

PANORAMA

ARGENTINA



Demand for long-term care services

Population aging process

Argentina has one of the largest populations of older people in Latin America and the Caribbean. This aging can be primarily attributed to shifts in fertility and mortality rates, and it ushers in a rise in demand for long-term care for older people, particularly those requiring help with activities of daily living.

In 2020, 15.7% of Argentina's population was over age 60, or almost 7.1 million people (INDEC, 2013). This percentage is expected to continue rising to 22% by 2050, at which point it will be equivalent to around 12.5 million people, and to 34% by 2100, or around 20 million individuals (United Nations, 2019).

Argentina is still enjoying a “demographic dividend:” the share of working age people (potentially productive

people) is still growing in relation to the proportion of people at potentially dependent ages (children and older people). This demographic dividend represents an opportunity for the country to design and lay the groundwork for a care system.

The country currently has a quite varied demographic landscape. Population aging is more advanced in the Center and Cuyo regions of the country (where 16% and 13% of the population is over age 60, respectively), while northeastern Argentina, northwestern Argentina, and Patagonia have relatively younger populations (around 10% are over 60). The Autonomous City of Buenos Aires, in the central part of the country, has the highest share of people over age 60 (22%) (INDEC, 2010).



Care dependence, disability, and chronic diseases

In 2012, the National Statistics and Censuses Institute (*Instituto Nacional de Estadística y Censos*, INDEC), together with the National Directorate of Policies for Older People (*Dirección Nacional de Políticas para Adultos Mayores*, DINAPAM), conducted the National Survey on the Quality of Life of Older People (*Dirección Nacional de Políticas para Adultos Mayores*, ENCaViAM)¹ (INDEC, 2014a, b, and c). The survey differentiates between two types of care dependence: care dependence for basic activities of daily living (BADL), and care dependence for instrumental activities for daily living (IADL). Regarding the first category, the survey asks whether the person is unable to perform or has difficulty performing basic activities of daily living—mainly activities for taking care of themselves—and needs ongoing help from another person. The basic activities included in the survey are moving around one's room or home by oneself and doing daily tasks like eating, bathing, getting dressed, using the toilet, combing hair, brushing teeth or washing one's face, getting into or out of bed, and going up or down stairs.

The questions about instrumental care dependence are related to people's ability to perform activities involving a higher level of cognitive or motor complexity that are necessary for living independently. These activities include the ability to use the telephone, take transportation, take medications, manage money, do shopping, prepare hot meals, or do housework. Both categories (basic and instrumental) exclude temporary situations resulting from a disease or accident from which the person is expected to quickly recover.

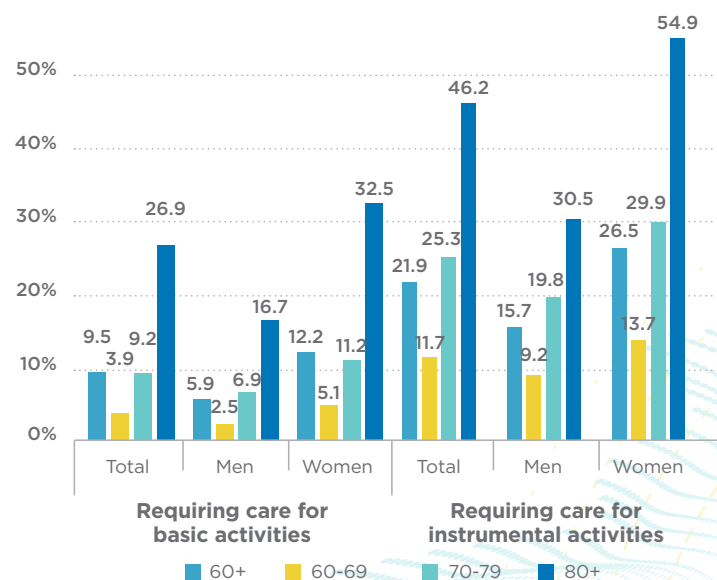
In 2012, it was already estimated that around 10% of people over age 60 in Argentina had difficulty performing basic activities of daily living and that 22% struggled to do instrumental activities (INDEC, 2014a). Assuming this percentage stays relatively stable over time, in 2020 there would be around 678,000 older people who have difficulty performing

basic activities of daily living, a figure which would rise to 1.3 million in 2050 and 2.6 million in 2100. Under the same premises, the projected number of people with difficulty performing instrumental activities of daily living in 2020, 2050, and 2100 would be 1.5 million, 2.9 million, and 5.3 million, respectively.² If the two types of activities are combined, in 2012 around 23% of people over age 60 were dependent on care to some extent to perform basic or instrumental activities of daily living, which in 2020 translates to nearly 1.6 million people in need of some degree of care.

