# Reassembling Social Security

This book is an outstanding achievement. Few could have written a book on welfare reform in Latin America with the depth of knowledge, acute understanding, and easy accessibility that Mesa-Lago is able to use to illuminate on this subject. Our understanding of welfare reforms in the region is in large part due to his work. A wonderful bequest for those researching this area.

*Armando Barrientos, Brooks World Poverty Institute at the University of Manchester*

This is a unique and updated piece of academic work with a policy oriented approach to Latin American social security issues. Because pensions and heath care dominate most of Latin American social policy agenda but also have extremely relevant economic and fiscal consequences, this book is a must for everyone interested in a comprehensive view of this heterogeneous region. Therefore, the book is a valuable resource for experts on pensions, health care, social security, and Latin America.

*Fabio M. Bertranou, Senior Social Security Specialist, International Labour Organizacion (ILO), Santiago, Chile*

Without a doubt, Dr. Mesa-Lago's study is the most comprehensive, critical and accurate account of the evolution of social security systems—including an impact evaluation of recent reforms—in the 20 Latin American countries. A must read for policy-makers and scholars interested in social security systems.

*Núria Homedes, MD, DrPh, Director of Global Health, University of Texas-Houston, School of Public Health, and Antonio Ugalde, PhD, Professor Emeritus, University of Texas-Austin, Department of Sociology*

This book is an elegant and well-researched tour-de-force of Latin American pension and health reforms and their impacts. Drawing on five decades of work on social security systems in Latin America, Carmelo Mesa-Lago bridges the gap between pensions and health care through a cross-cutting analysis of vexing policy issues. This book will become an invaluable asset for all those grappling with the complexities of social policies in Latin America.

*Gerard M. La Forgia, Lead Health Specialist, World Bank*

This comprehensive volume is written by the most knowledgeable expert on Latin American pension and health care issues, a long-standing observer of social policy making on the subcontinent. His razor-sharp analysis and recommendations deserve many readers in Latin America and beyond.

*Dr. Katharina Mueller, Professor of Social Policy, Mannheim University of Applied Sciences*

Carmelo Mesa-Lago is one of the masters on economics of Social Security in Latin America. In the last three decades, his ideas, books, and accurate papers had influenced many generations of social economists and policy makers in every country of the Region. This book is a new masterpiece that will contribute to update the knowledge about the achievements and challenges of the last generation of reforms on social security in Latin America.

*André Medici, Senior Social Development Specialist, Inter American Development Bank*

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## *A Survey of Pensions and Health Care Reforms in Latin America*

Carmelo Mesa-Lago

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In view of its current relevance, I reproduce herein the dedication in my first social security book published thirty years ago:

This book is devoted to the millions of workers and peasants in Latin America who suffer from lack of coverage or poor protection against social risks. It is intended as a modest contribution to the long quest for a universal, unified, standardized, and equitable social security system in the region.

*Social Security in Latin America: Pressure Groups, Stratification, and Inequality*
(University of Pittsburgh Press: 1978)

# PREFACE: REASSEMBLING SOCIAL SECURITY IN LATIN AMERICA

Since the first social security programs were introduced in Germany in the 1880s, steady progress has been made to improve one of the most important instruments of social protection and welfare designed by human beings. More than half a century has elapsed since the International Labour Organization (ILO) approved the 'minimum norm' that established the following crucial social security principles: (*a*) universal coverage; (*b*) equal treatment; (*c*) solidarity; (*d*) comprehensiveness, sufficiency, and quality of benefits; (*e*) unity, state responsibility, efficiency, and social participation in the administration; and (*f*) financial sustainability.

The two most important social security programs, in terms of the number of insured and beneficiaries, as well as revenues/expenditures, are old-age, disability and survivors pensions, and sickness-maternity or health care. Latin America was a continental pioneer when it introduced these programs in the Southern Cone in the 1910s and 1920s. Ultimately, these programs were implemented in all twenty countries in the region, albeit with significant differences in coverage and benefits. The conventional social security principles reigned without challenge until structural reforms commenced in the 1980s and more so in the 1990s. The structural pension reform ('privatization') introduced by Chile in 1981 gradually influenced other countries in the region, as well as in Central and Eastern Europe, and spurred reform debate in Western Europe and the United States. These pension reforms not only challenged the technical social security international organizations but also affected the design of policies by international financial institutions. Health care reforms, which began in the 1970s and the 1980s, had spread to all twenty countries in the region by the 1990s. The health care reforms have been less radical and more diverse than the pension reforms but both have reassembled or re-engineered social security programs transforming several key principles and setting new goals.

