

# EU-LAC MULTI-STAKEHOLDER FORUM WITHIN THE FRAMEWORK OF THE BI- REGIONAL PACT ON CARE:

Long-term care in Europe, Latin  
America and the Caribbean:  
Different trajectories, common  
challenges?

## CONCEPT NOTE

**05  
MAY** 2026

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**EU-LAC WIN**  
WOMEN'S INTERNATIONAL NETWORK  
RED INTERNACIONAL DE MUJERES



# EU-LAC Multi-stakeholder Forum within the framework of the Bi-regional Pact on Care:

**Organisation:** EU-LAC Foundation

**Partners:** European Commission, European External Action Service (EEAS), Uruguay (CELAC PPT), GIZ, WZB, ECLAC, UN WOMEN, ILO, Global Alliance for Care

**Venue:** Hotel Riu Plaza Berlin, Germany

**Format:** Face-to-face

**Date & Time:** 5 May 2026 // 09:00-17:45 (Central European Summer Time)

Language: English and Spanish (with simultaneous interpretation)

## Demographic challenges and their impact on care services in Europe, Latin America and the Caribbean

Both the European Union (EU), with approximately 449 million inhabitants (2024), and Latin America and the Caribbean (LAC), with an estimated population of 663 million (2024), are experiencing significant demographic changes. With progressive population ageing, a higher life expectancy at birth (81.4 years), and a decline in the fertility rate to 1.38 children per woman, the EU continues to be the region with the highest level of demographic ageing in the world. According to Eurostat, the median age of the population has increased in the last 20 years by 5.4 years, from 39.3 (2004) to 44.7 (2024). During the same period, the proportion of people aged 65 and over rose, at EU level, from 16.4% to 21.6%, while the share of those aged 80 and over increased by 2.3 percentage points, from 3.8% to 6.1%. [1]

Rising life expectancy and the progressive ageing of the population in Europe have been accompanied by changes in family structures, as well as a higher prevalence of chronic conditions that limit older people's independence in their daily lives and lead to a steady increase in the need for support and care. Following the COVID-19 pandemic, which highlighted the existing gaps in infrastructure and care services in both urban and rural areas, as well as the high levels of informality in the sector, and in a context also marked by the increase in the cost of care services, long-term care has become increasingly central to the European Union's social policy agenda. This priority was reflected, among other aspects, in the adoption of the **European Care Strategy in 2022** [2].

In **LAC**, a region previously characterised as "young", a demographic transition is also underway. Factors such as declining fertility, reduced mortality, increased life expectancy and migration, as well as the interaction between these dynamics, have played a role. The median age of the population in Latin America reached 31.2 years in 2024 and is projected to rise to approximately 40 years by 2050. In the Caribbean, the median age is higher (36.1 years in 2024) and is expected to increase to 45 years by 2050.[3]

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[1] See: <https://ec.europa.eu/eurostat/web/interactive-publications/demography-2025>

[2] See: <https://www.issa.int/es/analysis/long-term-care-european-union-situation-challenges-and-perspectives> and [https://ec.europa.eu/commission/presscorner/api/files/document/print/es/ip\\_22\\_5169/IP\\_22\\_5169\\_ES.pdf](https://ec.europa.eu/commission/presscorner/api/files/document/print/es/ip_22_5169/IP_22_5169_ES.pdf)

[3] See: <https://repositorio.cepal.org/server/api/core/bitstreams/3a2b4877-c9e0-466c-ab00-0bcf8d21ad2b/content>

Population ageing in LAC is occurring at almost twice the speed observed in Europe, increasing the prevalence of dependency associated with chronic diseases, disability and functional limitations among older persons[4]. By 2050, it is projected that 18.9% of the region's total population will be aged 65 and over, compared to 9.9% in 2024.[5] The region is also beginning to experience 'ageing within ageing', which will bring with it new demands and specific challenges for the care sector.

