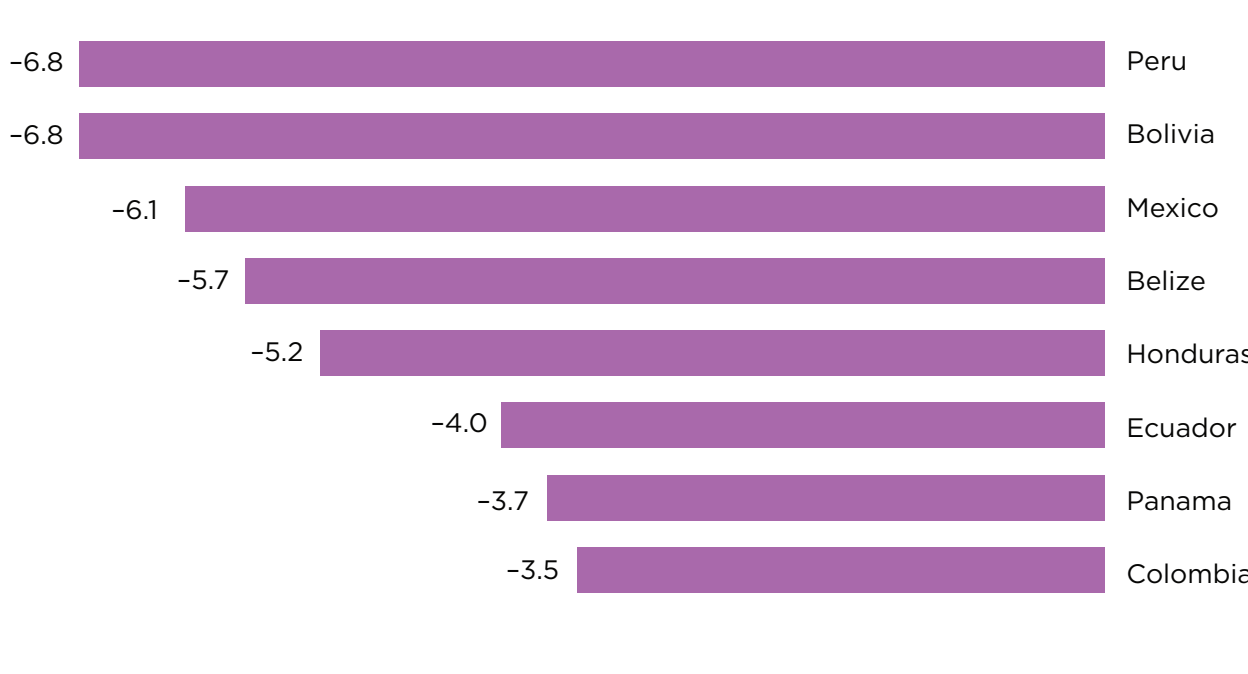


Older Population a Generation Later, With vs. Without COVID-19 Mortality

(Assuming pandemic levels of COVID-19 end by 2025)

2

Percent Difference in Population Aged 65 and Older Between Pandemic and Nonpandemic Projections Series



COVID-19 mortality progressively reduces the size of older populations as well as younger age cohorts in each pandemic year. In addition, once the prevalence of COVID-19 is no longer at a pandemic level, emigration of labor-force age groups that was reduced may return to prepandemic levels, driven by incentives to find work in countries with stronger recoveries from the pandemic's economic impacts. These demographic factors are expected to change the age structures and affect the size of the population aged 65 and older in 2040, a generation later.

