

Documentos de Trabajo 61

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Diciembre 2014

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Word count: 8,849 (excluding tables and figures)

Running head: Aging Policy Reform in Latin America

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ABSTRACT

This study reviews developments in national aging policies in four Latin American countries: Argentina, Chile, Costa Rica, and Mexico. Using case studies and a comparative-historical analysis, we focus on social policy reforms aiming to promote the well-being of older adults. We aim to determine whether a common profile of characteristics making up a particular aging policy could be identified across countries, and whether systematic differences between national aging policies could be uncovered. We find that similarities outweigh differences. Although the timing and magnitude of the changes differ, historical trends are largely similar in substance: The initial charity-based approach to poverty and illness has been gradually replaced by a rights-based approach to broader notions of well-being, which have been formally promoted by newly created national aging offices. Current reforms are at different levels of development and emphasize diverse themes, but they advance in largely similar directions across the countries analyzed: Heavily influenced by the 2002 Madrid Plan, current reforms emphasize the need of intersectoral policies of national scope, with active participants of older adults, including specific efforts to train specialized professional on aging, and implementing the first steps toward building evidence-based policy. Results from this project have implications for understanding aging policy in Latin America and informing the reforms currently being implemented in developing countries worldwide.

Keywords: aging; policy; Latin America; older adult; old-age; developing countries.

INTRODUCTION

Most countries will be hard pressed to meet the challenges of population aging over the next decades, but Latin American countries will face these challenges under unique circumstances (Palloni et al. 2002). While developed countries first experienced economic and cultural modernization and then faced 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 and Williamson, 2008). Another unique characteristic about Latin America is the combination of a relatively fast and advanced aging process in the absence of high living standards (Palloni and McEniry 2007; Harper and Leeson 2008). In numerous Latin American countries, demographic aging is both faster than in high-income countries and more advanced than in low-income countries. Given the relative speed and progression of aging in Latin America, analyzing historical and recent developments in aging policy in the region can help to draw lessons for future policies aiming to turn the challenges of demographic aging into opportunities for greater development and better lives (McEniry 2014).

This article critically 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, which began with four case studies and subsequently moved towards comparative-historical analysis, we ask whether a common profile of characteristics making up a particular aging policy could be identified across countries, and whether systematic differences between national aging policies could be uncovered.

Before analyzing historical trends and recent development in aging policy, it is important to provide some context on the progression of and variation in population aging for the selected countries. Figure 1 presents trends in total life expectancy at birth for the selected countries between 1961 and 2011. On average, these countries added 17.24 years to life in just half a century. Chile experienced the sharpest increase in life expectancy, going from 57.41 years in 1961 to 79.31 years in 2011; that is almost adding one year to life every other year.

[FIG. 1 GOES HERE]

Not only are individuals living longer in these countries, but the population is aging too. Figure 2 illustrates trends in the proportion of older adults aged 60 and over compared with that of children aged 0 to 14 and adults aged 15 to 59. For all countries, the proportion of older adults has roughly doubled in the past and is expected to fourfold between 1950 and 2050. As the number of older adults' increases, other age groups begin to represent a smaller share of the population. In fact, the figure clearly illustrates that in two or three decades there will be fewer children aged 0-14 than older adults aged 60 and over.

[FIG. 2 GOES HERE]

Table 1 considers more nuanced age groups of older adults and provides information on the actual and estimated numbers for the selected countries. In all countries, the population is aging and the oldest old (aged 80 and over) are projected to experience the largest percentual increase. However, it is important to acknowledge important variations across countries. Chile, Mexico, and Costa Rica are within the top

countries worldwide with the sharpest increase in the population aged 65 and over, while Argentina seems to lag behind this group (Kinsella and He 2009).

[TABLE 1 GOES HERE]

Within-country variations are important too. Figure 3 presents demographic pyramids for the lowest, mid, and highest income quintile in Chile. These pyramids clearly show that population aging is more advanced among high SES groups than in low SES groups. This SES gradient in population aging has been reported in numerous other Latin American countries too (Cotlear 2010).

[FIG. 3 GOES HERE]

Having acknowledged similarities and differences in population aging across Argentina, Chile, Costa Rica, and Mexico, we organize the rest of this paper as follows. We begin by briefly describing the data and methods. Next, we present results of the comparative-historical analysis in two areas: historical trends and recent developments in aging policy in the selected countries. We finish both the subsection on historical trends and the subsection on recent development in aging policy with a comparative summary aiming to uncover similarities and differences across countries. Finally, we conclude by considering implications of our findings for the literature on comparative aging as well as for social policy promoting well-being at older ages.

DATA AND METHODS

This study used a wide variety of secondary data sources such as scientific articles, official policy documents, laws and regulations, and governmental reports, to analyze historical trends and recent developments in aging policies in Argentina, Chile, Costa Rica, and Mexico. The four selected countries cover the geographical length of Latin America, from south to north, and share an historical stage as Spanish colonies, which is not the case of other Latin American countries that were Portuguese colonies.

The analytic approach combined qualitative case studies (Baxter and Jack 2008; Meyer 2001) with comparative-historical analysis (Mahoev and Reuschenmeyer 2003). A multi-national research team conducted one case study per country between January 2012 and December 2013, and an overarching comparative-historical analysis between January and September 2014. The case studies explored developments of aging policies within their specific national context, while the comparative-historical analysis explored similarities and differences across countries.

Based on the results of all case studies, we tailored the comparative-historical analysis to specific focal areas. The analysis of historical trends in aging policies emphasized: the shift away from a charity based approach, the enactment and reform of old-age pensions, the expansion in the focus of aging policies, the creation of a national aging administration and the description of its administrative dependency, the constitutional recognition of the rights of older adults, and the main contextual influences in the development of aging policies. The analysis of recent developments in aging policies emphasized: the focal areas of current policies, the development of an intersectoral national policy, the legal underpinning of current policies, the participation of older adults in all the policy cycle, and the development of initiatives to study and evaluate current aging policies.

RESULTS

Historical Trends in Aging Policy

In this section we review historical trends in aging policy in Argentina, Chile, Costa Rica, and Mexico, and highlight similarities and differences in these developments. Table 2 provides a brief summary of a number of key points that we introduce in this section and serves as guide to much of the analysis which follows.