Women have a higher rate of care dependence than men, regardless of age. For example, 54.9% of women over age 80 have difficulty with basic activities of daily living, as opposed to 30.5% of men in the same age group. The same pattern can be seen for instrumental activities.³

As age increases, so does the number of people with difficulties. In 2018, 30.5% of people over age 65 and 46.6% of people over age 80 had some type of disability. Chronic diseases, which increasingly dominate the top causes of morbidity and mortality in the population, further exacerbate the issue.

Percentage of care-dependent people in Argentina, by gender and age group, 2012



Source: Calculations by the author based on INDEC (2014a).

¹ This survey was a section of the Continuing Survey of Households (*Encuesta Permanente de Hogares*) conducted during the last three months of 2012 by INDEC and the provincial statistical directorates, in close collaboration with DINAPAM. DINAPAM is part of the National Secretariat for Children, Adolescents, and Family (*Secretaría Nacional de Niñez, Adolescencia y Familia*) of Argentina's Ministry of Social Development (*Ministerio de Desarrollo Social de la Nación*). ² Ibid. ³ Ibid.



Population aging heightens risk of non-communicable chronic diseases (NCD) and disability. It is also gradually erodes physical and mental capabilities, increasing the likelihood that people will no longer be able to do basic activities on their own.

In Argentina, NCDs⁴—cancer, hypertension, diabetes, and chronic respiratory diseases, among others—are the main cause of death (80.7%). They also account for 83.4% of years of life lost due to premature death and 70.5% of years of life adjusted for disability.⁵ NCDs are especially prevalent among people over age 60.

According to the National Study on the Profile of People with Disabilities (Estudio nacional sobre el perfil de las personas con discapacidad) (INDEC, 2018), in 2018 in Argentina, 30.5% of people over age 65 had some type of limitation (1.3 million). Within this group, 25.4% of people between the ages 65 and 79 report signs of some type of limitation. In the highest age group—those over age 80—46.6% have some type of limitation or disability. In those over age 80, the prevalence of difficulties is much higher among women than men: half have some type of difficulty,⁶ or 10% more than men. It can thus be concluded that the need for care tends to increase with age.

These demographic trends will unquestionably heighten demand for care services, and, given trends in how families are structured, this growing need will have to be met by the services supplied by the market, the State, and the community.

The government's role in long-term care

Argentina is one of the most advanced countries in the region in terms of long-term care policies and programs. The rights of older people are protected by Argentina's Constitution, and in 2017 the country

ratified the 2015 “Inter-American Convention on Protecting the Human Rights of Older Persons.”

To meet growing demand, Argentina offers a broad range of public care services. However, the services are highly fragmented and there is little coordination between the institutions that provide them and the different levels of government. The services' coverage is still limited and only reaches a small percentage of the older people with care needs that were described above.

Despite the State's unquestionable progress in the areas of policymaking and service provision, Argentina still lacks a comprehensive system to organize the services under a single umbrella institution. Currently, the different actors involved in long-term care operate under an extremely complex scheme where functions and services often overlap and public institutions intervene at different levels of government with multiple actors in the national, provincial, and municipal arenas. Given the country's decentralized model, provinces—and in some cases municipalities—have the autonomy to set their own strategy for caring for their population. They play a role in providing and regulating care services.

In the public sphere, DINPAM and the National Institute of Social Services for Retirees and Pensioners under the Comprehensive Medical Care Program (*Instituto Nacional de Servicios Sociales para Jubilados y Pensionados-Programa de Atención Médica Integral*, INSSJYP-PAMI) are the key institutions at the national level for care services for older people. Long-term care services mainly operate under a social insurance system overseen by PAMI, which provides coverage to 62% of older people. PAMI provides services in institutional care settings and day centers, and it also makes cash transfers for hiring an in-home caregiver. Meanwhile, DINAPAM provides services in institutional care settings and trains caregivers. This directorate has a role that involves oversight and coordination with provinces through the Federal Council for Older People (*Consejo Federal de Adultos Mayores*) and the Division of Adults and Older People (*Dirección de Personas Adultas y Mayores*, DIPAM) of Argentina's Ministry of Health.

⁴ NCD are long-term diseases that usually progress slowly.

⁵ Estimates by the author based on data from the “Global Burden of Disease Study,” retrieved from <http://ghdx.healthdata.org/gbd-results-tool>.

⁶ The survey results report defines disability as **limitations** in certain activities, but to evaluate these limitations, the survey asks questions about people's **difficulties**. This document therefore uses the terms “difficulties” and “limitations” interchangeably with reference to disability, even though the concept of difficulty is usually associated with care dependence.



Supply of long-term care services

In addition to the public sector actors that were already mentioned, national obras sociales (compulsory, union-managed insurance funds) and prepagas (optional private insurance plans) also provide assistance services, and some have specific programs for older people. Private and civil society organizations also participate, providing services and carrying out a wide mix of activities of varying quality. Many of them are even publicly funded. These include long-term care facilities, grandparents clubs, associations, home-care units, day centers, retirement homes, and rehab centers, home-care services, training for unpaid caregivers, and telecare services.