Although pension and health care reforms have social objectives, such as extending coverage and improving equity and quality of benefits, of equal or more importance, have been the following economic aims: (*a*) maintaining the financial–actuarial equilibrium of the systems and

fiscal stability to cope with population aging in the case of pensions and increasing costs of health care; (*b*) establishment of the principle of equivalence or a strict relationship between contributions and benefit levels as an incentive for enrollment and payment of contributions; (*c*) total or partial replacement of state and/or social insurance monopolies or quasi-monopolies in pensions and health care by private insurance, financing and provision, often combined with decentralization, particularly in health care, and the separation of these functions from those of regulation and supervision that are left to the state; (*d*) development of insurance and provider markets as well as competition among administrators and providers; (*e*) granting the insured freedom of choice between competing pension administrators and health care insurance firms and providers, in pursuit of more efficiency and lower administrative costs; and (*f*) advancement of capital markets and increasing national saving promoted by pension reforms. Without a doubt, these reforms were the most important social development in Latin America in the last century.

In 2004, 160 million workers in Latin America were affiliated with social insurance pensions but only 74 million were active contributors (one-third of the labor force), with 66% participating in public programs and 34% in private schemes. On the other hand, by 2001 about 151 million people were covered by social insurance health care (45% of the total population if Brazil's population and public system are excluded) and 59 million by private insurance (11.5% including Brazil) for a total of 195 million insured, leaving 325 million uninsured. Coverage by the public sector is impossible to estimate, but if those with access to Brazil's public system were added, the total covered would reach about 62% of the population.

There were many valuable resources consulted for this book, including: (*a*) the health care reports of the Pan American Health Organization (PAHO), including profiles of the twenty Latin American countries that describe the features and analyze the results of health reforms; (*b*) the country pension and health care reform studies and regional statistics from the Economic Commission for Latin America and the Caribbean (ECLAC); (*c*) technical documents from the ILO and the International Social Security Association (ISSA); (*d*) comparative world studies and statistics from the World Health Organization (WHO); and (*e*) regional and country reports from the World Bank and the Inter-American Development Bank (IADB). Despite this wealth of information, we still lack a comprehensive, integrated, and comparative study of the pension and health care reforms for all of Latin America that describes their features and evaluates their results.

This book fills the void in the literature through a systematic comparison of pension and health care reforms in all twenty Latin American

countries, which categorizes reform models based on their diverse characteristics and evaluates their impact on social security principles based on standardized, recent statistics, and other data. In addition, the new goals and assumptions of the reforms are contrasted with actual results.

This book is divided into four parts: Part I describes the state of social security prior to the reforms, Part II focuses on pension reforms and their effects, Part III deals with health care reforms and their effects, and Part IV provides policy recommendations in both areas. Chapter 1 summarizes the general evolution of the six conventional social security principles related to pension and health care and indicates which principles had been implemented in the region before the start of the reforms; it also describes the transformation of the conventional principles by the reforms and introduces their new goals. This chapter sets the basis for later comparisons of the social security situation before and after the reforms, as well as to test if the modified conventional principles and new goals forged by the reform have been implemented. Chapters 2 and 7 summarize the major features and key objectives of the pension and health care reforms, develop taxonomies of such reforms and identify the external influences and domestic factors involved in the reform process.

The central part of this book undertakes an analytical comparison of the varied pension and health care reforms, evaluates their effects on the six conventional social security principles, and determines whether the new reforms' goals and assumptions have been implemented and materialized. For that purpose, forty-two standardized tables systematically contrast statistics and other data for each of the twenty countries in the region, most of them with data as recent as 2005 or 2006. Four chapters are devoted to each pension reform (3 to 6) and health care reforms (8 to 11), the latter chapters are larger than those on pensions due to the complexity and diversity of health care reforms. Each chapter ends with a summary of findings on the impact of the reforms on the conventional principles and testing if new goals or assumptions have materialized.