[TABLE 2 GOES HERE]

Argentina

Aging policies in Argentina can be organized around four stages showing a progression from a charity- to a right-based approach (Paola and Danel 2009; Huenchuan 2010). In the first stage, a paternalistic and hygienist approach led to the implementation of long-term care institutions as a public policy response to the aging of the population. To some extent, this approach resulted on the social exclusion of older adults.

The second stage of aging policy in Argentina was characterized by a social justice perspective. Policies in this stage focused on the social and economic security of older adults. The former charities were replaced by the State as the institutions responsible for the social protection of older adults. Eva Perón, the former First Lady of Argentina, became a central figure in the development of policies for older adults based on an integrated care and rights conception that was publicly announced as the “Decalogue of the Rights of Older Adults.” Consistent with this approach, Argentina developed the first large-scale non-contributory pension system, granting social and economic security to the vast majority of workers (CIFRA 2009; DESA/UN 2007; Lloyd-Sherlock 2010).

In the third historical stage of aging policy, Argentina developed initiatives guaranteeing health care for older adults. One of the most important developments was the creation in the 1970s of the National Institute of Social Services for Retirees and Pensioners (INSSJyP) to provide health and social care services to retirees. Under the INSSJyP, the Integrated Program of Medical Assistance (PAMI) included free of charge or at substantial discount services for older adults, such as institutional care and the provision of commonly used drugs (Lloyd-Sherlock 2002).

In 1994, the pension system was partly privatized with the creation of individual retirement accounts and Private Pension Funds Administration Companies (AFJP) (Arbelaez and Milman 1997; Dethier et al. 2011). Qualified retirees could choose whether to remain in the public or move to the private system. This change resulted in low coverage rates and severe fiscal pressures to the State, as it had to transfer funds to the AFJPs (CIFRA, 2009).

Around the year 2003 a fourth and final stage began, where policies shifted to ensuring older adults’ rights, autonomy, and quality of life. Although the Constitutional Reform of 1994 had granted constitutional rank to international human rights treaties and agreements promoted by international agencies (Villareal 2005; Davobe 2009), this fourth stage is characterized by a more active State in ensuring older adults rights, especially after recovering control of the administration of the pension system in 2003. Underlying these

changes was an expansion in the focus of aging policies from economic security towards a more general emphasis on quality of life and social rights, promoting a culture of respect and care for older people. This approach resulted on substantial increases in pension coverage together with a more comprehensive Integrated Program of Medical Assistance (PAMI), which is actively engaged in promoting the quality of life of older adults from a physical, social, and emotional perspective.

In the 2000s, new focal areas in aging policy emerged with the creation of the National Direction of Policies for Older Adults (DINAPAM). Operating under the National Secretariat of Childhood, Adolescence and Family of the Ministry of Social Development, DINAPAM's mission was to implement and coordinate aging policies aiming to promote the rights and autonomy of older adults (Huenchuan 2013). A number of policies were implemented, including: training of gerontologists, professionals, and caregivers in new gender perspectives; intergenerational transfers of professional and occupational knowledge from older adults to younger generations; promotion of respect for older adults; quality of life initiatives for older adults suffering from Alzheimer and other mental diseases; strategies for delaying older adults' dependency; strengthening long-term residential institutions and day-care centers; and the creation of a Federal Council of Older Adults promoting the participation of pensioners, retirees, and other stakeholders in the design of aging policies through (Fassio-Roqué 2012).

Economic structural reforms were an important contextual influence shaping historical trends in aging policy in Argentina. Welfare retrenchment clearly influenced policy reform during the 1990s and 2000s (Brooks 2007; Lloyd-Sherlock 2002). However, the fourth stage shows a unique feature of the old-age pension reform in Argentina: private individual retirement accounts were closed in 2008, while the public pay-as-you-go system was reenacted (Calvo et al. 2010; Fraile 2009).

Chile

In Chile, it is possible to identify two stages in the development of public policies addressing old-age and aging. During the first stage, from the later 19th century until the 1980s, aging policy was largely delivered by charitable civic organizations. In a second stage that began in the 1980s, aging became a priority in the governmental agenda and gradually began to emphasize entitlements and autonomy of older adults (Huenchuan 2010).

Old-age pension reforms in Chile have been studied worldwide as this was the first country to privatize a national pension system in 1981. The original public system was enacted in 1924 during a period of rapid industrialization, during which the growth of the working class favored the expansion of social rights (Pribble 2011). Privatization took place under an authoritarian regime (1973-1989) and individual retirement accounts completely replaced the old public pay-as-you-go system (Arbelaez and Milman 1997; Brooks 2007; Dethier et al. 2011). However, the State was not fully withdrawn from old-age pension provision as it continued to subsidize and regulate the system (Calvo et al. 2010). In recent years, Chile experienced a significant revival of public components of pension policy in an attempt to better balance social risks with individual savings (Calvo et al. 2010). These reforms established minimum benefits targeted at the most vulnerable groups and aimed at increasing coverage, achieving one of the highest rates in the region at around

90% of the employed population contributing to the pension system (Saracostti 2010).

In 2002, with the creation of the National Service for Older People (SENAMA), aging policies in Chile began to expand their focus from economic security towards health, quality of life, rights, and autonomy of older adults (Calvo 2013). The main goals of SENAMA have been: integrating older adults to society, protecting them from negligence and abuse, assuring their rights; and preventing ageism and social exclusion of older adults. The strategy to achieve these goals has included a variety of actions, such as: coordinating intersectoral public policies, promoting private and public cooperation, and delivering technical assistance and monitoring to private and non-profit organizations that provide care services for older adults.

The creation of SENAMA as a public, decentralized service, with legal personality and its own budget, allowed greater institutional support for addressing aging-related issues. SENAMA was initially supervised by the President of the Republic through the General Secretariat of the Presidency, but later was relocated under the Social Development Ministry. Further institutional developments include the creation of the Committee of Ministers for Older Adults in 2004, whose main task was to complement the work of SENAMA in the promotion of intersectoral policies (Huenchuan 2010). Despite all this progress, specific rights for older adults are vaguely acknowledged in the constitution.

As in many other countries, historical trends in aging policy in Chile are embedded in local and global contexts. In the local context, one important factor has been the neoliberal reforms and authoritarian regimes under which several aging policies have been implemented in Chile. In the global context, Chile has been influenced by recommendations and best practices identified by the United Nations and other international organizations promoting a shift from a charity- to a rights-based approach to aging policy. As many other countries in Latin America, Chile has been an active participant in conferences intended to highlight the regional interest in the rights of older adults and discuss the regional implementation strategy of the Madrid International Plan of Action on Ageing (CELADE/CEPAL 2004).

