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# PUBLIC BUDGET AND THE "BLACKOUT" OF AGING IN SÃO PAULO

*A diagnosis of economic ageism, invisibility, and external oversight*

**WHITE PAPER — TECHNICAL BRIEF FOR THE SÃO PAULO CITY COUNCIL AND THE TCMSP**

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## Executive Summary

Population aging in São Paulo poses a multidimensional challenge for public management and external oversight. This white paper condenses, for decision-makers at the São Paulo City Council and the São Paulo Municipal Court of Auditors (TCMSP), the technical diagnosis from Luzia Monteiro Araújo Soares' original article on “economic ageism” — the disparity in access to rights and life expectancy between the city's central and peripheral regions.

Analyzing budget execution data from 2003 to 2023, the study identifies a “blackout” in policies for older adults: an administrative inertia that, despite abundant legal frameworks and available data, results in invisible action and sectoral fragmentation. The paper argues that strengthening social oversight and conducting operational audits by the TCMSP are indispensable tools to convert the legal framework into real dignity for vulnerable older adults.

### Numbers that summarize the diagnosis

| Indicator | Data |
|---|---|
| Share of older people in São Paulo's population | **≈ 17%** |
| Share of specific policies in liquidated expenses (2014–2024) | **0.58%** |
| Older adults dependent on the public health system, SUS (2021 → 2024) | **800,000 → 1.4 million (+75%)** |
| Elder Health Reference Units (URSI) vs. sub-prefectures | **13 URSIs for 32 sub-prefectures** |
| Public Grade-III long-term care beds (high dependency) | **60 beds** |
| Districts in social urgency (out of 96) | **33 districts** |
| Life expectancy — Alto de Pinheiros vs. periphery | **85+ years vs. 59 years** |

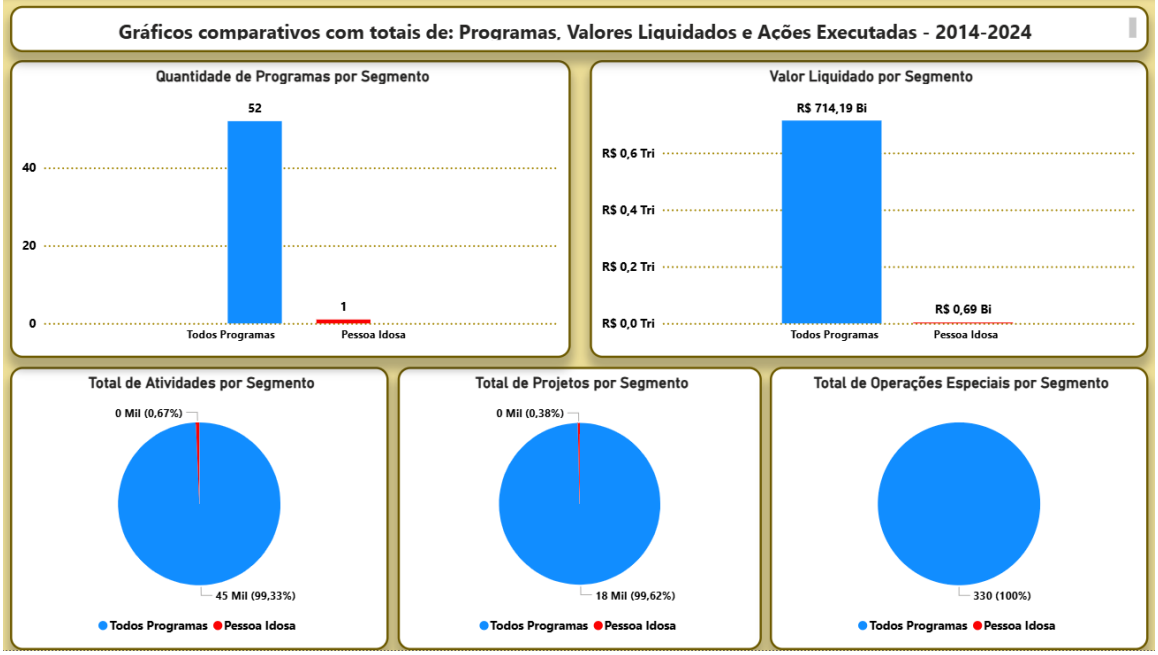



*Figure 1. Budget execution 2014–2024: 52 programs / R$714.19 Bi liquidated citywide, versus just 1 program / R$0.69 Bi for older people. Source: City of São Paulo; prepared by Instituto Makambira based on the original article by Luzia Monteiro Araújo Soares.*

