ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)

ISRG PUBLISHERS
Abbreviated Key Title: ISRG J Arts Humanit Soc Sci
ISSN: 2583-7672 (Online)
Journal homepage: https://isrgpublishers.com/isrgjahss
Volume – III Issue -VI (November-December) 2025
Frequency: Bimonthly

Population Aging as a Challenge for Comprehensiveness in the Brazilian Unified Health System (SUS)

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| **Received:** 24.06.2025 | **Accepted:** 02.07.2025 | **Published:** 02.11.2025

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Abstract

Population aging in Brazil has accelerated significantly in recent decades, with the elderly population increasing from 7.4% in 2010 to 10.9% in 2022, according to official data. This demographic shift demands structural adaptations within the Brazilian Unified Health System (SUS), but more critically, a transformation in the approach to elderly care. The constitutional principle of comprehensiveness requires coordinated and continuous health actions across all levels of care, considering the specificities of the elderly's life cycle. However, challenges related to funding, managerial capacity, and regulatory coherence often hinder the effective implementation of comprehensive care. The National Policy for the Health of the Elderly (PNSPI), established in 2006, introduced guidelines such as active aging, integrated care, intersectorality, professional training, and social participation. While these norms offer a robust framework for elderly care, their implementation is uneven across municipalities and depends heavily on local governance and technical support from the State. Additional policies, such as the Health Pact (2006), the Program for Improving Access and Quality in Primary Care (PMAQ-AB, 2011), and Previne Brasil (2019), further emphasize the centrality of primary care. However, their effectiveness is limited by the lack of specific indicators focused on elderly needs and the fragmentation of funding and management systems. Home care, specialized networks, and digital health technologies like telehealth and electronic medical records are promising tools to enhance care coordination. Nonetheless, these require robust infrastructure and trained personnel to be effective. The lack of geriatric training in health professionals and the dependency on

DOI: 10.5281/zenodo.17504809

municipal actions for continuing education further constrain progress. Despite legal frameworks such as the Elderly Statute (2003), which guarantees priority in care, the real implementation of these rights depends on service organization and social control mechanisms. Many municipalities still lack integrated policies connecting health with social assistance, housing, and transportation, revealing gaps in intersectoral coordination. Geographic indicators such as GeoSES reveal high inequalities in primary care coverage, emphasizing the need to align financing mechanisms with the specific demands of elderly populations. To effectively deliver comprehensive care to the elderly, SUS must unify its regulatory and operational frameworks, define specific indicators, and invest in intersectoral strategies. Without political commitment and coherent policy integration, comprehensiveness remains an elusive goal in elderly healthcare.

Keywords: *Population Aging, Comprehensiveness, Unified Health System, Elderly Care, Public Health Policy.*

Introduction

Population aging in Brazil has accelerated over recent decades, with the proportion of elderly individuals rising from approximately 7.4% in 2010 to 10.9% in 2022, according to official data (IBGE, 2022). This scenario demands not only structural adaptation from SUS, but a transformation in the care approach, combining health promotion, disease prevention, clinical care, rehabilitation, and long-term support (Paim et al., 2011).

By constitutional definition, comprehensiveness implies coordination and continuity of actions from primary to high-complexity care, considering the life cycle of the elderly person (Law 8.080/1990). However, this is precisely where public policy effectiveness faces challenges related to funding, technical capacity of managers, and regulatory coherence (Brazil, 1990; Ministry of Health, 2017).
Specific policies, such as the National Policy for the Health of the Elderly (Ordinance 2.528/2006), were created to fill these gaps, but their implementation varies widely across municipalities, depending on local articulation and technical support from the State (Brazil, 2006; Torunski & Campos, 2020).

Methodology

This essay is based on a documentary review of federal public policies (Ordinances 2.528/2006, 3/2017, 2.979/2019), legislation such as Law 8.080/1990, Fiocruz reports (2023), WHO publications (2015), and articles from SciELO and PubMed databases (2010–2024). The focus was to identify regulatory aspects and their implications for comprehensiveness in elderly care.

Development

The National Policy for the Health of the Elderly (Ordinance 2.528/2006) established guidelines such as active aging, comprehensive care, intersectorality, professional training, and social participation. These form a regulatory framework to integrate elderly care across all SUS levels (Brazil, 2006). The Health Pact (Ordinance 399/2006) and the Pact for Life made elderly health a national priority, incorporating it into planning and evaluation tools. However, the absence of specific indicators compromises monitoring (Brazil, 2006; Ministry of Health, 2006).

The Program for Improving Access and Quality in Primary Care – PMAQ-AB (Ordinance 1.654/2011) reinforced PHC as a comprehensive care provider, including home evaluations and elderly support. Still, the program focused on general indicators, lacking geriatric-specific focus (Ministry of Health, 2011).

Ordinance 3/2017 formally established Health Care Networks (RAS), aiming to integrate care levels. Its implementation, however, is hampered by fragmented resources and insufficient coordination between management levels (Ministry of Health, 2017). In 2019, Ordinance 2.979 launched Previne Brasil, altering PHC financing based on weighted capitation and performance. Although potentially beneficial for the elderly, it lacks specific goals related to comprehensive care, possibly diluting its impact (Ministry of Health, 2019).