Costa Rica

In Costa Rica, historical trends in aging policies show a similar shift from a paternalistic and charitable approach towards the promotion of rights of older adults. Since the early 19th century, the Catholic Church has been heavily involved in providing services and care for older adults. However, by the early 20th century the State emerged as a more relevant actor in guaranteeing entitlement and social welfare of older adults (Pribble 2011). This shift happened during a period of social effervescence and active participation of labor unions in the political arena. Significant social reforms were implemented, including the creation of the Social Security Fund (CCSS) and the promulgation of the Code of Labour and Social Safeguards (Morales-Martínez 1988).

Regarding old-age pensions, Costa Rica enacted a state-run system in 1941. Five years later, the government started to systematically subsidize the system. In 2001, a new system based in individual retirement accounts was implemented, though the old public system was not closed (Dethier et al. 2011). In fact, the Worker Protection Act strengthened the non-contributory system targeting older people living in poverty (Lopez and Umaña 2006; Fuentes-Bolaños 2013). Therefore, Costa Rica developed a multipillar

pension system, consisting in a non-contributory, universal pillar; a basic pillar; a complementary pillar; and a voluntary, individual pillar (Cascante 2006). Recently, this pension scheme was subject of several reforms aiming to review and correct the flaws of IRAs (Calvo et al. 2010). However, in 2010, only about 70% of the employed population contributed to the pension system (Rofman and Oliveri 2012).

As was the case in Argentina and Chile, aging policies in Costa Rica experienced a gradual expansion in focus and began to address the quality of life of older adults in several areas, including: health, education, housing, social security, recreation, civic participation, transportation, and labor (Brenes-Camacho and Rosero-Bixby 2009).

The institutional basis for aging policy in Costa Rica was first strengthened in 1949, when social guarantees for older adults were included in the constitution (Fuentes-Bolaños 2013). These guarantees covered a range of topics such as economic security, education, and work. The Article 51 became salient, as it instructed legislators to design the mechanisms to grant older adults an adequate protection, ensuring their physical, emotional and social integrity (Huenchuan 2010). More recently, the Executive Order No. 15076 created the National Council of the Older Adult (CONAPAM), with the mandate of advising, coordinating, and executing aging policy (CONAPAM 2006). In 1999, the Comprehensive Law for the Older Adults No. 7935 established the rights and benefits for older adults in multiple areas, and pointed out the obligations of State institutions in promoting older adults' quality of life. The enactment of the Comprehensive Law for the Older Adults combined with the creation of the National Council of the Older Adult, dependent of the Presidency, gave a strong momentum to aging policies in Costa Rica (Fuentes-Bolaños 2013).

Multiple contextual factors help to explain the development of aging policies in Costa Rica. An age-friendly culture with strong values of intergenerational solidarity, respect, freedom, and tolerance, may have favored the development of aging policies with institutional and constitutional support (Puga et al. 2007; Quirós 1992). Furthermore, the sustained democracy in Costa Rica may have set the basis for a liberal project that extended basic social rights to older adults (Pribble 2011). International organizations have been influential in Costa Rica too. When signing the Madrid Action Plan in 2002, Costa Rica assumed the explicit commitment of promoting the rights of older adults and preventing age discrimination.

Mexico

In Mexico, historical trends in aging policies are consistent with the other countries analyzed in that they depart from the view of aging and old-age as a disease or a passive state of weakness and dependency. Over an extended period time, but particularly since the 1970s, a rights-based perspective emphasizing autonomy of older adults has become prevalent (Vivaldo and Martínez 2012).

Around 1977, Mexico experienced significant privatization in old-age pension policy. The public and heavily subsidized system created in 1943 was deeply reformed with the introduction of individual retirement accounts (Horbath and Gracia 2010). Given the high number of informal workers, coverage rates have remained very low in Mexico, with less than a 40% of the employed population contributing to the scheme (CONAPO 2011; Rofman and Oliveri 2012).

In 2004, the creation of the Popular Health Insurance contributed to expanding the focus of aging policy in Mexico. This insurance expanded the health coverage to a quarter of the older population in Mexico (CONAPO 2011). In 2009, the creation of the National Institute of Geriatrics continued the efforts to address aging policies at the national level, by focusing on research, specialized training programs, technical development, and application of innovative public policy solutions (INGER 2012).

Aging policies in Mexico began with local and sectorial approach, but gradually moved towards a national and intersectoral perspective. Even though there is no unified national policy, the creation of the National System for Comprehensive Family Development (SNDIF) in 1977 and of the National Institute of Aging (INSEN) in 1979 was a clear step towards policies addressing the country as a whole. These institutions offered a wide range of housing, food, and health care services to vulnerable older adults that have suffered neglect or abuse. SNDIF is to this day the leading agency in formulating public policies related to vulnerable older adults. INSEN goals were related to directing programs, as well as providing information, social, and health care services for older adults, but due to budget and territorial constraints it was not very effective in implementing concrete social interventions (Gutiérrez and Kershenobich 2012). Partly due to this reason, INSEN was replaced by the National Institute for Older Personnas (INAPAM) in 1999. With the creation the Department of Equity and Social Development, which reports to the Ministry of Social Development, older adults became a priority group for the State.

The history of Mexico is characterized by a strong tradition of institutions and laws created to protect the rights of older adults. The 123rd Article in the Constitution enacted in 1917 provided a framework of legal protection for sickness, maternity, labour risks, disability, old-age, unemployment, and death. In 2013 the Mexican Universal Pension for Older Adults also became a constitutional requirement in a clear attempt to reinforce public involvement in pension provision (Calvo et al. 2010).

Contextual influences in the development of aging policies in Mexico include neoliberal economic reforms and authoritarian regimes during the 1980s and 1990s (Pribble 2011). During these decades, Mexico experienced strong budgetary reduction for programs targeting older adults (Gutiérrez and Kershenobich 2012). New conditional cash transfer programs such as Progresa/Oportunidades became a priority in the aging policy agenda (Barrientos and Santibáñez 2009). Global influences in Mexican aging policy can be identified too, including the Preparatory Conference for the First World Assembly on Aging organized by the World Health Organization (Gutiérrez and Kershenobich 2012). These influences helped to consolidate a group of Mexican experts in aging policy. In 1999, the International Year of Older Adults may have influenced the recently elected government to boost aging policies. In 2002, Mexico as many other Latin American countries participated in the Second World Assembly on Ageing in Madrid (CELADE/CEPAL 2004).