Of particular importance are the answers to the following questions: Have the reforms been successful in increasing coverage and access of the general population? Have health care reforms impeded the concentration of private providers on high- and middle-income groups with lower risks, neglecting poor- and low-income groups with higher risks? Do the new health systems offer a universal, basic package of benefits and have they enhanced quality of services? Have the reforms of both programs improved financial equity, solidarity, and gender equality? Have health reforms achieved an effective decentralization that transfers adequate authority, resources, personnel, and services to administrators closer to the participants? Has the state fulfilled its functions of regulating and

supervising, financing costs of the pension transition and providing social assistance to the uninsured population? To what degree has privatization been attained by both types of reform? Is there real competition in the market that effectively gives users freedom of choice and, if so, has it resulted in improved efficiency and reduced administrative costs? Do the participants have available the information and skills needed to select the best administrators and insurance providers? Do the insured participate in the administration of the systems and are their opinions taken into account to improve services? What has been the effect of the reforms on health expenditures, on the distribution of insurance monies among the three health sectors, and on out-of-pocket expenses? Have reforms accomplished a better financial equilibrium and sustainability of the systems and, in the case of pensions, also expanded capital markets and national saving? Have the new incentives controlled evasion and payment delays? Have the reforms improved health status indicators of the population? Are the private systems insulated from political and state interference?

Chapter 12 offers detailed policy recommendations both of a general nature and specific to countries or issues, suggests methods to address the identified problems in the region and thereby improve pension and health care systems in the future. Finally, more than 600 bibliographic sources consulted for this book are listed in the Bibliography.

Despite the author's efforts to verify statistics and information with international, regional, and country experts, as well as to provide the most up-to-date information possible, the enormous scale of this project, and the extensive amount of material covered in this book, impeded a complete review. Therefore, it is probable that errors remain and that information for certain countries is not current. Finally, this book deals with very controversial issues, many of them charged with ideology, polarizing the field with extremes: either totally in favor or totally against the reforms. Although full objectivity is impossible, the issues are addressed in a scholarly fashion and supported with solid data, balancing the positive and negative aspects of the reforms and identifying advantages and disadvantages of public and private systems to correct flaws of both and improve all types of systems and reforms. It is my sincere hope that this book will stimulate debate, improve understanding of these reforms and, above all, contribute to better pensions and health care for the peoples of Latin America and elsewhere.

# ACKNOWLEDGMENTS

It took more than four painstaking years to complete this book. Initially, I wrote separate monographs in Spanish on pension and health care reforms, under the sponsorship of the UN Economic Commission for Latin America and the Caribbean (ECLAC) in Santiago de Chile, which published both: *Las Reformas de Pensiones en América Latina y su Impacto en los Principios de la Seguridad Social* (2004) and *Las Reformas de Salud en América Latina y el Caribe y su Impacto en los Principios de la Seguridad Social* (2006). In 2006 and early 2007, I integrated the two monographs under a common framework, the data was updated, and the resulting text was considerably trimmed, edited, and translated to English. The original version of the pension part discussed public and private pensions in two separate sections that were fused in this book, whereas the original treatment of health care reforms contained separate analyses for each of the twenty countries, which were merged and compacted. These structural changes strengthened and made the comparisons more transparent. The most recent data found in this book is from 2006 even though changes in the health care and pension systems are ongoing and new data are available every day.

Many people and institutions provided valuable help and financial support for this project. Andras Uthoff conceived the original idea and asked me to undertake the project, obtained financing from ECLAC and commented on the two monographs in Spanish; Daniel Titelman endorsed the project also. The Pan American Health Organization provided a grant for the translation, integration, compacting, and updating of the health care part that allowed the author to work full time on the said part; the support of Pedro Brito and Pedro Crocco is gratefully acknowledged. The Center for Latin American Studies of the University of Pittsburgh awarded two research grants in 2003–6 to finance four part-time research assistants to help gather the bibliography and data from the Internet: Gerald Hunter, Lindsey Jones, José Castro, and Javier Vazquez who also did the manuscript reformatting.