## 1. The Problem: Economic Ageism and the Administrative "Blackout"

Aging in São Paulo is not a uniform experience — it is shaped by the geography of inequality. While life expectancy in districts like Alto de Pinheiros exceeds 85 years, it drops to 59 years in peripheral areas. The concept of ageism, coined by Robert Butler in 1969, is analyzed here through the lens of "economic ageism" (etarismo econômico): a form of institutional discrimination in which the demographic transition is ignored in budget planning.

The term "blackout" (apagão) characterizes public administration's omission and inertia in the face of this transition — not due to a lack of data or legal frameworks, which are abundant across all levels of government, but due to the disconnect between planning and real need. As Barrozo et al. (2023) show, male cardiovascular mortality in precarious settlements peaks prematurely between ages 60 and 69, while in higher-income areas that outcome is delayed past age 80.

## 2. Legal Framework versus Budget Reality

Brazil's 1988 Federal Constitution (Arts. 229 and 230) and the Statute of the Older Person (Law 10,741/2003) establish a robust legal protection network. However, municipal administrative practice reveals a mismatch between the “duty to spend” (dever de gastar) and actual service delivery.

### 2.1 The “classification trap” (armadilha da tipificação)

Unlike Education and Health, which have constitutionally mandated revenue earmarks, policies for older people lack this guarantee. Whatever is not “classified” — formalized as a permanent program with its own code in the budget system — tends to be treated as an experimental project, making it the first target in fiscal adjustments. The Elder Companion Program (PAI) is an emblematic example of this fragility.

This is compounded by cross-sector fragmentation: a long-term care facility (ILPI), for example, sits in limbo between housing, health, and social assistance policy, with no clear budget “owner” — resulting in chronic under-execution.

### 2.2 The cost of omission

Underinvestment in Day Centers (CDIs) and public long-term care facilities does not save money — it generates litigation. According to a 2025 CNJ/PNUD diagnosis, delays in essential services are the main driver of lawsuits, whose injunction costs exceed the cost of preventively maintaining a public or contracted network. Budget regularity for older people is therefore also an economic efficiency strategy.

## 3. Technical Diagnosis: The Invisibility of Territorial Data

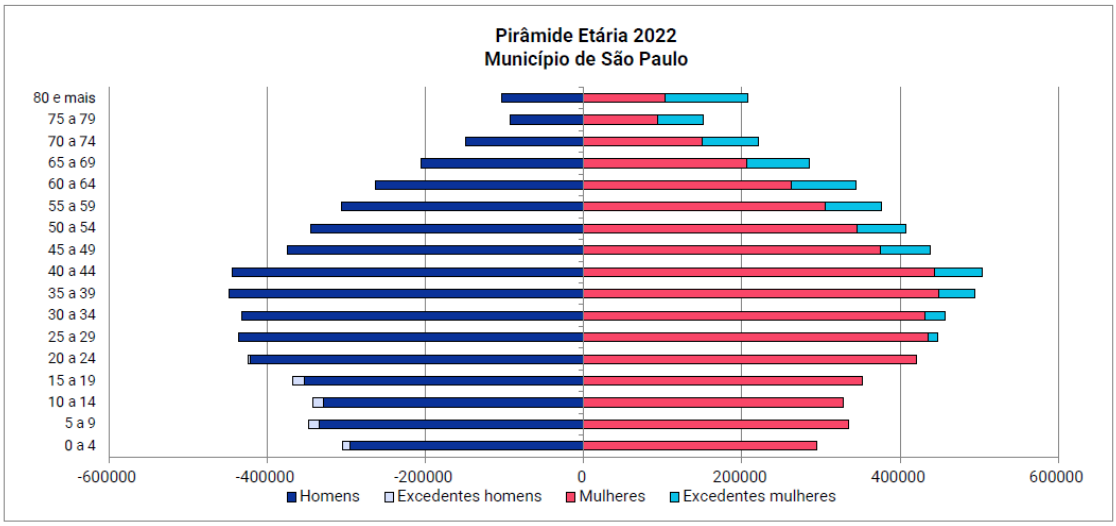
Demand on the public health system (SUS) is accelerating: the number of older adults dependent on the system jumped from 800,000 (2021) to 1.4 million (2024) — a 75% increase in three years. Without planning that tracks this curve, under-execution in preventive care pushes spending toward far costlier high-complexity hospital care.