Comparative Summary

Table 2 summarizes similarities and differences in historical trends in aging policy for the four countries analyzed. Even though differences can be observed, similarities predominate in the evolution of the aging policies in Chile, Argentina, Mexico, and Costa Rica.

In all the countries analyzed, aging policy in the 20th century is characterized by a gradual shift from a charity- towards a rights-based approach. The timing of this shift differs across countries, though the underlying trend is similar. In early stages, different non-state institutions carried out paternalistic interventions to promote the welfare of older adults. In Chile, Costa Rica, and Mexico, this approach was led by a variety of Catholic organizations. Although the paternalistic perspective was also present in Argentina, most charitable activities for older adults were implemented by secular non-state organizations from the very beginning. Despite these differences, in all the countries analyzed the paternalistic focus on dependency was increasingly replaced by an emphasis in social justice, autonomy, and participation of older adults (Kalache 1995).

Aging policy in all four countries began with a focus on the risk of poverty and poor health. Public old-age pensions were implemented during the first half of the 20th century with the aim of guaranteeing minimum retirement income, but these systems were 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. Privatization was less profound in the other three countries that followed in Chile's wake, as the previous system was not entirely closed (Arza 2008; Brooks 2007; Suárez and Pescetto 2005). Despite privatization, all governments continued to subsidize and regulate the old-age pension system, with the most extreme case being Argentina, where the public system was reenacted in 2008 (Kay and Sinha 2008). For the most part, coverage rates in these countries are far from universal, though they have considerably expanded, particularly in Argentina and Chile.

Another common feature in historical trends in aging policy was the expansion in the focus to include other topics, such as: quality of life, autonomy, inclusion, and vulnerability. In Chile, the focus shifted from income security towards ensuring the inclusion and autonomy of older adults. In Costa Rica and Mexico, the focus expanded to include the rights and the quality of life of older adults as a whole. In Argentina, policies expanded from economic security towards the promotion health and care services. Furthermore, Argentina adopted a clear gender focus in its policies that is not as prominent in any of the other countries analyzed.

This expansion in focus is connected to the creation of a national aging administration in all countries analyzed during the late 20th century: the National Direction of Policies for Older Adults (DINAPAM) in Argentina; the National Senior Service (SENAMA) in Chile; the National Council of the Older Adult (CONAPAM) in Costa Rica; and the National System for Comprehensive Family Development (INAPAM) in Mexico. The national aging administration is located within the Ministry of Social Development in Argentina, Chile, and Mexico, while it depends from the Presidency in Costa Rica. Although they have different dependencies and were created at different times, all these institutions aim for the promotion of the rights of older adults rights, emphasizing their social inclusion and participation in the construction of citizenship.

Even though general constitutional rights and guarantees apply to older adults, their specific rights are recognized to different extents across the constitutions of the countries analyzed, with the most explicit and comprehensive guarantees in Argentina and Costa Rica. In 1994, Argentina gave constitutional status to

the subscribed Human Rights Treaties and International Pacts. In 1949 the Costa Rican Constitution integrated an article to ensure the protection of older people in terms of physical and social integrity, and the allocation of state resources for older adults' welfare.

Historical trends in aging policy in all countries analyzed are embedded in local and global contexts that shape its development. Particularly salient has been the global influence of international organizations promoting rights of older adults, such as the United Nations. International financial institutions such as the World Bank and the International Monetary Fund were also influential, but mostly on the prioritization of pension systems (Fraile 2009; James 1998; McKinnon and Charlton 2000). At the national level, contextual influences include neoliberal structural reforms in all countries analyzed, authoritarian political regimes in Chile and Mexico, and age-friendly cultural values in Costa Rica (De Fougerolles 1996).

Recent Developments in Aging Policy

In this section we review recent developments in aging policy in Argentina, Chile, Costa Rica and Mexico, and highlight similarities and differences in these developments. Table 3 provides a brief summary of a number of key points that we introduce in this section and serves as guide to much of the analysis which follows.

[TABLE 3 GOES HERE]

Argentina

Current public aging policies in Argentina are heavily influenced by the 2002 Madrid Action Plan. The focus is on ensuring the social inclusion, security, and dignity of older adults. What is unique about Argentina's aging policy is the advancement of a gender perspective that has been pushed through training for specialized professionals in the fields of geriatrics and gerontology. Hundreds of professionals from different disciplines have been trained in a Communitarian and Institutional Gerontology Program, a public, federal, free-of-charge, two-year program developed under a partnership between DINAPAM and the Faculty of Psychology at Mar del Plata University. DINAPAM alone has trained about 30,000 home caregivers since 2003. These training courses have explicitly incorporated a gender perspective and targeted students from the Lesbian, Gay, Transexual, and Bisexual community (LGTBC).

Aging policies in Argentina are organized in a national and intersectoral effort entitled "National Plan of Action for Older Persons (2011-2016)." The creation of this national policy was heavily influenced by the United Nations' request to develop national action plans in order to ensure that all citizens can age with security and dignity (DINAPAM 2011). The intersectoral nature of the national policy is visible in the coordinated participation of multiple governmental agencies, such as the National Administrator of Social Security (ANSES), the National Institute of Social Services for Retirees and Pensioners (INSSJyP), and the National Welfare Pensions Commission. Although this national policy guides a wide range of programs and intervention, it has no specific laws directly related with it.

An important principle that underlies aging policies in Argentina is the participation of older adults in designing policies and interventions. In fact, the National Policy was elaborated with the participation of

public representatives and members of organizations civil organizations of older adults. Currently, the Federal Council of Older Adults is the core institution facilitating the participation of older adults and stakeholders from all sectors involved in the promotion of the rights of older persons.

Research and evaluation on aging is carried out regularly to inform policies and assess its impact. Two cross-sectional nationally representative studies are currently undergoing: the First Survey of Long-stay Residences and the National Survey on Quality of Life of Older Adults. Furthermore, the National Plan of Action for Older Persons (2011-2016) specifies resources and mechanisms to monitor programs addressing old-age and aging. Heavily inspired in the 2002 Madrid Plan, the Argentinean Plan has defined objectives, actions, measures, and indicators to account for the impact of public policy on the quality of life of older people.