Numerous and insightful comments were made by Nicholas Barr, Armando Barrientos, and Katharina Müller (the latter also provided many useful suggestions concerning policies) on the first English draft of the pension part of this book, and by Fabio Bertranou, Cecilia Acuña, Gerard La Forgia, and André Medici on the original Spanish

version of the health care part, as well as by three anonymous referees for OUP. Lists of questions on the pension part were submitted to and answered by officials and experts on twelve countries: Fabio Bertranou and Alfredo Conte Grand on Argentina; Alberto Bonadona on Bolivia; Helmut Schwarzer, Vinicius Pinheiro, and Rafael Ferreira on Brazil; Alberto Arenas de Mesa and Pamela Gana on Chile; Fabio Durán and Adolfo Rodríguez Herrera on Costa Rica; Omar Everleny Pérez Villanueva on Cuba; Jefrey Lizardo and Hernando Pérez Montás on the Dominican Republic; Manuel Israel Ruiz on Nicaragua; René Luciani on Panama; Eliana Carranza on Peru; and Alvaro Forteza, Heber Galli, and Ernesto Murro on Uruguay. Similar lists on the health care part were answered by officials and experts in thirteen countries: Rubén Torres and Carlos Vassallo on Argentina; Andre Medici and Sergio Piola on Brazil; Manuel Inostroza Palma on Chile; Juliana Martínez on Costa Rica; Jefrey Lizardo on the Dominican Republic; Efrem Karolys, María del Carmen Quevedo, and Francisco Penia on Ecuador; Luis José Martínez Villalba on México; Larry Valladares on Nicaragua; René Luciani and Lilian González on Panama; María Elena Ramírez de Rojas on Paraguay; Luis Manrique on Peru; José Enrique Fernández and Patricia Triunfo on Uruguay; and Marino González on Venezuela. In addition, bibliography, documents, data, and/or comments were provided on pensions and/or health care by Lilia M. Archaga de Quirós, Anida Bastidas, Fabio Bertranou, Geraldo Biasoto, Hans-Ulrich Bünger, Sergio Cesaratto, Carmen Corral de Solines, Pedro Crocco, Emilio Cueto, Fabio Durán, Iván Espinoza, Donatella Fabbri, Carlos Filgueira, Rolando Franco, Nélida Gambogi, Michael Gautrey, Rogelio Gómez, Orville Goodin, Roberto Gutiérrez, Núria Homedes, Gerard La Forgia, Marcelo Lalama, María Elena López, Nehemías López, Thomas Manz, Félix Martín, Francisco Mendoza, Eduardo Morón, Rossana Mostajo, Gustavo Nigenda, Lizette Ochoa, Ondina Olivas, Francisco Piena, Ariel Pino, Reiner Radermacher, Roberto Rodríguez Escobar, Ladina Saboz, Ana Sojo, Carmen Solorio, Anja Stuckert, Antonio Ugalde, and Rocío Zegarra. I gratefully acknowledge the valuable support of all these individuals and institutions but take full responsibility for what is said in this book.

Last, but not least, during the four years it took to write this manuscript, my wife Elena gave me her continued support and freed me of many obligations so that I could dedicate more time to writing. She and our three daughters have my solemn promise that this will be my final book, whose long and excruciating process has convinced me that at 73 it is finally time to enjoy retirement.

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# LIST OF TABLES AND APPENDICES

