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To cite this article: Esteban Calvo, Maureen Berho, Mónica Roqué, Juan Sebastián Amaro, Fernando Morales-Martinez, Emiliana Rivera-Meza, Luis Miguel F. Gutiérrez Robledo, Elizabeth Caro López, Bernardita Canals & Rosa Kornfeld (2019) Comparative analysis of aging policy reforms in Argentina, Chile, Costa Rica, and Mexico, *Journal of Aging & Social Policy*, 31:3, 211-233, DOI: [10.1080/08959420.2018.1465797](https://doi.org/10.1080/08959420.2018.1465797)

To link to this article: <https://doi.org/10.1080/08959420.2018.1465797>



Accepted author version posted online: 16 Apr 2018.
Published online: 22 May 2018.



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ABSTRACT

This investigation uses case studies and comparative analysis to review and analyze aging policy in Argentina, Chile, Costa Rica, and Mexico and uncovers similarities and relevant trends in the substance of historical and current aging policy across countries. Initial charity-based approaches to poverty and illness have been gradually replaced by a rights-based approach considering broader notions of well-being, and recent reforms emphasize the need for national, intersectoral, evidence-based policy. The results of this study have implications for understanding aging policy in Latin America from a welfare regime and policy makers' perspective, identifying priorities for intervention and informing policy reforms in developing countries worldwide.

ARTICLE HISTORY

Received 5 May 2017
Accepted 29 January 2018

KEYWORDS

Welfare regimes; Latin America; developing countries; case study; comparative research

Introduction

Latin American countries face the challenges of population aging under distinctive circumstances (Bertranou, 2013; Palloni, Pinto, & Pelaez, 2002). While numerous European countries experienced economic and cultural modernization and then confronted the challenges of demographic aging, Latin American countries are dealing with these challenges in the context of less developed economies and stronger traditional cultures (Calvo & Williamson, 2008), combining a relatively fast and advanced aging process with relatively low standards of living (Harper & Leeson, 2008; Palloni & McEniry, 2007). In numerous Latin American and middle-income countries, demographic aging is both faster than in high-income countries and more advanced than in low-income countries (McEniry, 2014).

This article reviews historical trends and recent developments in national aging policy in four Latin American countries: Argentina, Chile, Costa Rica, and Mexico. Through a uniquely collaborative research effort, we seek to compare aging policies across countries, drawing from welfare regime theories (Barrientos, 2004; Esping-Andersen, 1990; Martínez Franzoni, 2008; Wood, 2004) and emphasizing the expansion from a focus on retirement security to more comprehensive aging policies. We provide context regarding the progression of and variation in population aging in each country, describe our methods, present each case study, and use comparative analysis to identify and discuss similarities and differences between countries.

On average, the four countries analyzed added 17.88 years to life expectancy from 1961 to 2014. Chile experienced the sharpest increase in life expectancy, from 57.99 years in 1961 to 81.50 years in 2014, and Argentina the relatively smallest increase of 10.82 years for the same period (World Bank, 2017a). The population of each country is aging along with increased life expectancy. Figure 1 illustrates trends between 1950 and 2050 in the percentage of individuals aged 0 to 14, 15 to 59, and 60 and older. For all countries, the percentage of older adults is expected to surpass that of children, and in Chile, Costa Rica, and Mexico this will happen at a faster rate than in more developed regions (United Nations, 2017). In all countries, those aged 80 and older are projected to experience the sharpest increase (Kinsella & He, 2009; United Nations, 2017) and population aging is more advanced among high-socioeconomic status (SES) groups than in low-SES groups (Cotlear, 2010; Ministerio de Desarrollo Social, 2009).

These changing demographics and associated developments in aging policy are embedded in a broader context that can be characterized by both individual indicators and broader typologies. Table 1 summarizes key social and economic indicators. Although substantial variability is observed within and between countries, important similarities are uncovered when the averages for Organisation for Economic Co-operation and Development countries are used as comparison.

Broader welfare regime typologies are also useful for characterizing national contexts. The seminal work of Esping-Andersen (1990) identified three types of welfare regimes among developed countries: *liberal* welfare regimes like the United States target resources to those most in need, leaving ample room for private or market-based solutions; *social-democratic* welfare regimes like Sweden universally allocate resources based on citizenship, limiting reliance on family and market; and *conservative-corporate* welfare regimes like Germany distribute resources linked to occupational contributions based on the principle of subsidiarity.

The countries analyzed in this article, however, do not easily fit into this typology. Welfare regimes in Latin America have been characterized by operating in precarious labor markets and relying comparatively less on the