Chile

In Chile, aging policies are framed as positive aging and have three goals: protecting functional health, promoting integration, and increasing subjective well-being (SENAMA 2012; Calvo 2013). What is unique about this positive aging approach is the explicit emphasis on the subjective well-being of older adults. However, by emphasizing integration and health, the concept of positive aging incorporates rather than departs from previous concepts of active and healthy aging. Positive aging seeks to promote the autonomy and functional independence of older adults, integrate them into all aspects of social life, and increase their levels of well-being so they are at least as high as in other age groups (SENAMA 2012). One key strategy to advance towards these goals is the training of professionals and technicians in the fields of geriatrics and gerontology, through undergraduate and graduate programs, grants, and fellowships.

All the positive aging efforts are formally organized under a national and intersectoral policy entitled “Comprehensive Policy for Positive Aging (2012-2025)” (SENAMA 2012). This policy emerged as a collective effort involving public and private actors, and is directly supported by SENAMA and the Ministry of Social Development. Although this policy is heavily inspired by the 2002 Madrid Plan and involves legislation for specific areas, the proposed bills are currently under debate in the parliament.

The intersectoral nature of this policy can be observed in the involvement of numerous government agencies and private organizations (Calvo 2013). One of the main challenges facing this policy is coordinating the action of the State, civil society, and Chilean families to address aging as a whole. SENAMA has a key role in coordinating different perspectives and agencies, together with representatives from different sectors, including older adults and scholars from different fields.

An idea that underlies aging policies in Chile is the incorporation of older adults as a relevant actor in the design, implementation, and evaluation stages. The national policy was indeed designed through a participatory process that involved more than a 1,000 older adults and several civic organizations of older adults.

Another important principle guiding the development of aging policies in Chile is the need to build evidence and to set measurable goals to monitor and evaluate the impact of the policies implemented (Calvo 2008). Regular cross-sectional studies at the regional and national level have been conducted, though they

typically lack continuity (Calvo et al. 2012).

Costa Rica

In Costa Rica, the focal area of aging policies has been active aging and protection in a wide range of areas. There is a strong emphasis on the rights of older adults, quality of life, health, and security. Health policies show significant progress in assuring the access of older adults to comprehensive, specialized, timely, and quality health care services. Coverage has been favored by the increasing number of professional graduating from training programs in geriatrics and gerontology. Other programs seek to guarantee access to employment opportunities for older adults and their relatives, with special consideration given to women who have been working in the home care field.

Efforts to promote active aging have been organized around a National Policy on Aging and Old-age (2011-2021), developed by CONAPAM. This is the first nation-wide policy addressing aging issues in Costa Rica. The scope of this policy requires significant intersectoral coordination, involving different governmental agencies, ministries and secretariats (CONAPAM 2013).

Aging policy in Costa Rica is associated with specific legislation. Several laws, decrees, circulars, and guidelines regulate the programs and services provided to older adults by public and private institutions. The “Comprehensive Law for the Older Adult” enacted in 1999 regulates all the programs and services provided by public and private institutions to older adults, ensuring the promotion of their rights and their quality of life. The “CONAPAM Strengthening Act”, draft Law No. 18,462, gives legal and financial underpinning to CONAPAM as a core agency in developing strategies and actions that contribute to the solution of the most common problems faced by older adults, with special attention to neglect, abuse, and lack of networks of support.

As was the case in Argentina and Chile, participation of older adults has been promoted in Costa Rica too. For example, the working methodology used in the elaboration of National Policy of Aging and Older Age considered the implementation of 16 regional consulting forums, where more than 4,500 older adults participated.

Building evidence to support the development of policies has also become a central idea underlying aging policies in Costa Rica (Morales-Martínez 1993). However, evidence development has been scarce. Some areas of progress include the Costa Rican Longevity and Healthy Aging Study (CRELES), developed to identify gaps and priority areas for intervention. Regular monitoring and evaluation of policies has been difficult to achieve given that several policies have not developed specific indicators to measure their success.

Mexico

The core focus of aging policies in Mexico is the promotion of the well-being and quality of life of older adults, with special attention to those living in poverty and vulnerability. Quality of life is understood as a broad concept, including many aspects related to health, transportation, housing, education, urban planning, and employment. Some of these areas can be addressed simultaneously, such as in the Educational Program for Health, a preventive program targetting people from different age groups.

Despite having a National Institute of Older Adults and other organizations specifically devoted to aging, public policies on aging are not unified in Mexico; that is, they do not have a single framework with national scope. However, there is a strong conviction that aging policies require the development of coordinated multisectoral actions, and important steps have been taken in this direction. For example, the creation, within INAPAM, of the Interinstitutional Coordination Council on the Issue of Older Adults in Mexico in 2003 allowed coordinating around 40 public and private institutions working on aging.

The “Law on the Rights of Older Persons” (2002) is another step towards building national policies promoting the rights of older adults (Gutiérrez and Kershenovich 2012). This law specifically acknowledges the right to a good quality of life, the protection against exploitation, and preferential access to health and education services. It also instructs the State to guarantee the optimal conditions of health, education, nutrition, housing, comprehensive development, and social security of older adults (Horbath and Gracia 2010). This law also defines INAPAM as the institution responsible for aging policy, and emphasizes the relevance of health, housing, training and education, employment, and other programs for older adults.

As in other countries, the incipient development of mechanisms for monitoring and evaluating the impact of programs and interventions generates a discrepancy between the designed solutions and the needs of this aging group. However, the implementation of national surveys and studies, such as the National Study on Health and Aging in Mexico (ENASEM), shows an attempt to assess the reality of aging at a country-level. Similarly, the National Institute of Geriatrics demonstrates a recent effort to develop multidisciplinary research in the fields of geriatrics and gerontology, in order to give substantial support to public policies (INGER 2012).