As in Europe, these demographic changes will lead to increased demand for long-term care for elderly, a demand that often falls on women, who absorb the burden unpaid family care for both children and elderly. Population ageing in LAC is compounded by pre-existing challenges, given the region's marked levels of socio-economic inequality and unequal access to public goods and services. An ageing population is placing increasing pressure on health and pension systems: the cost of funding benefits and services for a growing proportion of older people will fall on a shrinking working-age population, which exacerbates fiscal pressures and increases the risk of exclusion for the most vulnerable groups. Part of the solution lies in strengthening social protection. Increasing labour force participation – particularly among women – would help to expand the workforce and boost the economy, for which it is essential to expand access to quality care services.[6] In other words: The care sector itself is strategic, as it drives job creation and the formalisation of employment, and enables more people to enter the labour market in the fields of health, education, social services and care for those in need of support.

Through the meetings of the **Regional Conference on Women in Latin America and the Caribbean**, the member states of ECLAC, with the support and significant contributions of feminist and women's movements and the academic community, have promoted a paradigm shift towards a development model centred on the sustainability of life and the care of people and the planet, with the aim of creating a '**care society**'[7]. With the aim of ensuring that the **right to care** – which encompasses the right of people to care for others, to be cared for and to practise self-care[8] – becomes a reality, the States of the region have committed to implementing comprehensive care policies and systems and have highlighted the need for this responsibility to be shared among people and actors from all sectors of society. At the XVI Regional Conference on Women in Latin America and the Caribbean, States adopted the Tlatelolco Commitment,[9] which establishes a Decade of Action (2025-2035) to accelerate the achievement of substantive gender equality and advance towards a care society through transformations in the political, economic, social, cultural and environmental spheres.

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[4] See: <https://repositorio.cepal.org/server/api/core/bitstreams/e1404602-4484-49d1-990b-a303b986913a/content>; <https://www.undp.org/es/latin-america/blog/cosechas-lo-que-siembras-como-el-cambio-demografico-y-la-proteccion-social-moldearan-el-futuro-de-alc>

[5] See: <https://repositorio.cepal.org/server/api/core/bitstreams/e1404602-4484-49d1-990b-a303b986913a/content>

[6] See: <https://www.undp.org/es/latin-america/blog/sobre-el-progreso-la-desaceleracion-y-las-privaciones-persistentes-hallazgos-del-indice-de-pobreza-multidimensional-para-america>

[7] See: <https://www.cepal.org/en/publications/82274-care-society-governance-political-economy-and-social-dialogue-transformation>; [https://www.ilo.org/sites/default/files/2025-08/The%20right%20to%20care%20in%20Latin%20America%20and%20the%20Caribbean\\_progress%20on%20the%20regulatory%20front.pdf](https://www.ilo.org/sites/default/files/2025-08/The%20right%20to%20care%20in%20Latin%20America%20and%20the%20Caribbean_progress%20on%20the%20regulatory%20front.pdf)

[8] At the request of Argentina (2023), on August 7, 2025, the Inter-American Court of Human Rights issued its Opinion No. OC-31-2025 on the "Content and scope of the right to care and its interrelationship with other rights." Based on a systematic, evolving, and pro-persona interpretation of the American Convention on Human Rights, the Court concluded that there is an independent right to care, based on the principles of social and family co-responsibility, solidarity, equality, and anti-discrimination, and respect for the autonomy of the persons cared for; see: <https://jurisprudencia.corteidh.or.cr/es/vid/1088056961>

## Long-term care and the international framework to guide public policy in response to an ageing population

According to the World Health Organization (WHO), the objectives of long-term care systems are to “enable older persons experiencing a significant decline in functional capacity to receive the care and support necessary to live a life consistent with their basic rights, fundamental freedoms and human dignity” (...). Long-term care encompasses services organised and delivered by both paid and unpaid carers, the majority of whom are women. These include health professional working within formally regulated employment frameworks, as well as close family members or other community actors operating outside formal employment or contractual care arrangements, commonly referred to as informal or family care. Formal care is typically provided by a diverse range of health and care workers with varying levels of training and competence, who receive remuneration for their services. By contrast, informal carers generally provide support within the context of personal or social relationships and are most often unpaid.” [10]