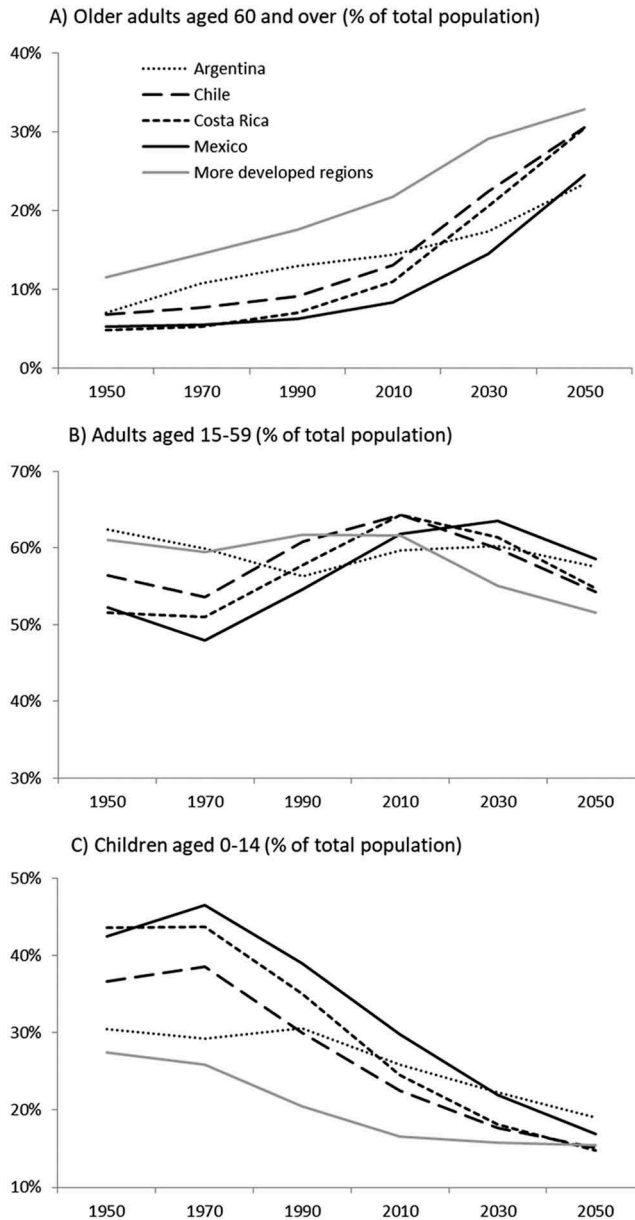


Figure 1. Trends in the percentage of children aged 0 to 14, adults aged 15 to 59, and older adults aged 60 and older, 1950–2050. Source: United Nations (2017). Note: More developed regions comprise Europe, Northern America, Australia, New Zealand, and Japan.

role of the state and more on informal family and charitable sources of support (Barrientos, 2004; Wood, 2004). Working under this general premise, Martínez Franzoni (2008) offers a typology positioning Latin American countries under three welfare regimes: *state-targeted* (as in Chile and Argentina, where informal arrangements interact with targeted policies),

Table 1. Trends in contextual characteristics of the countries analyzed, relative to OECD averages.

		Argentina	Chile	Costa Rica	Mexico	OECD
GDP per capita (in \$1,000 international PPP 2011 constant dollars)	1995	13.89	12.17	8.96	12.67	28.73
	2005	15.52	17.01	11.03	15.27	35.40
	2015	19.10	22.54	14.91	16.67	38.29
Gini index (World Bank estimate) ¹	1995	48.90	54.87	45.71	-	40.35
	2005	49.27	51.79	47.77	51.11	40.62
	2014	42.67	50.45	48.53	48.21	41.06
Inflation (GDP deflator, annual %)	1995	3.17	11.68	21.22	31.58	3.25
	2005	10.32	7.64	13.10	5.41	2.44
	2015	24.55	4.22	2.66	2.99	1.04
Urban population (% of total)	1995	88.16	84.55	54.56	73.37	74.57
	2005	90.08	87.44	65.67	76.31	77.52
	2015	91.75	89.53	76.82	79.25	80.26
Employment in agriculture (% of total employment)	1995	0.62	15.70	21.61	23.84	8.38
	2005	1.11	13.16	15.19	14.86	5.70
	2014	2.04	9.40	11.14	10.31	4.56
Public expenditures (% of GDP)	1995	13.35	8.73	12.91	13.17	16.94
	2005	12.14	10.58	13.57	10.69	17.44
	2014	18.50	13.18	17.48	12.46	17.89
Public health expenditures (% of total health expenditure)	1995	59.76	48.18	76.50	42.13	63.31
	2005	53.53	37.90	70.62	43.33	59.84
	2014	55.43	49.47	72.67	51.77	62.16
Unemployment (% of total labor force, ILO estimate)	1995	18.80	4.70	5.18	6.93	7.50
	2005	11.51	8.00	6.57	3.51	6.64
	2015	6.62	6.21	9.61	4.34	6.75
Vulnerable employment (% of total employment)	1996	24.51	26.78	21.74	35.44	16.79
	2005	21.38	26.97	21.14	31.02	14.54
	2014	21.24	21.57	15.08	24.90	12.67
Ratio of female to male labor force participation rate (%; ILO estimate)	1995	54.19	44.74	42.62	45.34	67.92
	2005	63.72	52.24	54.33	50.70	71.87
	2015	64.98	67.88	61.10	57.08	75.35
Proportion of seats held by women in national parliaments (%)	1997	27.60	7.50	15.80	14.20	16.05
	2005	36.20	15.00	35.10	24.20	20.75
	2016	35.80	15.80	33.30	42.40	28.19
Voice and accountability ²	1996	59.62	68.27	81.25	49.04	90.87
	2005	57.69	89.42	72.60	56.73	89.90
	2015	59.11	76.35	84.24	43.35	81.28
Control of corruption ²	1996	49.76	89.76	73.66	37.56	91.71
	2005	40.98	91.22	66.83	48.78	91.71
	2015	32.69	87.50	75.48	25.00	89.90

Source: World Bank (2017a, 2017b).

GDP = Gross domestic product; PPP = purchasing power parity; ILO = International Labour Organization.

Note. ¹Years for Chile are 1996, 2006, and 2013. Years 1994, 2004, and 2013 for the United States are used as a benchmark instead of the Organisation for Economic Co-operation and Development (OECD) average.