Comparative Summary

Table 3 summarizes similarities and differences in the recent developments of aging policy for the four countries analyzed. Global diffusion of ideas from the 2002 Madrid Action Plan seems to have influenced the development in aging policy in all the countries analyzed. However, each country emphasizes specific themes. In Argentina, the core focus is social inclusion and gender. In Chile, the focus is on the promotion of positive aging, by protecting the functional health of older adults, promoting their inclusion into society, and increasing their levels of subjective well-being. In Costa Rica, the core focus is the promotion active aging, rights, quality of life, health, and security of older adults. Finally, in Mexico, the main focus of aging policies is the promotion active and healthy aging, combining an emphasis on the well-being and the quality of life of older adults, with special attention to those living in poverty and vulnerability. Despite these differences, there are overarching themes across countries, such as efforts to train specialized professionals on gerontology. Costa Rica has made significant progress in the area of health, developing specialization programs in the fields of geriatrics and gerontology for the care of older adults. Argentina, Chile and Mexico have also made efforts to implement specialization programs to train experts in the field of aging. In particular, Argentina has adopted a gender perspective in its training programs, for instance, by promoting the inclusion of the LGTBC in all the specialization programs of home nursing.

All the countries analyzed have aging policies with national and intersectoral scope, but only Argentina, Chile, and Costa Rica have a formal policy setting goals for the next decade and strategies to achieve these goals. Mexico lacks a formal document providing such guidelines, though it has a Coordinating Council on the Issue of Older Adults.

National policies addressing aging have been developed in three of the four countries analyzed: Argentina, Chile and Costa Rica. Due to the existence of national policies, the risk of duplicating efforts is relatively low in these countries. In contrast, the national aging agency in Mexico acknowledges the challenge of promoting intersectoral actions and coordinating different institutions in the implementation of partialized programs. Differences acknowledged, all four countries consider that the comprehensive programs targeted at older adults need to involve intersectoral actions.

The legal underpinning of aging policies varies from one country to the other. Even though all countries are influenced by international agreements, Costa Rica and Mexico seem to be more advanced in connecting their current reforms to new specific legislation than Argentina and Chile.

An overarching principle in current aging policies is the active participation and involvement of older adults. There are specific consulting and participatory mechanisms in each country—councils, boards, forums—, but the underlying goal is the same: active participation of older adults in all the policy cycle.

Research and evaluation of aging policy seems to be in early stages. All four countries have assumed an evidence-bulding perspective in the development of their policies and programs, by implementing cross-sectional studies at a country level, and have designed mechanisms for monitoring and evaluating their programs. While Argentina, Chile and Mexico have developed large national, cross-sectional studies, Costa Rica shows an incipient development of this kind of research. Even though all countries have nationally representative surveys and monitoring mechanisms, data are largely cross-sectional and knowledge production is sluggish. Regarding monitoring and evaluation strategies, the four countries have defined indicators for measuring the impact of their interventions. However, Argentina and Chile are more advanced in the definition of indicators of performance in the different areas of the national policy, while Costa Rica and to some extent Mexico show a weaker development of their monitoring and evaluation strategies.

DISCUSSION

This paper aimed at determining whether a common profile of characteristics making up a particular aging policy could be identified across Argentina, Chile, Costa Rica, and Mexico, and whether systematic differences between national aging policies could be uncovered.

Based on case studies and comparative-historical analysis, we conclude that all countries share important elements in their policies aiming to promote the well-being of older adults. Historical trends in aging policy are similar in numerous aspects. There is a gradual shift from a charity- towards a rights-based approach. Old-age pensions experience a similar development, beginning with the enactment of old-age public pensions during the first half of the 20th century, followed by privatization in the late 20th century, and a revival of public components in more recent years. Another similarity in the historical development of aging policies across countries is the expansion in the focus from economic security and health to other issues

related to quality of life in multiple domains. The creation of a national aging administration in each country is a common feature too. Historical trends are also shaped by contextual influences, including the global diffusion of ideas promoted by the United Nations Madrid Plan.

Current aging policies also have important similarities. Global diffusion of ideas from the Madrid Action Plan continues to influence the development in aging policy all the countries analyzed. All countries have introduced new programs to train specialized professionals on gerontology. Across borders, the active participation and involvement of older adults is highly valued. Evidence-building is valued too, though research and evaluation of aging policy is in its early development.

Despite the similarities, we also identified a number of differences across countries. Historical trends are similar in substance, but they are different in the timing and depth of the events. For example, Chile was the first to privatize its old-age pension system, and the degree of privatization later introduced in the other three countries varied substantially. Another important difference is the extent to which constitutional rights of older adults are recognized in each country. Finally, even though historical trends in aging policies are shaped by contextual influences in all the countries analyzed, the local contexts are not the same. Chile and Mexico experienced authoritarian regimes that influenced aging policies, while aging policy trends in Costa Rica are influenced by an age-friendly culture.

Current aging policies have important differences across countries too. Each country emphasizes specific themes and focal areas. Argentina's emphasis on a gender perspective seems to be unique within the group of countries analyzed. Another difference is that Argentina, Chile, and Costa Rica have a formal national and intersectoral policy setting goals for the next decade and strategies to achieve these goals, while Mexico is facing the challenge of developing a formal aging policy with national scope. The experience from the other three countries indicates that such policy would benefit from an intersectoral approach. Finally, the legal underpinning of current reforms in aging policy is more advanced in Costa Rica and Mexico than Argentina and Chile.

These findings contribute to the literature on comparative-historical study of aging policy by analyzing four Latin American countries that are dealing with the challenges of population aging in the context of less developed economies and stronger traditional cultures than high income countries. These countries are unique in that demographic aging is both faster than in high-income countries and more advanced than in low-income countries. Given the relative speed and progression of aging in the countries, our analysis of the historical trends and current developments in aging policy has policy salience and may be useful to draw lessons for future aging policies in Latin America and worldwide.

This paper has a number of limitations that offer some suggestions for future research. First, including more country cases would help to generalize the results to all Latin America. Second, interviewing key informants across countries could help to gain deeper insights on the similarities and differences across countries. Finally, future studies could try to explain the causes and not only document the existence of similarities and differences across countries.

Limitations acknowledged, this paper uncovered a common profile of characteristics making up a particular aging policy across the four Latin American countries analyzed. We conclude that similarities

outweight differences. Historical trends are similar in substance, though they differ in the timing and depth of the events. Current reforms advance in similar directions, though they are at different levels of development and emphasize diverse themes.

ACKNOWLEDGEMENTS

The authors would like to thank Alejandro Acuña Arellano, Marcela Agudelo Botero, Nicolás Contreras, Aranzazú Garmendia, Norma Lau Sánchez, Nidya Velasco Roldán, and Luisa Elena Villanueva Salazar, for their comments and help connected to this article. Esteban Calvo acknowledges partial financial support from CONICYT/FONDECYT/REGULAR/N°1140107. The authors are responsible for any errors or inaccuracies that remain in this article.