Although the city has a Multidimensional Assessment of the Older Person – Primary Care (AMPI-AB) tool, the data is not published disaggregated by primary health unit (UBS). Without this “gerontological vulnerability map,” the budget is distributed linearly and unequally — ignoring

that environmental factors (air pollution, heat islands, inadequate sidewalks, short traffic-light crossing times) accelerate biological frailty for older people in peripheral areas to around age 60.

## 4. The Protection Network and its Critical Gaps

São Paulo is undergoing a rapid inversion of its age pyramid, but its urbanism and policies were designed for a "young city." With an older population already exceeding 2 million people, the city has only 13 Elder Health Reference Units (URSI) for 96 districts grouped into 32 sub-prefectures. In social assistance, of the public long-term care beds available, only 60 are designated for Grade III (high frailty and total dependency).




Descrição: Pirâmide Etária do Município de São Paulo - Ano 2022
**Fonte:** IBGE - Censo Demográfico 2022
**Elaboração:** Secretaria Municipal de Urbanismo e Licenciamento / Coordenadoria de Produção e Análise de Informação
**Data de última atualização:** 31/10/2023

*Figure 2. Age pyramid of the City of São Paulo, 2022 — the base of children and youth is already narrower than the central adult age bands. Source: IBGE, 2022 Demographic Census; prepared by the Municipal Secretariat of Urbanism and Licensing.*

This equipment deficit pushes demand toward the private sector, which is growing rapidly in peripheral areas without rigorous oversight — a sanitary and legal liability risk for the TCMSP.

The lack of cross-sector coordination also creates physical barriers: the original article reports the denial of a traffic light near an Elder Community Center (NCI), justified by "prioritizing traffic flow" — illustrating how urban mobility planning still ignores the age inversion. Finally, the absence of Day Centers overburdens family caregivers (mostly women), generating economic productivity losses and future health costs.

# 5. The Role of the TCMSP and Social Oversight

Traditional oversight, focused on the formal legality of spending, is insufficient given the demographic transition. Based on data from the Social Assistance, Health, and Planning Secretariats, the diagnosis mapped all 96 districts of São Paulo by gerontological vulnerability: 33 districts were identified as being in social urgency.

## 5.0 The 33 priority districts

The table below lists the 33 districts with the highest gerontological vulnerability (rank 1 = most vulnerable), transcribed from Table 1 of the original article. These are recommended as the first targets for operational audits and for expanding services (PAI, NCI, ILPI, URSI) in the 2026-2029 PPA cycle.