²The United States is used as a benchmark instead of the OECD average.

state-stratified (as in Mexico and Costa Rica, where informal arrangements interact with more universal but highly stratified social protection), and *informal-familialist* (as in Ecuador, Nicaragua, and numerous Latin American countries where informal and family networks have a substantially stronger role than welfare policies in helping individuals to cope with social risk). Although informal sources of support are recognized to interact with public policy across these three types of welfare regimes, none of the

countries analyzed in this study belongs to the third type, in which the population largely relies on family arrangements and charitable approaches, as public policies are inadequate or nonexistent.

Adding a longitudinal dimension to this typology, we argue that all countries analyzed experienced a historical shift away from an informal-familialist welfare regime. Chile and Argentina shifted toward a state-targeted welfare regime and Mexico and Costa Rica toward a state-stratified welfare regime. We conclude that analyzing historical and recent developments in aging policy in the region can support the conceptualization of welfare regimes in Latin America and guide future policies that seek to transform the challenges of demographic aging into opportunities for improving well-being for older adults (McEniry, 2014).

Methods

Data

This study analyzed historical trends and recent developments in aging policies in Argentina, Chile, Costa Rica, and Mexico. These countries cover the geographical length of Latin America, from south to north, and share a historical background as Spanish colonies. Data were drawn from key informant interviews and a variety of secondary data sources such as scientific articles, official policy documents, laws and regulations, and governmental reports.

Procedures

This study used qualitative case studies (Baxter & Jack, 2008; Meyer, 2001) to conduct a comparative analysis (Mahoe & Reuschenmeyer, 2003). Case studies explored the development of aging policies within countries, while comparative analyses explored similarities and differences across countries. Analyses were conducted in multiple stages over a 5-year period. First, one case study per country was conducted between January 2012 and December 2013. Next, a preliminary comparative analysis was conducted between January and September 2014. Case studies and comparative analysis were updated in a third stage between April 2015 and December 2016, and final revisions and updates were integrated during 2017.

Analyses were conducted by a multinational research team composed of two representatives from each country, one individual with firsthand experience working in a government aging office and/or related public service, and a second individual providing technical support. Two additional team members in Chile were responsible for coordination, compilation, overarching analyses, and manuscript preparation.

The coordinating team developed and circulated a template with questions to guide the exploration of aging policy within each specific national context and developed to maximize data comparability. The protocol included open-ended questions that revolved around three broad policy dimensions: strategy, institutions, and intersectoral action. Questions about strategy focused on policy goals and achievements, as well as on older adults' participation in setting goals and evaluating achievements. Questions on institutions focused on laws and regulations and on government agencies and other organizations that were responsible for financing, implementing, coordinating, and monitoring aging policies. The third dimension addressed intersectoral action, defined as initiatives that cut across government subdivisions, with questions about social security, health, long-term care, lifelong learning, elder abuse, and multiple other aging-related policies, with special focus on policy interactions, performance (e.g., coverage, adequacy, efficiency), and evidence-based decision making. For each dimension, as well as for aging policies in general, the protocol emphasized the importance of extracting lessons that could contribute to the review and improvement of aging policy in these and other countries.

Each team was asked to structure their case studies beginning with an abstract and followed by an introduction, a section on historical developments in aging policies, a separate section on recent developments in aging policies, and finally a conclusion. Teams were also asked to include references, figures, and tables to support their arguments. Team members conducted key informant interviews and reviewed a wide variety of secondary data sources.

Team-wide discussions throughout the case study review process focused on identifying the most salient elements of aging policy across countries and emerging patterns of similarities and differences. These trends were employed by the coordinating team to focus comparative analysis, which by no means pretended to be exhaustive. The comparative analysis was reviewed and validated by international team members and positioned within welfare regimes literature. In the following sections, we present each case study, followed by a comparative summary.

Case studies

Argentina

Aging policies in Argentina can be organized around four stages and reflect progression from a charity- to a rights-based approach (Huenchuan, 2010; Paola & Danel, 2009). First, charitable institutions, often run by wealthy families, were criticized for their use as a social status symbol that failed to facilitate older adults' social inclusion and provided only fragmented long-term care services (Golbert, 1996). By the end of the 1940s, following the development of Argentina's first large-scale noncontributory pension in 1904

(Lloyd-Sherlock, 2010; United Nations, 2007), an emphasis on social justice and economic security emerged, with the state, rather than charities, considered responsible for this social protection.

Next, Argentina developed initiatives to guarantee health care for older adults, with a national institute providing health and social care services to retirees and reducing costs for institutional care and commonly used drugs (Lloyd-Sherlock, 2002). The national constitution explicitly commits the state to providing for older people who have no other means of support (i.e., state-targeted welfare regime), although it can be difficult for poor older people to prove that they have no alternative forms of assistance (Lloyd-Sherlock, 2000). In 1994, the pension system was partially privatized via the creation of optional individual retirement accounts and private pension funds for qualified retirees, resulting in low coverage rates and severe fiscal pressures on the state (Arbelaez & Milman, 1997; Dethier, Pestieau, & Ali, 2011).

Finally, a more active state recovered control of the pension system in 2003 and shifted policy focus from economic security toward ensuring social rights and quality of life. Substantial increases in pension coverage were achieved and a more comprehensive assistance program was established. Private individual retirement accounts were closed in 2008, and the public pay-as-you-go system was reenacted (Calvo, Bertranou, & Bertranou, 2010; Fraile, 2009).