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The authors state that the preparation of this paper did not imply procedures involving humans nor animals.

CONFLICT OF INTEREST

The authors certify that there is no conflict of interest with any financial organization regarding the subject matter or materials discussed in this manuscript.

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Table 1. Number of older adults by age group, 2000-2050 (in 1,000 units)

	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
<i>Argentina</i>											
60-64	486	676	906	1,065	1,297	1,341	1,626	1,899	2,121	2,894	2,970
65-69	329	494	695	884	1,071	1,192	1,328	1,673	1,882	2,289	2,721
70-74	201	338	482	665	807	1,013	1,071	1,338	1,606	1,836	2,552
75-79	110	191	297	433	574	731	845	981	1,285	1,496	1,867
80+	82	128	208	324	504	732	1,045	1,274	1,649	1,107	1,443
Total	1,208	1,827	2,588	3,371	4,253	5,009	5,915	7,165	8,543	9,622	11,553
<i>Chile</i>											
60-64	158	204	252	289	377	462	671	1,019	1,157	1,103	1,391
65-69	109	157	189	230	289	388	538	764	1,125	1,118	1,212
70-74	78	103	138	179	220	304	387	580	903	1,045	1,011
75-79	44	59	89	113	150	205	294	428	630	953	968
80+	28	48	70	103	150	222	356	528	835	1,356	1,931
Total	417	571	738	914	1,186	1,581	2,246	3,319	4,650	5,575	6,513
<i>Costa Rica</i>											
60-64	27	34	40	56	68	90	139	240	300	349	442
65-69	20	25	32	42	50	71	102	183	281	291	389
70-74	14	18	25	31	45	57	77	122	214	271	320
75-79	8	11	15	21	30	38	55	82	151	237	251
80+	5	8	13	19	29	48	70	102	166	306	467
Total	74	96	125	169	222	304	443	729	1,112	1,454	1,869
<i>Mexico</i>											
60-64	535	768	971	1,189	1,807	2,201	3,121	4,742	6,808	8,230	8,926
65-69	394	538	793	996	1,400	1,813	2,533	3,941	5,326	7,837	8,091
70-74	273	364	552	720	917	1,384	1,750	2,662	4,149	6,088	7,472
75-79	134	226	335	515	682	986	1,298	1,985	3,202	4,464	6,719
80+	180	169	283	460	701	933	1,472	2,162	3,501	5,926	9,260
Total	1,516	2,065	2,934	3,880	5,507	7,317	10,174	15,492	22,986	32,545	40,468

Source: Department of Economic and Social Affairs, Population Division, United Nations (UN) (2012).

Table 2. Comparative summary of historical trends in aging policy

	Argentina	Chile	Costa Rica	Mexico
Shift from charity to rights-based approach	1940s	1980s	Early 20th century	1970s
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
Creation of a national aging administration	INSSJyP 1979 DINAPAM 2002	SENAMA 2002	CONAPAM 1999	INAPAM (INSEN) 1979
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	Univ. pension since 2013
Main contextual influences	International agencies	International agencies, dictatorship	Int. agencies, age-friendly culture	International agencies, dictatorship

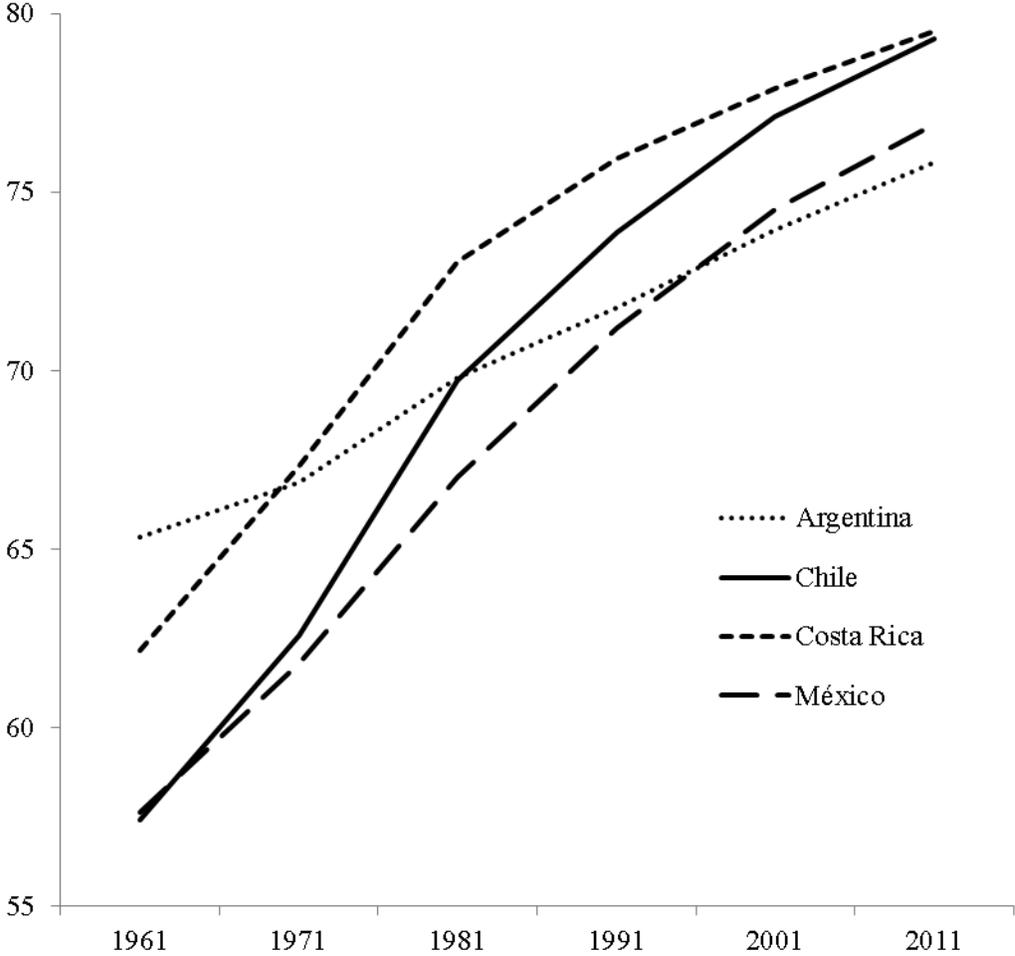
Source: Authors' elaboration.