An important international framework for guiding public policy in response to population ageing is the **Political Declaration and the Madrid International Plan of Action on Ageing (MIPAA)**[11], adopted by UN member states in 2002. Its central objective is to integrate ageing into development strategies and to promote a ‘society for all ages’. The plan is organised around three priority areas: i) the participation of older people in economic and social development and the guarantee of adequate income; ii) the promotion of health, well-being and access to care services throughout the life cycle; and iii) the creation of environments that are supportive, inclusive and respectful of the rights of older people. Commitments are monitored through periodic review processes at national, regional and global levels, coordinated by the United Nations regional commissions and based on voluntary reports, participatory consultations and indicators linked to the 2030 Agenda and other international initiatives. These assessments aim to measure progress, identify gaps and guide the strengthening of public policies on ageing.

### A European perspective on long-term care

Across the Member States of the European Union, long-term care provision combines a broad spectrum of formal services – including professional home care, community-based services and residential facilities – with a substantial reliance on informal care. Currently policy trends increasingly prioritise 'ageing in place', expanding home- and community-based services in order to preserve autonomy and contain the costs associated with institutional care. Nonetheless, access to services, affordability and availability differ markedly across countries and regions, reflecting variations in governance structures, financing arrangements and levels of public investment.

Informal care remains a cornerstone of long-term care provision in Europe. Women are disproportionately represented among carers, frequently combining paid employment with unpaid care responsibilities.

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[9] See: <https://www.cepal.org/en/pressreleases/latin-american-and-caribbean-countries-approved-tlatelolco-commitment-which>

[10] See: <https://www.issa.int/analysis/long-term-care-european-union-situation-challenges-and-perspectives> and <https://iris.who.int/server/api/core/bitstreams/69795ee0-d42f-4af2-889a-dd9c5b439af1/content>.

[11] See: <https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf>

This situation raises significant concerns regarding gender equality and labour market participation. While cash-for-care schemes and the recruitment of migrants within global care chains have increased flexibility and options in some contexts, they have also, in certain cases, contributed to undeclared work and uneven labour protection. Consequently, policy efforts increasingly focus on supporting informal carers through measures such as care leave, financial recognition and access to respite services, alongside strengthening professional care systems.

Further challenges affecting the sustainability and quality of long-term care in Europe include shortages of qualified staff, an ageing workforce and high turnover rates linked to relatively low pay, demanding working conditions and limited career progression. Enhancing vocational education and training, improving the recognition of qualifications and expanding opportunities for lifelong learning are essential to address increasingly complex care needs, including dementia and chronic illness. At the same time, ensuring decent working conditions (fair pay, manageable workloads, occupational safety and effective enforcement of labour rights), especially in home and domestic care settings, is critical to improving recruitment and retention. These issues are explicitly addressed within the European Care Strategy.

Long-term care systems across EU Member States rely on diverse financing models that combine general taxation, social security contributions, municipal budgets and direct payments by users and their families. Although there is growing recognition of long-term care as a strategic social investment rather than merely a cost, high service prices, fragmented responsibilities between health and social protection sectors, and constrained public funding continue to limit access in many countries. Increased demand is expected to rise sharply in the coming decades, underscoring the need for sustainable financing mechanisms that balance affordability for users, fair remuneration for workers, and long-term fiscal sustainability, while reducing avoidable hospitalisations and supporting broader economic participation.[12]

## Long-term care: a look at Latin America and the Caribbean

In Latin America and the Caribbean, several countries have progressed towards national long-term care systems. Service provision generally includes residential facilities, home-care programmes, community-based services and targeted social protection initiatives; however, coverage remains limited and is often concentrated in urban areas. Institutional coordination between health systems, social protection frameworks and community services constitute a major challenge. As in Europe, informal work represents the predominant mode of long-term care provision throughout the region. Families – and women in particular – shoulder the bulk of care responsibilities, largely due to insufficient service availability and prevailing cultural norms around family roles. This reliance generates significant social and economic costs, including reduced female labour market participation and heightened vulnerability among low-income households.