| # | Sub-prefecture | District | BPC | IDRGP |
|---|---|---|---|---|
| 1 | Freguesia do Ó/Brasilândia | **Brasilândia** | 4.350 | 4.648 |
| 2 | Capela do Socorro | **Grajaú** | 6.446 | 6.702 |
| 3 | Sapopemba | **Sapopemba** | 4.913 | 3.437 |
| 4 | M'Boi Mirim | **Jardim Ângela** | 5.002 | 6.188 |
| 5 | Cidade Ademar | **Cidade Ademar** | 4.710 | 4.962 |
| 6 | Campo Limpo | **Capão Redondo** | 4.463 | 6.102 |
| 7 | M'Boi Mirim | **Jardim São Luís** | 3.982 | 6.188 |
| 8 | Itaim Paulista | **Itaim Paulista** | 3.719 | 3.777 |
| 9 | Itaquera | **Itaquera** | 3.286 | 4.789 |
| 10 | Vila Maria/Vila Guilherme | **Vila Medeiros** | 2.499 | 1.581 |
| 11 | Jaçanã/Tremembé | **Tremembé** | 3.270 | 3.739 |
| 12 | Jabaquara | **Jabaquara** | 3.245 | 1.636 |
| 13 | Campo Limpo | **Campo Limpo** | 3.290 | 6.102 |
| 14 | Cidade Tiradentes | **Cidade Tiradentes** | 3.367 | 3.358 |
| 15 | Itaim Paulista | **Vila Curuçá** | 2.745 | 3.777 |

| | | | | |
|---|---|---|---|---|
| **16** | Capela do Socorro | **Cidade Dutra** | 3.469 | 6.702 |
| **17** | Pirituba/Jaraguá | **Jaraguá** | 2.733 | 3.818 |
| **18** | Guaianases | **Lajeado** | 3.056 | 3.471 |
| **19** | São Mateus | **São Mateus** | 2.745 | 5.391 |
| **20** | Casa Verde/Cachoeirinha | **Cachoeirinha** | 2.372 | 2.510 |
| **21** | São Miguel | **Vila Jacuí** | 2.328 | 4.222 |
| **22** | Pirituba/Jaraguá | **Pirituba** | 2.265 | 3.818 |
| **23** | São Miguel | **Jardim Helena** | 2.440 | 4.222 |
| **24** | Penha | **Cangaíba** | 2.289 | 3.274 |
| **25** | Cidade Ademar | **Pedreira** | 2.543 | 4.962 |
| **26** | Freguesia do Ó/Brasilândia | **Freguesia do Ó** | 2.147 | 4.648 |
| **27** | Ipiranga | **Sacomã** | 2.880 | 3.027 |
| **28** | Parelheiros | **Parelheiros** | 3.006 | 3.489 |
| **29** | Penha | **Penha** | 1.913 | 3.274 |
| **30** | São Miguel | **São Miguel** | 1.611 | 4.222 |
| **31** | Vila Prudente | **São Lucas** | 2.008 | 1.788 |
| **32** | Itaquera | **Cidade Líder** | 2.346 | 4.789 |
| **33** | Penha | **Artur Alvim** | 1.652 | 3.274 |

*Source: City of São Paulo, 2025; Table 1 of the original article by Luzia Monteiro Araújo Soares. BPC = Continuous Cash Benefit recipients; IDRGP = Regional Public Spending Distribution Index (PPA 2026/2029 – Annex VI).*

## 5.1 From compliance audits to operational audits

Under Brazil's Public Sector Auditing Standards (NBASP 020), operational audits assess economy, efficiency, and effectiveness — not just formal legality. At the TCMSP, this practice is governed by Resolution No. 14/2019. The paper recommends operational audits that use gerontological vulnerability indicators as an effectiveness metric — not spending volume, but the reduction of worsening vulnerability among older people on the ground.

### 5.2 The Multi-Year Plan (PPA) as a guarantee instrument

The 2026–2029 PPA budget cycle is a window of opportunity to move policy for older people from "charity" to "statistics." The paper recommends that the TCMSP flag data-backed omissions so that expansion targets for long-term care facilities and the PAI program are quantified and regionalized within the PPA, reducing dependence on discretionary transfers.

### 5.3 Active transparency and qualified social oversight

The paper recommends that the TCMSP act as a driver of active transparency, encouraging the publication of georeferenced data on health and assistance for older people, and that it exercise its educational role through plain-language executive summaries — equipping municipal councilors and territorial leaders to turn technical data into arguments for defending rights.