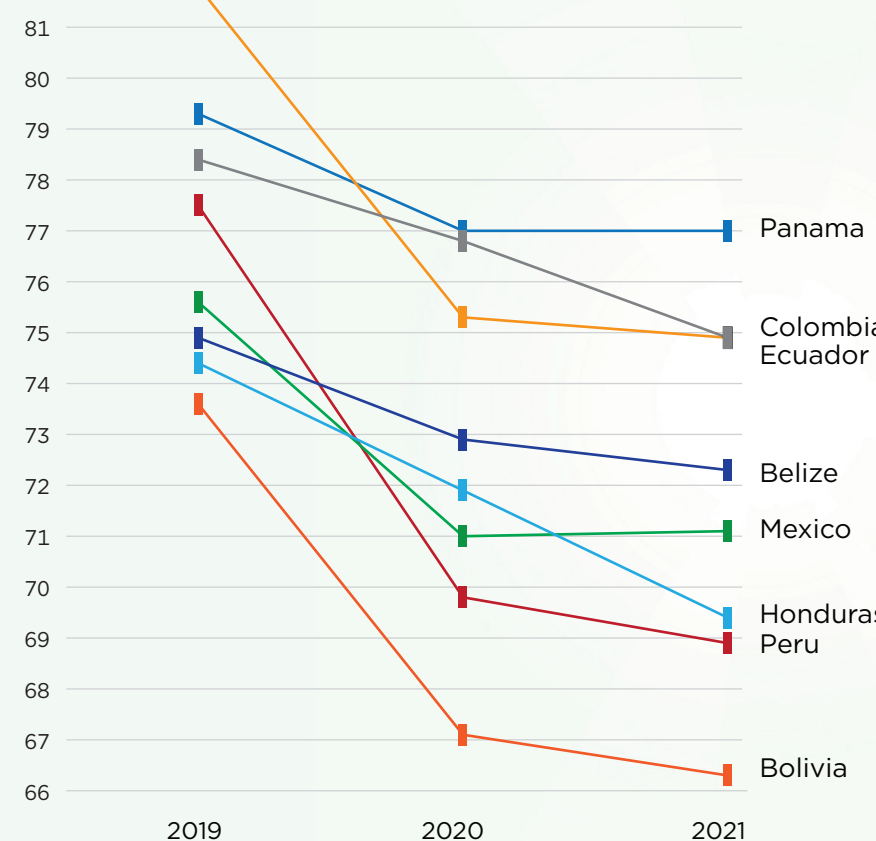
By 2040, the size of the population aged 65 and older is expected to be slightly smaller than it would have been without the COVID-19 pandemic. Current projections indicate that in 2040, the size of the population aged 65 and older is expected to be smaller by about 6-7 percent in Peru, Bolivia, Mexico, and Belize.

Life Expectancy at Birth With COVID-19: 2019-2021 and Beyond

(Assuming pandemic levels of COVID-19 end by 2025)

3

With the onset of the COVID-19 pandemic, life expectancy at birth (LEO) decreased in all selected countries. The most rapid decline was typically observed in LEO during 2020 (the first year of the pandemic). During this first year, the largest decline occurred in Peru, where LEO decreased by almost 8 years, followed by Bolivia and Ecuador with more than 6 years each.