Throughout the 2000s, the National Direction of Policies for Older Adults (DINAPAM) worked to implement and coordinate aging policies to promote the rights and autonomy of older adults and support the training of aging professionals. The creation of a Federal Council of Older Adults encouraged older adults' participation in policy design (Huenchuan, 2013).

Recent aging policy in Argentina has been greatly influenced by the United Nations' 2002 Madrid Action Plan, with national focus placed on social inclusion, security, and dignity of older adults, along with the training of specialized professionals. Aging policies in Argentina are national and intersectoral, cutting across government agencies. The National Plan of Action for Older Persons (2011–2016), created largely in response to the United Nations' request for national aging action plans (DINAPAM, 2011), guides a wide range of programs and interventions and was developed with the participation of the National Social Security Administration, the National Institute of Social Services for Retirees and Pensioners, the National Social Welfare Commission, members of the Federal Council of Older Adults, and representatives of older adults' civil organizations. The national plan has a core focus on old-age dependency, specifies resources and mechanisms for the ongoing evaluation and monitoring of programs addressing old age and aging, and defines specific objectives, actions, measures, and indicators. Despite reinforcing this progress with the ratification of the Organization of American States' (OAS) Inter-American Convention on Protecting the Human Rights of Older Adults, the ongoing deterioration of macroeconomic

conditions in Argentina presents a threat to the economic well-being of older Argentines (Roqué, De Marziani, & Pizarro, 2017).

Chile

From the late 19th century until the 1980s, aging policy in Chile was largely delivered by charitable civic organizations. Beginning in the 1980s, aging became a government priority and policy gradually began to emphasize older adults' rights and autonomy (Huenchuan, 2010).

Chile's public pension system was created in 1924 during a period of rapid industrialization that resulted in a growing working class (Pribble, 2011). In 1981, after a truncated socialist experiment in the 1970s and under the neoliberal influence of a dictatorship, Chile became the first country worldwide to privatize its national pension system, and state-regulated individual retirement accounts replaced the public pay-as-you-go system (Brooks, 2007; Dethier et al., 2011). Public components of pension policy were later revived to better balance social risks with individual savings (Calvo et al., 2010). Chile has achieved one of the highest coverage rates in the region, although coverage remains far from universal (Mesa-Lago & Bertranou, 2016; Rofman & Oliveri, 2012; Saracostti, 2010).

In 2002, the creation of the National Service for Older Persons (SENAMA) expanded policy focus to include health, quality of life, social inclusion, rights, and autonomy by coordinating intersectoral public policies, promoting private and public cooperation, and delivering technical assistance and monitoring to private and nonprofit organizations (Calvo, 2016; Gitlin & Fuentes, 2012). SENAMA is a public, decentralized service located within the Social Development Ministry, and in 2004 the Committee of Ministers for Older Adults was created as a complement to SENAMA (Huenchuan, 2010).

Recent aging policy in Chile establishes three goals: protecting functional health, promoting integration, and increasing subjective well-being. The national, intersectoral Comprehensive Policy for Positive Aging (2012–2025) was influenced by the 2002 Madrid Plan and the OAS Convention and emerged as a collective, multi-agency, and organizational effort to coordinate efforts by a variety of public and private actors (Calvo & Madero-Cabib, 2016). SENAMA and the Chilean Ministry of Social Development are responsible for the policy's implementation. More than 1,000 older adults and multiple older adults' civic organizations participated in policy design, implementation, and evaluation. One notable achievement has been the increase in life satisfaction of older adults from 56% in 2007 to 71% in 2016 (Herrera et al., 2017). Another achievement has been the active engagement of older adults in self-initiated publicly funded projects promoting their health, quality of life, and social inclusion (SENAMA, 2017). Long-term care services have rapidly expanded, but public provision is still insufficient and private solutions are largely inadequate (Pizzi et al., 2013; Thumala et al., 2017).

National neoliberal reforms and authoritarian regimes, as well as recommendations provided by the United Nations and other international organizations, have influenced the development and implementation of aging policy in Chile (ECLAC, 2003). Aging policy in Chile is also guided by principles of evidence building and the need to establish measurable goals for monitoring and evaluating policy impact (Calvo, 2013; Calvo & Madero-Cabib, 2016; Calvo & Williamson, 2008). Regular cross-sectional studies at the regional and national level have been conducted but typically lack continuity over time (Rojas et al., 2012).

Costa Rica

In Costa Rica, aging policies have seen a similar shift from a paternalistic and charitable approach toward a rights-based approach, with the Catholic Church heavily involved in providing services and care since the early 19th century. Since the 20th century, the state has assumed responsibility for guaranteeing older adults' entitlement and welfare (Pribble, 2011) through a social security fund, labor code, and social safeguards (Morales-Martínez, 1988).

Costa Rica enacted a subsidized state-run pension system in 1941. A system based on individual retirement accounts was implemented in 2001, although the public system remained active (Dethier et al., 2011), and the Worker Protection Act strengthened the noncontributory system targeting older people living in poverty (Fuentes-Bolaños, 2013; López & Umaña, 2006). In this way, Costa Rica developed a multi-pillar pension system, with a noncontributory (universal) pillar, a basic pillar, a complementary pillar, and a voluntary (individual) pillar (Cascante, 2006). Recent reforms have sought to review and correct the flaws of individual retirement accounts (Calvo et al., 2010); in 2010, only about 70% of the employed population contributed to the pension system (Rofman & Oliveri, 2012).