## 6. Recommendations for the City Council and the TCMSP

- **Classification and budgeting:** Move essential services like PAI and long-term care facilities out of precariousness by securing fixed, stable allocations in the municipal budget.
- **Cross-sector coordination:** Break down silos between Health, Social Assistance, Housing, and Transportation, so urban mobility and accessibility stop being barriers to care services.
- **Cross-cutting budget markers:** Institutionalize clear identification of the real amount allocated to older people across all departments, enabling audits of spending effectiveness.
- **Active, georeferenced transparency:** Strengthen monitoring of the Municipal Elder Fund (FMID) and of health and assistance services, with open data by health unit and by district.
- **Operational audits at the TCMSP:** Adopt gerontological vulnerability indicators as an effectiveness metric for policy, prioritizing the 33 districts in social urgency.
- **Qualified social oversight:** Consolidate the citizen participation cycle seen in the 2025 Municipal Conference and the PPA 2026-2029 and LOA 2026 public hearings, giving oversight reach and legitimacy.

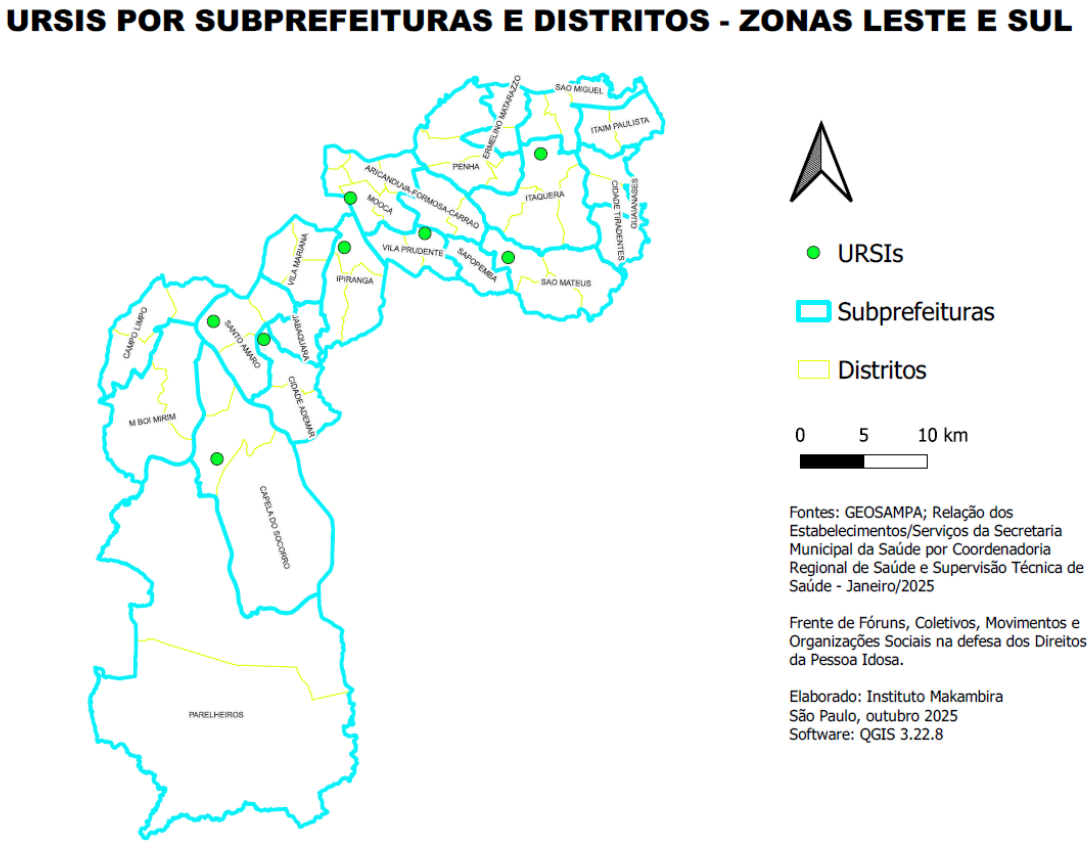
## 7. Final Considerations: The Budget as a Mirror of Dignity

Aging in São Paulo is going through a critical moment of institutional invisibility. Economic ageism is not a demographic inevitability, but the result of deliberate choices in the allocation of public resources. The shift from legal framework to real dignity requires external oversight to move beyond formal legality checks toward systemic efficiency analysis — as Juarez Freitas (2023) argues, public administrators hold a "fundamental duty to good administration."