# ABBREVIATIONS

| | |
|---|---|
| AIOS | Asociación Internacional de Organismos de Supervisión de Fondos de Pensiones (international association of superintendencies of private pensions) |
| ARS | Administradoras del Régimen Subsidiado (administrators of the subsidized health regime), Colombia, and Administradoras de Riesgos de Salud (health care administrators), Dominican Republic |
| ASS | Administradoras de Servicios de Salud (health administrators) Guatemala |
| AUGE/GES | Garantías Explícitas en Salud (basic health care package and other guarantees), Chile |
| BCU | Banco Central del Uruguay (Uruguay's central bank) |
| BPS | Banco de Previsión Social (social insurance institute), Uruguay |
| CCSS | Caja Costarricense de Seguro Social (social insurance institute), Costa Rica |
| CI | Catastrophic illnesses |
| CONSAR | Comisión Nacional del Sistema de Ahorro para el Retiro (superintendence of private pension funds), Mexico |
| CPC | Collective partial capitalization (partly funded) financial pension regime |
| CSS | Caja de Seguro Social (social insurance institute), Panama |
| CPI | Consumer Price Index |
| DILOS | Directorio Local de Salud (local health board), Bolivia |
| DRG | Diagnosis-Related-Groups payments |
| EAP | Economically Active Population or labour force |
| EBAIS | Equipos Básicos de Atención Integral en Salud (local basic health teams), Costa Rica |
| EMP | Empresas de Medicina Prepaga (prepaid health enterprises), Argentina, and Empresas Médicas Provisionales (health providing enterprises), Nicaragua |
| EPS | Empresas Promotoras de Salud (health providing enterprises), Colombia, and Entidades Prestadoras de Salud (health providing enterprises), Peru |
| ESE | Empresas Sociales Estatales (state health providing enterprises), Colombia |
| ESS | Empresas Solidarias de Salud (health providing enterprises), Colombia |
| EsSalud | Seguro Social en Salud (social insurance health institute), Peru |
| FAEC | Fundo de Ações Estratégicas e Compensação (compensation health fund), Brazil |
| FCS | Fondo de Compensación Solidario (solidarity health fund), Chile |

| | |
|---|---|
| FF | Fully funded financial regime in pensions |
| FNR | Fondo Nacional de Recursos (compensation health fund), Uruguay |
| FNS | Fundo Nacional de Saúde (national health fund), Brazil |
| FNS | Fondo Nacional Solidario (solidarity health fund), Bolivia |
| FONASA | Fondo Nacional de Salud (public-social insurance health program), Chile |
| FOSYGA | Fondo Solidario y de Garantía (solidarity health fund), Colombia |
| FSC | Fondo Solidario de Compensación (compensation health fund), Chile |
| FSR | Fondo Solidario de Redistribución (solidarity health fund), Argentina |
| GDP | Gross Domestic Product |
| HCP | Highly-complex procedures in healthcare |
| IADB | Inter-American Development Bank |
| IAMC | Instituciones de Asistencia Médica Colectiva (collective not-for-profit private health providers), Uruguay |
| IDSS | Instituto Dominicano de Seguros Sociales (social insurance institute) Dominican Republic |
| IESS | Instituto Ecuatoriano de Seguridad Social (social insurance institute), Ecuador |
| IFO | International Financial Organizations |
| IGSS | Instituto Guatemalteco de Seguridad Social (social insurance institute), Guatemala |
| IHSS | Instituto Hondureño de Seguridad Social (social insurance institute), Honduras |
| ILO | International Labor Organization |
| IMF | International Monetary Fund |
| IMSS | Instituto Mexicano del Seguro Social (social insurance institute for private workers), Mexico |
| INP | Instituto de Normalización Previsional (institute of standardization of public pensions), Chile |
| INS | Instituto Nacional de Seguros (occupational risks institute), Costa Rica |
| INSS | Instituto Nicaragüense de Seguridad Social (social insurance institute), Nicaragua |
| IPD | Implicit pension debt |
| IPS | Instituto de Previsión Social (social insurance institute), Paraguay, and Instituciones Proveedoras de Servicios (health provider institutions), Colombia |
| ISAPRE | Instituciones de Salud Provisional (private health providers), Chile |
| ISS | Instituto de Seguro Social (social insurance institute), Colombia |
| ISSA | International Social Security Association |
| ISSS | Instituto Salvadoreño del Seguro Social (social insurance institute), El Salvador |
| ISSSTE | Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado (social insurance institute for civil servants), Mexico |
| IVSS | Instituto Venezolano de los Seguros Sociales (social insurance institute), Venezuela |