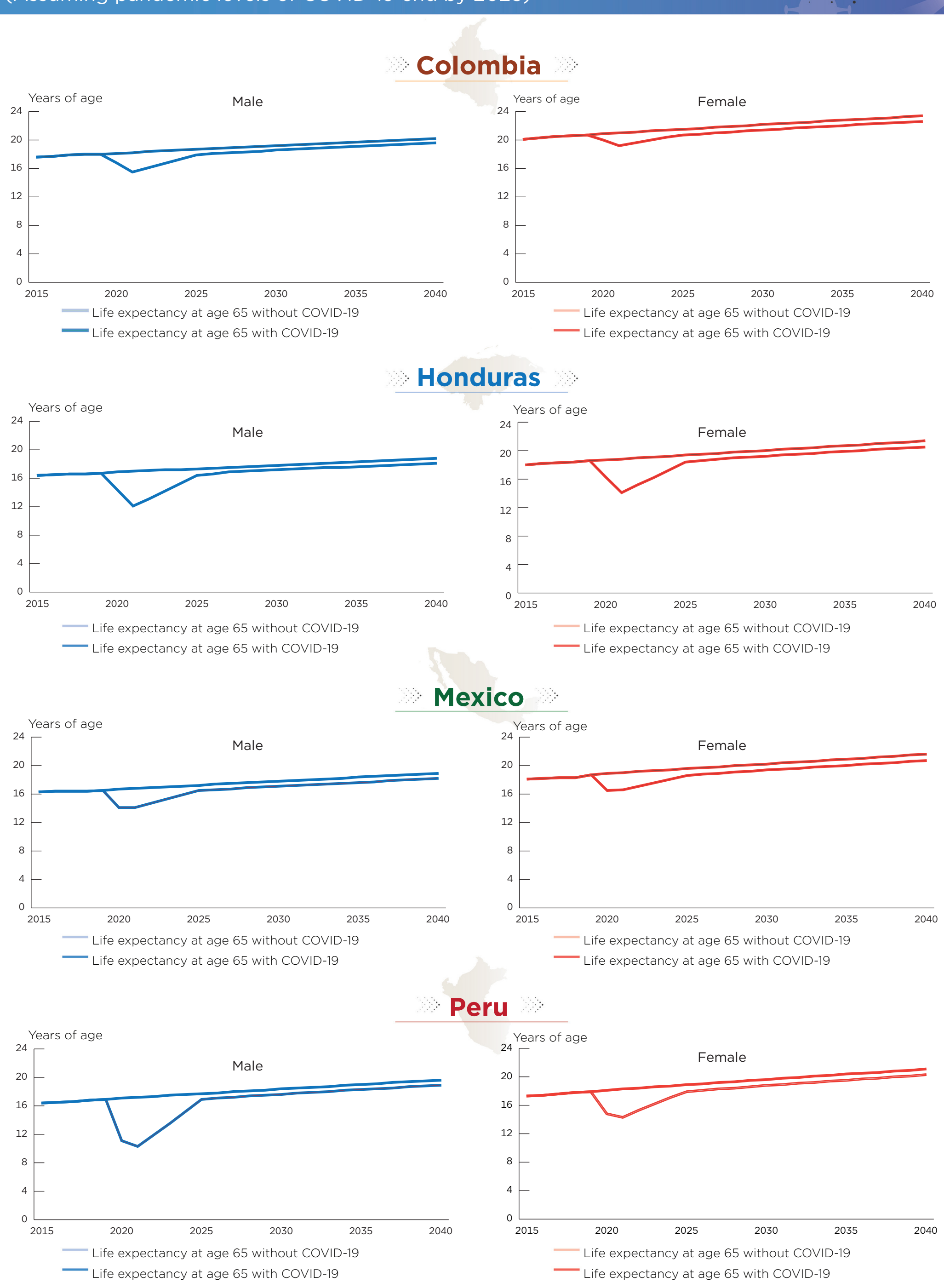


After the initial shock in 2020, the pace of LEO decrease slowed in most countries. Relatively marked decreases were still seen in Colombia and Honduras between 2020 and 2021, about 2.5 years and 2 years, respectively. By 2025, it is assumed that all countries will resume prepandemic LEO trajectories, though there is much variation in loss of years for life expectancy and population change over time.

Loss of Years for Life Expectancy at Age 65 by Sex: 2015-2040

(Assuming pandemic levels of COVID-19 end by 2025)

4



Estimated life expectancy at age 65 (LE65), or the remaining years a 65-year-old adult can expect to live, declined in most countries in 2020 and 2021 due to COVID-19. Thereafter, LE65 is projected to rise and continue increasing through 2040, though it is not projected to reach the levels that would have been achieved without the pandemic.

The estimated impact of COVID-19 on LE65 for older men was greater than for older women during the pandemic years. Older men in Peru experienced the largest loss, with a peak of almost 7 years from 2020 to 2021, and are projected to continue incurring the largest losses through the next generation of 65-year-olds in 2040. Older women in Honduras experienced the largest loss of years compared to other older women in the region, with a peak loss of almost 5 years from 2020 to 2021, and the highest projected female LE65 losses through the next generation in 2040. Peru is projected to incur the largest gender gap in peak year 2021, through the pandemic years of 2020-2024 and through a future generation in 2040.

The national-level life expectancy measures for these and all countries under study may mask variations at the subnational level. In particular, vulnerable populations at lower income levels may have experienced more adverse effects from COVID-19 and are expected to experience more severe pandemic impacts on their life expectancy.

Notes:

In this infographic, the terms "Latin America" and "Latin America and the Caribbean" are used interchangeably and are based on the United Nations M49 definition of this region <UNSD—Methodology>.

This infographic uses data from U.S. Census Bureau population estimates and projections as presented in the <International Database> as of December 2021. Demographic changes will be monitored and used in future revisions to the <International Database>.

Assumptions implemented in the projections in this infographic fall within a range of higher and lower values and are from a "medium" scenario that assumes the COVID-19 pandemic will end by 2025. However, the COVID-19 pandemic trajectory is not easily predictable. Estimates of deaths due to COVID-19 have been, and will continue to be, adjusted as new information and quality assessments become available. Furthermore, measures of mortality by age and sex, and differentials among age and sex subgroups across countries are less certain because of the smaller population sizes of these groups, varying availability of high quality statistical data, and other factors.

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