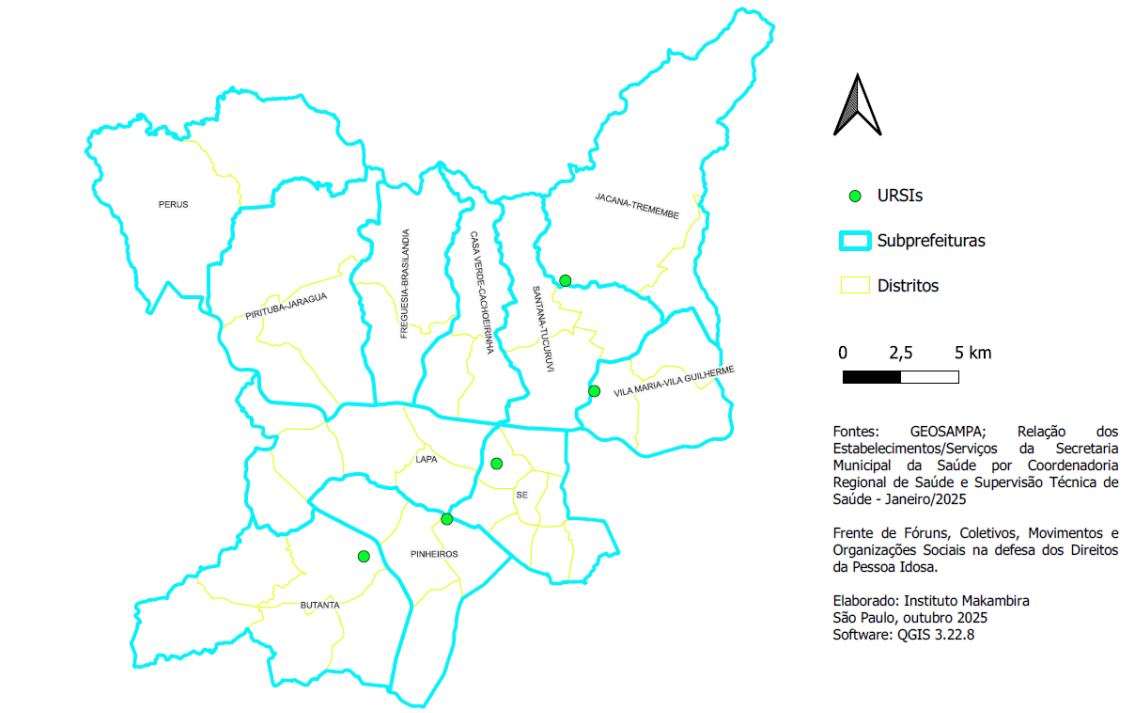
Ultimately, the public budget is a mirror of a society's priorities. If São Paulo intends to truly be an “Age-Friendly City,” public management and external oversight must move in step with organized civil society. Only then will aging stop being an act of resistance in the periphery and finally become a full, universal, and geographically just right.