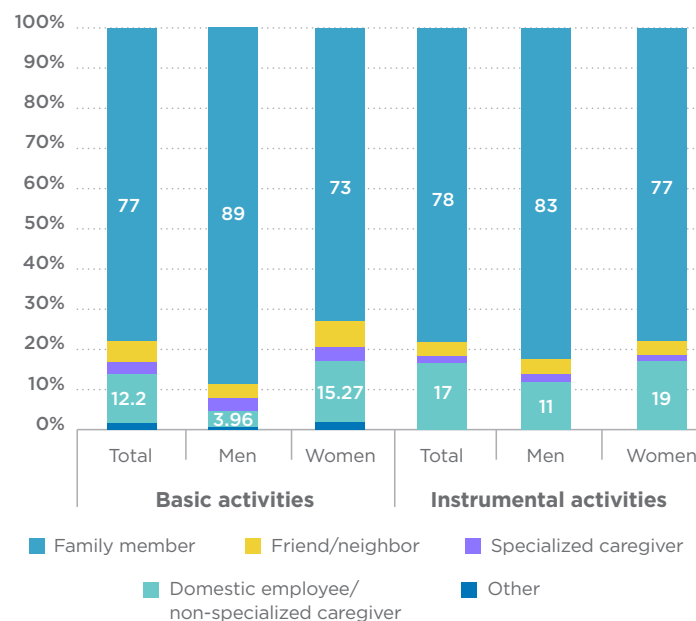
It should be pointed out, however, that most care and assistance for older people in Argentina is voluntary and informal, as care is primarily provided by the women in families. According to ENCaViAM, 77% of people over age 60 who require care to perform basic activities of daily living normally receive help from a family member. The ENCaViAM also reports that approximately 4 of every 10 older people generally receive help from a family member who lives elsewhere,⁷ and that the most frequent type of help is accompanying them at home (31%) and outside the home (24%). Meanwhile, the same survey shows that the main source of help and assistance for older people outside of the home is family, particularly children (64.3% of the time), especially daughters (38.2%), followed by grandchildren and neighbors (22.8%).

Analysis of and perspectives on the care services

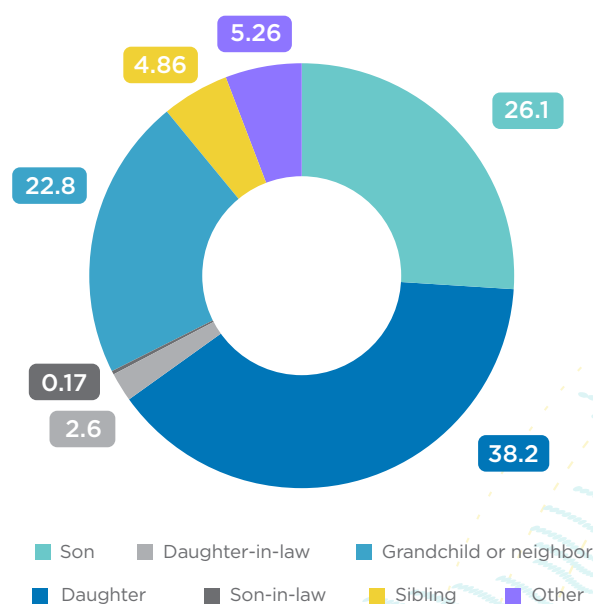
The rights of older people are protected by Argentina's Constitution, and at the international level, Argentina has approved and ratified the Inter-American Convention on Protecting the Human Rights of Older Persons. The recent creation of the Inter-Ministerial Care Policies Roundtable (*Mesa interministerial de políticas de cuidado*) to design a comprehensive policy headed

⁷ Doing housework, handing them things they might need (food or clothing, for example), spending time with them, doing shopping or errands with cash, or paying some of their expenses, and accompanying them when they go out.

People who help those over age 60 with activities of daily living in Argentina, by type of activity, 2012



People over age 60 who normally receive help from a family member or someone else they know who does not live with them, by type of relationship, 2012



Source: Estimates by the author based on INDEC (2014a).



by the Ministry of Women, Gender, and Diversity sets the stage for an in-depth dialogue between all stakeholders about the successes and challenges of the long-term care system. While Argentina has made significant strides in the area of care in recent years, it has yet to overcome many hurdles.

One of Argentina's main challenges in relation to long-term care, especially because of the funding commitment it requires, is increasing the current coverage for both people over age 60 and those in other age groups who need these services and currently do not receive long-term care benefits. Another challenge is related to the availability of training for providing long-term care. The training currently offered yields satisfactory results, but the supply falls short of the demand for care generated by the PAMI alone. A third challenge centers on creating a true care system, which requires a regulatory framework to govern the sector's activity and guarantee minimum quality standards for care services.

For more details, see the full publication at <https://publications.iadb.org/es/envejecimiento-y-atencion-la-dependencia-en-argentina>



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