Aging policy in Costa Rica has experienced a gradual expansion in focus, addressing quality of life in terms of health, education, housing, social security, recreation, civic participation, transportation, and labor (Brenes-Camacho & Rosero-Bixby, 2009). In 1949, social guarantees of economic security, education, and work for older adults were included in the constitution (Fuentes-Bolaños, 2013). The National Council of the Older Adult was created to advise, coordinate, and execute aging policy, and in 1999, the Comprehensive Law for the Older Adults established state protection of the rights and benefits of all older adults. In the 2000s, Costa Rica signed on to the Madrid Action Plan and the OAS Convention.

Aging policy in Costa Rica emphasizes active aging, the rights of older adults, quality of life, health, and security. Significant progress in access to comprehensive, specialized, timely, and quality health care services has been achieved in part by increasing the number of trained professionals in geriatrics and gerontology, with other programs focused on guaranteeing access

to employment opportunities for older adults and their relatives. These efforts are coordinated under the National Policy on Aging and Old Age (2011–2021), the first intersectoral, nationwide aging policy, with numerous laws, decrees, circulars, and guidelines regulating and supporting the programs and services provided to older adults by public and private institutions. The policy's elaboration considered input from more than 4,500 older adults. One of the most notable achievements so far has been the establishment of a public care network for older adults, although effective coverage among vulnerable older adults is still considered insufficient.

An age-friendly culture with strong values of intergenerational solidarity, respect, freedom, and tolerance has favored the development of aging policies with institutional and constitutional support in Costa Rica (Puga, Rosero-Bixby, Glaser, & Castro, 2007; Quirós, 1992), and sustained democracy has permitted the extension of basic social rights to older adults (Pribble, 2011). The Costa Rican Longevity and Healthy Aging Study was developed to identify policy gaps and priorities for intervention, considering evidence-building as a national priority (Morales-Martínez, 1993), although monitoring and evaluation processes face challenges related to a lack of specific indicators of policy success.

Mexico

In Mexico, since the 1970s a rights-based perspective emphasizing the autonomy of older adults has replaced a view of aging as a disease or state of weakness and dependency (Vivaldo & Martínez, 2012). In 1997, the heavily subsidized public pension system created in 1943 was reformed, and individual retirement accounts were introduced (Horbath & Gracia, 2010). In part due to the high number of informal workers, coverage rates have remained very low, with less than 40% of the employed population contributing to the pension system (Rofman & Oliveri, 2012).

The introduction of Popular Health Insurance in 2004 contributed to an expansion in policy focus and extended health coverage to a quarter of the older population (CONAPO, 2011), and in 2009 the National Institute of Geriatrics was created to support research, specialized training programs, technical development, and the implementation of innovative public policy.

Aging policy in Mexico has moved from a local, sectoral approach to one with national and intersectoral emphasis. Creation of the National System for Comprehensive Family Development in 1977 and the National Institute of Aging (INSEN) in 1979 represent clear steps toward policies of national scope, offering a wide range of services to vulnerable older adults and guiding public policies and programs. INSEN, limited by budgetary and territorial constraints (Gutiérrez & Kershenobich, 2012), was replaced in 1999 by the National Institute for Older Persons (INAPAM). With the creation the

Department of Equity and Social Development under the Ministry of Social Development, older adults were identified as a priority group for the state.

Mexican aging policy focuses on older adults' well-being and quality of life, especially for vulnerable populations. These policies are not unified under a single framework with national scope, although important steps have been taken toward coordinated multisectoral action. The Inter-institutional Coordinating Council on the Issue of Older Adults allows for the collaboration of 40 public and private institutions. The 2002 Law on the Rights of Older Persons specifically acknowledges the right to a good quality of life, protection against exploitation, and preferential access to health and education services and instructs the state to guarantee optimal conditions of health, education, nutrition, housing, comprehensive development, and social security for older adults (Gutiérrez & Kershenobich, 2012; Horbath & Gracia, 2010). As of 1917, the Mexican Constitution provides a framework of legal protection for sickness, maternity, labor risks, disability, old age, unemployment, and death, and in 2013 the Mexican Universal Pension for Older Adults became a constitutional mandate (Calvo et al., 2010).

Neoliberal economic reforms and authoritarian regimes during the 1980s and 1990s (Pribble, 2011) influenced aging policy in Mexico and resulted in budget cuts for programs targeting older adults (Gutiérrez & Kershenobich, 2012). Conditional cash transfer programs became priorities of the aging policy agenda (Barrientos & Santibáñez, 2009). National policy has been influenced by Mexico's participation in the Preparatory Conference for the First World Assembly on Aging organized by the World Health Organization (Gutiérrez & Kershenobich, 2012) and the Second World Assembly on Ageing in Madrid.

Monitoring and evaluation of policy impact presents a challenge; however, national surveys and studies, such as the National Study on Health and Aging in Mexico, are important advances. Notably, the National Institute of Geriatrics has worked to develop multidisciplinary research in the fields of geriatrics and gerontology in order to support policy development.

Comparative summary

Table 2 summarizes similarities and differences in historical trends and recent developments in aging policy and suggests that although differences can be observed, similarities predominate across aging policies in Chile, Argentina, Mexico, and Costa Rica.



Table 2. Comparative summary of historical trends in aging policy.