| | |
|---|---|
| IMAE | Institutos de Medicina Altamente Especializada (complex medicine providers), Uruguay |
| MINSA | Ministerio de Salud (ministry of health), Costa Rica, Panamá, Peru |
| MINSAL | Ministerio de Salud (ministry of health), Chile |
| MINSALUD | Ministerio de Salud (ministry of health), Colombia |
| MINSAP | Ministerio de Salud Pública (ministry of health), Cuba |
| MSDS | Ministerio de Salud y Desarrollo Social (ministry of health), Venezuela |
| MSPAS | Ministerio de Salud Pública y Asistencia Social (ministry of health), Guatemala, and Ministerio de Salud Pública y Asistencia Social (ministry of health), El Salvador |
| MSPBS | Ministerio de Salud Pública y Bienestar Social (ministry of health), Paraguay |
| MSPP | Ministerio de Salud Pública y Población (ministry of health), Haiti |
| NDC | Notional Defined Contribution System |
| NGO | Non Government Organizations |
| OISS | Organización Iberoamericana de Seguridad Social |
| ONA | Office National d'Assurance Vieillesse (old-age social insurance), Haiti |
| OS | Obras Sociales (social insurance health care providers), Argentina |
| PAB | Piso de Atenção Básica (basic health care package), Brazil, and Plan de Atención Básica (basic health care package), Colombia |
| PABA | Piso de Atenção Básica Ampliado (expanded basic health care package), Brazil |
| PAC | Planes de Atención Complementaria (supplementary health care plans), Colombia |
| PAHO | Pan American Health Organization |
| PAYG | Pay-as-you-go financial pension regime |
| PBS | Plan Básico de Salud (basic health care package), Dominican Republic |
| PCSB | Programa de Cuidados Sanitarios Básicos (basic healthcare package) Paraguay |
| PMO | Programa Médico Obligatorio (basic health care package), Argentina |
| POS | Plan Obligatorio de Salud (basic healthcare package of contributory regime), Colombia |
| POSS | Plan Obligatorio de Salud del Régimen Subsidiado (basic health care package of the subsidized regime), Colombia |
| RGPS | Regime Geral de Previdência Social, Brazil |
| PSF | Programa de Saúde da Família (family healthcare program), Brazil |
| PSS | Proveedores de Servicios de Salud (health care providers), Dominican Republic, and Prestadoras de Servicios de Salud (healthcare providers), Guatemala |
| SAFJP | Superintendencia de Fondos de Jubilaciones y Pensiones (superintendence of private pensions), Argentina |
| SAFP | Superintendencia de Fondos de Pensiones (superintendence of private pensions), Chile, Peru |

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|---|---|
| SBC | Superintendencia Bancaria de Colombia (superintendence of banking and pensions). |
| SBS | Seguro Básico de Salud (basic healthcare package), Bolivia |
| SENASA | Seguro Nacional de Salud (national healthcare insurance), Dominican Republic |
| SESPAS | Secretaría de Salud Pública y Asistencia Social (ministry of health), Dominican Republic |
| SFS | Seguro Familiar de Salud (family health insurance), Dominican Republic |
| SIAB | Sistema de Informação de Atenção Básica (health information system), Brazil |
| SIAS | Sistema Integrado de Atención a la Salud (integrated healthcare system), Guatemala |
| SIBASI | Sistemas Básicos de Salud Integral (local basic health program), El Salvador |
| SILAIS | Sistemas Locales Integrados de Salud (local basic health program), Nicaragua |
| SILOSS | Sistemas Locales de Seguridad Social (local basic health program), Honduras |
| SIS | Seguro Integrado de Salud (integrated health insurance), Peru |
| SISBEN | Sistema de Información de Salud (health information system), Colombia |
| SNSS | Sistema Nacional de Servicios de Salud (public national health care service network), Chile |
| SP | Superintendencia de Pensiones (superintendence of pensions), Costa Rica, El Salvador |
| SPNS | Sistema Público Nacional de Salud (national health system), Venezuela |
| SPS | Seguro Popular de Salud (popular health insurance), Mexico |
| SSA | Secretaría de Salud (ministry of health), Mexico |
| SSC | Seguro Social Campesino (peasants social insurance), Ecuador |
| SUMI | Seguro Universal Materno-Infantil (maternal-infant health insurance), Bolivia |
| SUS | Sistema Único de Saúde (unified health system), Brazil |
| SPVS | Superintendencia de Pensiones, Valores y Seguros (superintendence of pensions, securities and insurances), Bolivia |
| SSS | Superintendencia de Seguridad Social (superintendence of public social security), Chile |
| UCS | Unité Communal du Santé (communal health boards), Haiti |
| UPC | Unidad por Capitación (capitation unit), Colombia |
| WHO | World Health Organization |