Domestic workers, migrants and those in privately employed care work also play an important role, as they often work in contexts characterised by informal employment and limited access to social protection. Pathways to professionalisation in care work vary widely, ranging from short courses to professional qualifications in the healthcare sector.

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[12] See: <https://iris.who.int/server/api/core/bitstreams/69795ee0-d42f-4af2-889a-dd9c5b439af1/content>; <https://www.issa.int/analysis/long-term-care-european-union-situation-challenges-and-perspectives>

However, many people employed in the care sector have no specific, certified training or qualifications. Improving conditions for decent work – fair wages, regulated working hours, job security and access to social security – is considered essential both to protect workers and to ensure the quality of services, particularly in domestic or home-based settings, where workplace supervision is weaker.

With regard to financing, long-term care services in LAC, the current arrangements are based on combinations of public social assistance budgets, contributory social security mechanisms, local government funding, and substantial out-of-pocket payments by households. Given prevailing fiscal constraints and high levels of labour informality, sustainable financing frameworks remain less developed than in more mature welfare systems. As a result, families absorb a large share of care costs through unpaid labour or private care arrangements. ECLAC and the ILO, drawing on the findings of scientific studies, highlight the importance of viewing the budget allocated to long-term care as a strategic investment within social protection systems, incorporating progressive taxation, the expansion of social security and coordinated public spending.[13]

## Objectives of the Multi-Stakeholder Forum

On 9 November 2025, at the CELAC-EU Summit in Santa Marta (Colombia), the **Bi-regional Pact for Care** was formally launched. The Pact is designed as an informal, values-based cooperation mechanism, with voluntary membership, open to all countries in Latin America and the Caribbean as well as to EU Member States. It aims to serve as a permanent forum for bi-regional dialogue and cooperation on the legal, social and economic dimensions of care systems.

In view of the task assigned to the EU-LAC Foundation to support the work of the Network of Focal Points of the signatory countries to the Bi-regional Pact for Care, and considering that long-term care constitutes a highly relevant dimension of care for the signatory countries to the Bi-regional Pact for Care, it is proposed to organise this Multi-Stakeholder Forum with the following objectives:

- To foster dialogue among representatives from Europe, Latin America and the Caribbean – including public authorities, multilateral organisations, development and investment banks, international cooperation agencies, care providers, academia and civil society – on policy developments, lessons learned and innovative initiatives related to long-term care.
- To deepen understanding of policy options and good practices aimed at formalising employment, strengthening skills development and improving working conditions for carers.
- To discuss long-term care as a strategic investment in social protection and health systems, with a view to ensuring universal access and reducing inequalities within the care economy.

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[13] See: <https://repositorio.cepal.org/server/api/core/bitstreams/e1404602-4484-49d1-990b-a303b986913a/content> ; [https://www.ilo.org/sites/default/files/2025-08/EI%20derecho%20al%20cuidado\\_avances%20normativos.pdf](https://www.ilo.org/sites/default/files/2025-08/EI%20derecho%20al%20cuidado_avances%20normativos.pdf) ; <https://oiss.org/wp-content/uploads/2019/03/OISS-2019-Medidas-compensatorias-de-los-ciudadanos-no-remunerados-res.-baja.pdf>

- To generate ideas for the establishment of multi-stakeholder partnerships – involving families and communities, public authorities and private actors – in the provision of long-term care at local level.
- Position the relevance of the Bi-regional Pact for Care in the context of CELAC-EU partnership.

## Format

The Multi-Stakeholder Forum will be held over one full day and will comprise plenary and parallel sessions, enabling discussion of multiple thematic dimensions and encouraging dynamic interactions among participants. The parallel sessions will feature rapporteur(s) who will summarise the arguments and topics discussed in a plenary session. To facilitate exchange among participants, simultaneous interpretation English-Spanish and Spanish-English will be provided. The event organisers will draw up a comprehensive report on the event and distribute it to participants, EU and CELAC member states, and the interested public.