	Argentina	Chile	Costa Rica	Mexico
<i>Contextual influences on aging policy development</i>				
National context influences	State-targeted, secularism	State-targeted, dictatorship	State-stratified, age-friendly	State-stratified, dictatorship
International context influences	International agencies, neoliberalism	International agencies, neoliberalism	International agencies, neoliberalism	International agencies, neoliberalism
<i>From informal-familialist to state-targeted and state-stratified welfare regimes</i>				
Shift from charity to rights-based approach	1940s	1980s	Early 20th century	1970s
Creation of a national aging administration	INSSJyP 1979, DINAPAM 2002	SENAMA 2002	CONAPAM 1999	INSEN 1979, INAPAM 1999
Administrative dependency	Ministry of Social Development	Ministry of Social Development	Presidency	Ministry of Social Development
Constitutional rights of older adults	Recognized since 1994	Vaguely acknowledged	Social guarantees	Universal pension since 2013
<i>From a narrow focus on retirement security to more comprehensive aging policies</i>				
First law on old-age pensions	1904	1924	1941	1943
Enactment of individual retirement accounts	1994–2008	1981	2001	1997
Expansion in the focus of aging policies	Quality of life	Quality of life and autonomy	Quality of life	Inclusion and vulnerability
Focal areas of current policies	Social inclusion and gender	Positive aging	Active aging	Healthy and active aging
Inter-sectoral national policy	Older Adults Plan 2011–2016	Positive Aging Policy 2012–25	Policy on Aging 2011–21	Coordinating Council 2003-
Concrete actions and legal underpinning	Plan without specific laws	Policy includes specific bills	Policy and law on older adults	Actions and law on older adults
Participation of older adults	Federal council of older adults	Boards and regional councils	Regional consulting forums	Few isolated initiatives
Research and evaluation	Regular studies and monitoring	Regular studies and monitoring	Sporadic studies and monitoring	Regular studies and monitoring

Source: Authors' elaboration.

Note. INSSJyP = National Institute of Social Services for Retirees and Pensioners; DINAPAM = National Direction of Policies for Older Adults; SENAMA = National Service for Older Persons; CONAPAM = National Council of the Older Adult; INSEN = National Institute of Aging; INAPAM = National Institute for Older Persons.

Contextual influences on aging policy development

National context influences

Historical trends in aging policy in all countries analyzed are shaped by local and global contexts. Relevant national contextual influences were summarized with single indicators presented in [Table 1](#) and described as broader welfare regime typologies (i.e., state-targeted and state-stratified) in the introduction. Although Catholicism represents the largest religious group in all countries, a secular culture in Argentina, as well as authoritarian political regimes in Chile and Mexico and age-friendly cultural values in Costa Rica, were also influential (De Fougerolles, 1996). In Argentina, the secular culture, early role of wealthy families, and more urbanized setting may have contributed to the shift from an oligarchy to a paternalistic dictatorship and then to a democracy with higher public expenditures and greater equality, although policies can be best described as state-targeted and face problems with inflation, corruption, voice, and accountability. State-targeted policies are also characteristic in Chile and potentially linked to the truncated socialist experiment and neoliberal dictatorship. However, Chile's greater economic strength has recently allowed for investments in increasingly comprehensive programs and stronger public components in aging policy provision. In Costa Rica, an age-friendly and democratic culture, combined with government's greater willingness to assign financial resources to these issues, has allowed for the development of a strong public health system, which is particularly beneficial to older adults. However, the relatively weaker economic position of Costa Rica may be linked to state-stratified policies. State-stratified policies are also characteristic in Mexico and potentially linked to the dictatorship, modest economic position, high income inequality, and high gender inequality, at least outside of the power elites. In all countries analyzed, the proportion of vulnerable employment is high, and previous evidence suggests that this is associated with weaker social protections for older adults (Barrientos & Santibáñez, 2009; Bertranou, 2013).

International context influences

International organizations like the United Nations and international financial institutions like the World Bank and International Monetary Fund have influenced aging policy development in Latin America (Fraile, 2009; James, 1998; McKinnon & Charlton, 2000). The United Nations has influenced policy in the countries analyzed through the dissemination of a framework promoting rights of older adults, supporting regular meetings with country members, leveraging expert leadership, and endorsing declarations, agreements, and conventions. Supranational bodies like the World Bank and International Monetary Fund have exerted financial pressures and disseminated neoliberal ideas that have materialized in structural reforms and pension privatization in all four countries.

From informal-familialist to state-targeted and state-stratified welfare regimes

Shift from charity to rights-based approach

In all four countries, aging policy in the 20th century is characterized by a gradual shift from a charity-based toward a rights-based approach. Nonstate institutions initially implemented paternalistic interventions promoting the welfare of older adults. In Chile, Costa Rica, and Mexico, this approach was led by Catholic organizations; in Argentina, most charitable activities for older adults were implemented by secular, nonstate organizations, perhaps leading to an earlier institutionalization of aging policy. Authoritarian rule in Chile and Mexico and influences of the World Bank and International Monetary Fund in all countries may have reinforced paternalistic approaches. In each case, a focus on dependency was increasingly replaced by an emphasis on social justice, autonomy, and the social inclusion of older adults (Kalache, 1995). This shift does not imply the end of charitable and familial sources of support, but rather the increasingly important role of the state in providing social protection.

Creation of a national aging administration and location within the government

The shift to a welfare regime where state policies become increasingly important relative to informal sources of support is reflected in the creation of national aging administrations during the late 20th century: DINAPAM in Argentina; SENAMA in Chile; the National Council of the Older Adult in Costa Rica; and INAPAM in Mexico. This administration is located within the Ministry of Social Development in Argentina, Chile, and Mexico and within the Office of the Presidency in Costa Rica. Each institution promotes older adults' rights, emphasizing their social inclusion and participation in policy making and implementation.