## Appendix: Spatial Distribution of Services

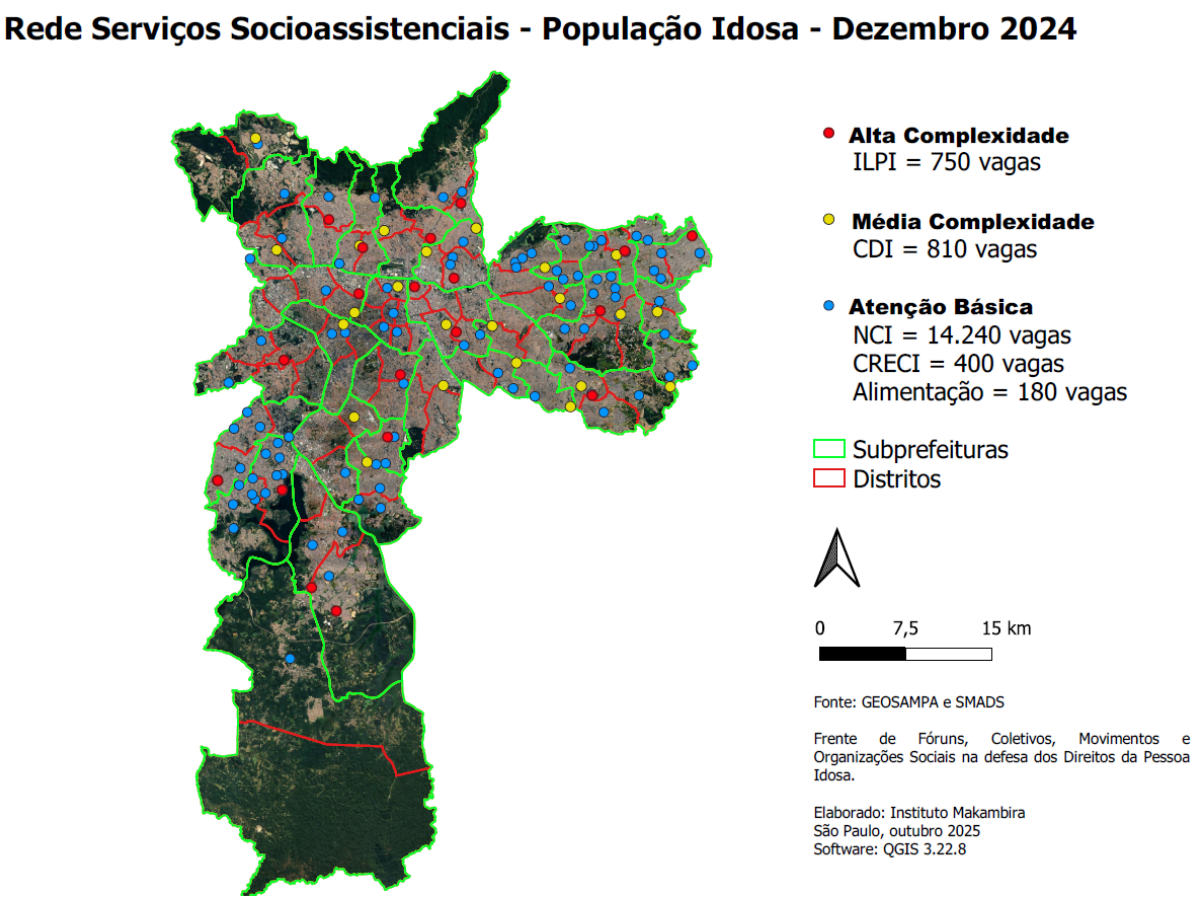
Georeferenced maps prepared by Instituto Makambira (October 2025), based on GEOSAMPA and Municipal Health Secretariat data, illustrating the unequal distribution of health and social assistance services for older people across the city.




*Map 1. Spatial distribution of URSIs — East and South Zones.*




*Map 2. Spatial distribution of URSIs — North, West, and Central Zones.*




*Map 3. Social assistance service network for the older population (December 2024): ILPI (750 beds), CDI (810 slots), NCI (14,240 slots), CRECI (400 slots), Food program (180 slots).*

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*Note: this white paper condenses, for advocacy purposes, the full technical article by Luzia Monteiro Araújo Soares, "Public Budget and the 'Blackout' of Aging in São Paulo" (Instituto Makambira, 2026), which includes detailed georeferenced district-level data (Table 1) and spatial distribution maps of services. The complete article is available upon request from Instituto Makambira.*


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