Table 3 Comparative summary of recent developments in aging policy

	Argentina	Chile	Costa Rica	Mexico
Focal areas of current policies	Social inclusion and gender	Positive aging	Active aging	Heathy and active aging
Intersectoral national policy	Older Adults Plan 2011-2016	Positive Aging Policy 2012-25	Policy on Aging 2011-21	Coordinating Council 2003-
Legal underpinning	Plan without specific laws	Policy includes specific bills	Law on older adults	Law on the rights of older people
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

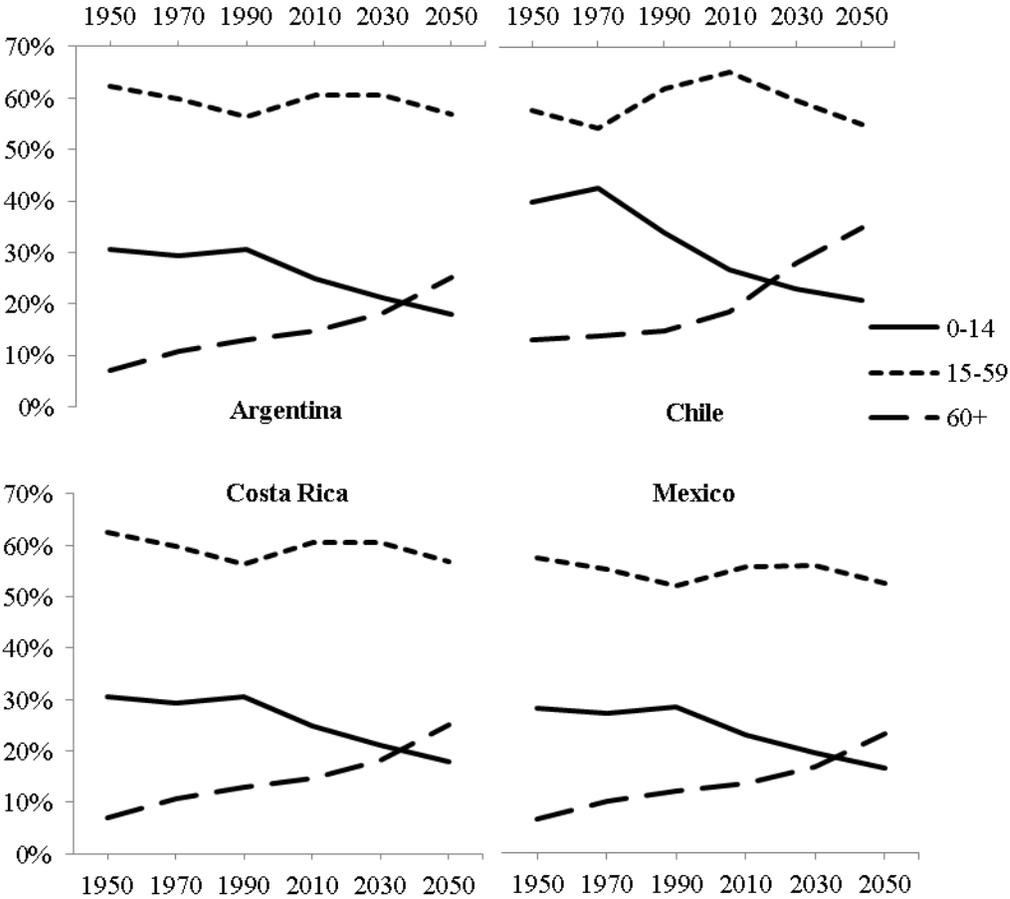
Source: Authors' elaboration.

Fig. 1 Trends in total life expectancy at birth, 1961-2011



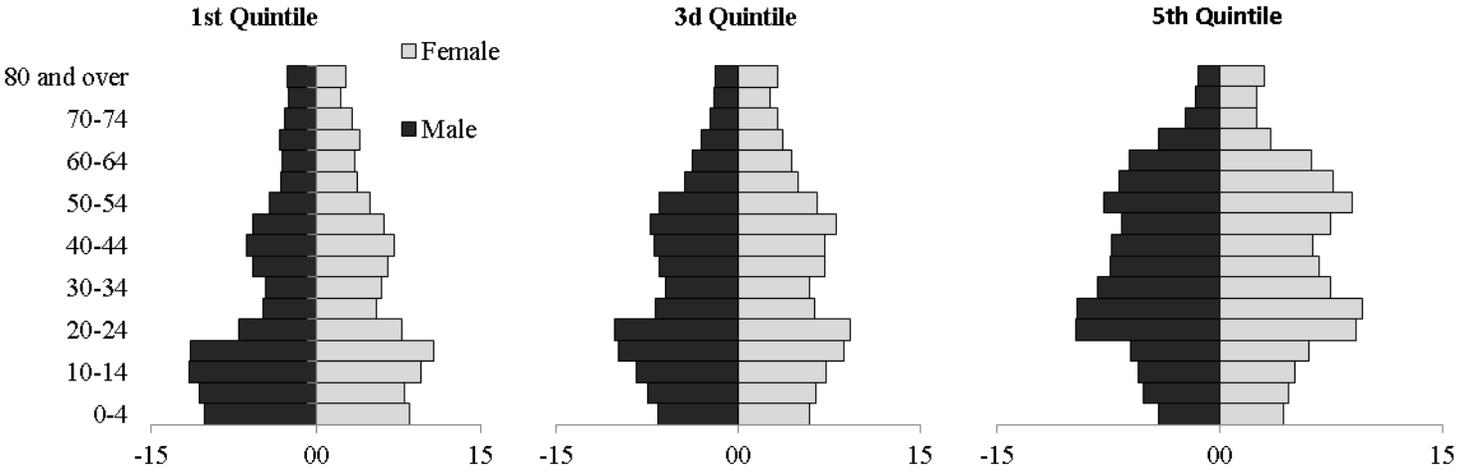
Source: World Bank (2013).

Fig. 2 Trends in the percentage of children aged 0-14, adults aged 15-59, and older adults aged 60 and over, 1950-2050



Source: Department of Economic and Social Affairs, Population Division, United Nations (UN) (2012).

Fig. 3 Demographic pyramid by income quintile, Chile



Source: Ministerio de Desarrollo Social (2009).