Constitutional rights of older adults

The specific rights of older adults are recognized to differing extents across the constitutions of the countries analyzed, with Argentina and especially Costa Rica presenting the most explicit and comprehensive guarantees—in Argentina with the constitutional status of the Human Rights Treaties and International Pacts and in Costa Rica with a constitutional article ensuring protection and the allocation of state resources for older adults' welfare—without conceptualizing them as a vulnerable group (Huenchuan, 2010).

From a narrow focus on retirement security to more comprehensive aging policies

First law on old-age pensions and enactment of individual retirement accounts

Aging policy in all countries initially focused on the risks of poverty and disease. Public old-age pension systems were implemented during the first half of the 20th century but privatized by the end of the 20th century. In 1981, Chile became the first country to fully replace the public pay-as-you-go system with privately managed individual retirement accounts (Mesa-Lago & Bertranou, 2016). Privatization was less absolute in the other cases where public systems were not entirely dismantled (Arza, 2008; Brooks, 2007; Suárez & Pescetto, 2005). Despite privatization, all governments continued to subsidize and regulate their old-age pension systems, and in Argentina the public system was revived in 2008 (Kay & Sinha, 2008). Coverage rates are far from universal but have increased considerably, particularly in Argentina and Chile.

Expansion in focus of aging policies

Another common feature in aging policy is the incorporation of issues of quality of life, autonomy, inclusion, and vulnerability. In Chile, focus shifted from income security to ensuring the inclusion and autonomy of older adults. In Costa Rica and Mexico, focus expanded to include the rights and quality of life of older adults. In Argentina, policy focus moved from economic security toward the promotion of health and care services and a gender focus. Overall, aging has been integrated into more comprehensive policies that cut across government agencies and are not limited to retirement security.

Focal areas of current policies

The 2002 Madrid Action Plan appears to have influenced aging policy in every case; however, each country has emphasized specific issues. In Argentina, the core focus is on social inclusion and gender. In Chile, emphasis is placed on promoting positive aging by protecting the functional health of older adults, supporting their inclusion in society, and increasing their levels of subjective well-being. In Costa Rica, policies focus on the promotion active aging, rights, quality of life, health, and security of older adults. Finally, in Mexico, aging policies promote active and healthy aging, with emphasis on well-being and quality of life, especially for vulnerable and impoverished populations. All countries have made efforts to train professionals specialized in aging.

Intersectoral national policy

All of the countries analyzed recognize the need for aging policies with national and intersectoral scope (i.e., policies that cut across government agencies). Only Argentina, Chile, and Costa Rica possess formal policy with specific goals for coming decades and strategies to achieve these goals. At the moment of analysis, Mexico lacked a formal document providing such guidelines, although it had a “Coordinating Council on the Issue of Older Adults.” National policies reduce the risk of duplicated efforts, and the national aging agency in Mexico acknowledges the challenge of promoting intersectoral action and coordinating multiple institutions for program implementation.

Concrete actions and legal underpinning

The countries analyzed endorsed a number of United Nations policy documents following the 2002 Madrid Plan (e.g., Madrid +5, +10 and +15, 2007 Brasilia Declaration, 2012 San José Charter). The frameworks and objectives outlined in these documents have been translated into the creation of institutions, definition of roles, specification of work plans, implementation of policies, training of specialized personnel, and enactment of new legislation. However, the concrete actions and legal underpinning of these actions varies, with Costa Rica and Mexico appearing more advanced in connecting emerging reforms to new and specific legislation than Argentina and Chile, although Mexico is the only country that did not ratify the Inter-American Convention on Protecting the Human Rights of Older Adults.

Participation of older adults

An overarching principle in current aging policies is the active participation and involvement of older adults. Specific consulting and participatory mechanisms exist in each country—councils, boards, and forums—but the underlying goal is the same: active participation of older adults in all stages of the policy cycle. Participation, however, has been more effective during policy design than during policy implementation and evaluation.

Research and evaluation

Research and evaluation of aging policy appears to be in its early stages. All countries have integrated an evidence-based perspective in the development of their policies and programs by implementing cross-sectional studies at the country level and have designed mechanisms for monitoring and evaluation. Despite the development of nationally representative surveys (some of these inspired by the Health and Retirement Study in the United States and other sister surveys around the globe, although not fully harmonized) and monitoring mechanisms, most available data are cross-sectional and knowledge production is sluggish. Regarding monitoring and evaluation strategies, each country has

defined indicators for measuring the impact of existing interventions. However, Argentina and Chile are more advanced in the definition of performance indicators for national policy, while Costa Rica and to some extent Mexico show weaker development of their monitoring and evaluation strategies.

Discussion

This study reviews historical trends and recent developments in national aging policy in Argentina, Chile, Costa Rica, and Mexico and informs aging policy with the results of case study review performed by policy makers and other actors with firsthand experience in public agencies. Lessons from each case study and the results of comparative analysis may be relevant for supporting the conceptualization of welfare regimes in Latin America as well as for reviewing and improving aging policy in these and other countries.

Observed trends in aging policy are similar in substance but vary in timing and depth, in part due to differing contextual influences. Although the influence of international agencies and neoliberalism permeated throughout the region, national contexts differ. For example, Chile and Mexico experienced authoritarian regimes, while aging policy trends in Costa Rica and Argentina reflect secular and age-friendly cultures, respectively.