Intersectorality, as envisioned in PNSPI, remains incipient, dependent on municipal agreements and isolated actions unsustainable without structured and continuous social policies (Brazil, 2006; Fiocruz, 2023). Professional training in gerontology and geriatrics remains insufficient; continuing education as outlined in PNSPI relies on municipal actions and the availability of courses and training (Brazil, 2006; WHO, 2015).

Home care — foreseen in the specialized care policy (Ordinance 1.604/2023) — is a valuable resource for elderly comprehensiveness, but faces barriers in integration with PHC, hindering care coordination (Ministry of Health, 2023). Health technologies, such as telehealth and electronic health records, have been promoted to improve elderly care but still depend heavily on adequate infrastructure and training to be effective (Fiocruz, 2023).

Performance assessments of PMAQ-AB and Previne Brasil lack indicators sensitive to elderly comprehensive care, reducing the visibility of this population's specific needs (Torunski & Campos, 2020). Although the Elderly Statute (Law 10.741/2003) ensures priority service, its effectiveness depends on network organization, social control, and the resolution capacity of PHC teams (Law 10.741/2003).

Many regions lack integrated municipal policies that link PNSPI with social assistance, housing, and transportation, revealing disconnected implementation among federative levels (Fiocruz, 2023). The recent legal framework — Ordinance 1.604/2023 — seeks to reinforce specialized and home care, but it is too recent to assess its effects on network cohesion (Ministry of Health, 2023). Geospatial indicators such as GeoSES reveal great disparities in PHC coverage across municipalities, showing that comprehensiveness remains distant in less privileged areas (Barrozo et al., 2019). There is an urgent need for financing instruments (Previne Brasil, PMAQ-AB) to include specific goals and indicators for the elderly, ensuring incentives effectively support comprehensive care (Ministry of Health, 2019).

The fragmentation imposed by different ordinances and pacts reinforces the need for a unified framework that integrates policies, training, indicators, and elderly health management, aiming to

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make comprehensiveness effective and measurable (Paim et al., 2011; WHO, 2015).

Conclusion

Population aging challenges SUS to make comprehensiveness real for the elderly, requiring articulation between policies (PNSPI, Pact for Life, Previne Brasil, PMAQ-AB), specific funding, professional training, and targeted indicators. Without such coherence, comprehensive care remains a distant goal.

For SUS to truly guarantee autonomy, dignity, and continued care for the elderly, it is necessary to strengthen PHC, consolidate care networks, coordinate intersectoral programs, and qualify professional work with a focus on comprehensiveness. This demands political drive, regulatory coherence, and directed investment.

References

1. Barrozo, L. V., & colaboradores. (2019). GeoSES: índice socioeconômico para estudos em saúde no Brasil. *ArXiv*. (reddit.com)
2. Brasil. Lei n.º 8.080, de 19 de setembro de 1990. Lei Orgânica da Saúde.
3. Brasil. Lei nº 10.741, de 1º de outubro de 2003. Estatuto da Pessoa Idosa. (saude.mg.gov.br)
4. Brasil. Ministério da Saúde. Portaria nº 1.604, de 18 de outubro de 2023. Política Nacional de Atenção Especializada.
5. Brasil. Ministério da Saúde. Portaria nº 1.654, de 19 de julho de 2011. Institui o PMAQ-AB.
6. Brasil. Ministério da Saúde. Portaria nº 2.528, de 19 de outubro de 2006. Política Nacional de Saúde da Pessoa Idosa. (scielo.br, gov.br, repocursos.unasus.ufma.br, saude.mg.gov.br, reddit.com)
7. Brasil. Ministério da Saúde. Portaria nº 2.979, de 12 de novembro de 2019. Institui o Programa Previne Brasil. (bvsms.saude.gov.br)
8. Brasil. Ministério da Saúde. Portaria nº 3/2017. Consolidação das Redes de Atenção à Saúde.
9. Fiocruz. (2023). Envelhecimento saudável e atenção domiciliária. Brasília: Agência Fiocruz.
10. IBGE. (2022). Censo Demográfico – Envelhecimento populacional.
11. Ministério da Saúde. (2006). Pacto pela Vida e saúde do idoso.
12. Ministério da Saúde. (2017). Consolidação das Redes de Atenção à Saúde.
13. Organização Mundial da Saúde (OMS). (2015). *World Report on Ageing and Health*.
14. Paim, J., Travassos, C., Almeida, C., Bahia, L., & Macinko, J. (2011). O sistema de saúde brasileiro: história, avanços e desafios. *The Lancet*, 377(9779), 1778-1797.
15. Placideli, N., et al. (2020). Avaliação da integralidade na Atenção Primária para idosos. *Revista de Saúde Pública*, 54, 4001370.
16. Torunski, K. R. B. de O., & Campos, R. L. (2020). Desafios da implementação da PNSPI no SUS. *Physis*.

DOI: 10.5281/zenodo.17504809