A universal transition from a charity- to rights-based approach can be observed, followed by the creation of a national aging administration and the formal recognition of the constitutional rights of older adults. The addition of a longitudinal dimension to the typology of welfare regimes developed by Martínez Franzoni (2008) allows for the description of this trend as a gradual shift from an informal-familialist welfare regime, where aging policies are so precarious that older adults are forced to rely primarily on informal sources of support such as family networks and charitable institutions, to state-targeted and state-stratified welfare regimes, where informal sources of support interact with increasingly formal and comprehensive aging policy.

Efforts to ensure that older adults become active participants in policy-making processes have emerged in every country. Sharing experiences, information, and innovations (for example, the use of emerging digital communication technologies) has the potential to expand the implementation of effective practices for the integration of older adults in these processes.

Aging policy in each country has identified specific priorities, such as Argentina's emphasis on a gender perspective. Achieving a clear, overarching national policy vision is an important first step for aging policy and should be followed by the definition of specific objectives. In addition, precise, explicit roles and responsible actors should be identified and concrete performance indicators defined for each objective. Indicators propel policy making beyond statements of intention, and clearly defined roles and responsibilities promote accountability that outlasts political cycles.

The creation of an overarching national aging agency and the development of national aging policy appear important to achieving multi- and intersectoral action on aging, although these could also be considered a consequence of a strong commitment to aging policy. Aging policy and plans must integrate complex economic, health, and social issues. Aging agencies in general are located within a specific ministry, and their scope of action and autonomy is often defined by the limits of this location. Ideally, aging agencies can occupy a centrally relevant level of government in order to facilitate and maximize collaboration among sectors, both for policy making and policy implementation. In addition, aging policy that often focuses exclusively on older adults can limit prevention and intersectoral efforts. A life-course approach that does not dilute aging-specific policies and expertise may better integrate and coordinate policy addressing economic, health, and social issues affecting individuals throughout their life.

The unprecedented demographic change witnessed in the countries analyzed and many others worldwide represents a mandate for policy innovation. Valuable lessons can be learned from each country, for example, regarding care services in Argentina, constitutional rights in Costa Rica, pension reform in Chile, and research and monitoring in Mexico. Although the specific goals are a moving target, policy should seek to maximize the opportunities for economic growth and development that emerge from an aging population, or “demographic dividends.” Fried (2016) describes the potential to capitalize on a third demographic dividend, which results from the societal benefits and social capital of older adults and focuses on improving older adults’ well-being in order to maximize their ongoing contribution to the success of younger generations.

Finally, this investigation provides an important example of an academic study of aging policy performed in direct collaboration with policy makers and other individuals with experience in government agencies. The collaborative case study and comparative analysis provide a unique opportunity to preserve institutional knowledge beyond political cycles, expand reflection beyond national contexts in order to identify regionally and internationally relevant experiences and trends, support evidence-based policy development, and reduce the science-policy gap.

Limitations

Despite making important contributions, this investigation has a number of limitations that present the opportunity for future research. First, including more country case studies would help generalize the results to all of Latin America and potentially to other countries. Second, conducting in-depth interviews with more key informants across countries could provide deeper insight into the multiple factors influencing the success and failures of aging policy in these countries. Third, future studies could attempt to more completely explain the driving forces behind policy similarities and differences,

not merely document their existence. Fourth, longitudinal cluster and structural equation analyses could further nourish the conceptualization of welfare regimes in Latin America. Harmonizing household surveys, census data, and other quantitative longitudinal micro-data sources across countries could provide valuable information to analyze the development of welfare regimes and aging policies over the last decades, as well as the determinants and consequences of these developments, with more specificity.

Conclusions

This investigation uncovers a common profile of aging policy characteristics across four Latin American countries and concludes that similarities outweigh differences in the aging policy of Argentina, Chile, Costa Rica, and Mexico. All countries experienced a gradual shift from what previous literature has described as an informal-familialist to state-targeted and state-stratified welfare regimes (Martínez Franzoni, 2008). Specifically, a charity-based approach was replaced by a rights-based approach in every case, and this was followed by the creation of a national aging administration and the formal recognition of the constitutional rights of older adults.

Every country also followed a progression from a narrow focus on retirement security to more comprehensive aging policies. The establishment of old-age public pensions during the first half of the 20th century was followed by their privatization in the late 20th century and a revival of public components in more recent years. Focus has expanded from economic security and health to other issues related to quality of life in multiple life domains and has been supported by the creation of a national aging administration in each country and new programs to train specialized aging professionals. Across borders, achieving active participation and involvement of older adults is a priority. Evidence-building is also valued, although research and evaluation of aging policy is in its early development.

Overall, historical and recent trends are similar in substance, although they differ in the timing and depth of events. Contextual influences, such as the United Nations Madrid Plan, continue to shape aging policies. Current reforms advance in similar directions across countries, although they are at differing levels of development and emphasize diverse themes.

This study contributes to an understanding of aging policy in developing countries facing the challenges of population aging in the context of less developed economies and strong traditional cultures. Given the relative speed and progression of aging in these countries, our analysis of policy trends may be useful for guiding future aging policies in similar contexts.

Acknowledgments

The authors acknowledge the support of José Medina Donoso, Katherine B. Indvik, and two anonymous reviewers in revising this manuscript. The authors are the solely responsible for the final manuscript.

Funding

This project received partial funding from Columbia University [President's Global Innovation Fund]; SENAMA [DPD #305/2013]; and CONICYT/FONDECYT/ REGULAR [1140107].

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