

Young policies to an elder population: challenges for the Health Sector

Much has been said about the growing of the elderly population in Brazil over the past fifty years and the need for society to be adapted to this reality, in terms of economy, social security, urban infrastructure and services, among others.

The population aging has brought tremendous challenges for the country used to deal with typical issues of a young population. The health sector has been the most confronted with the challenges posed by this phenomenon, as it must readjust its structure and organization to meet the typical infectious and parasitic diseases of childhood, but at the same time, give attention to several chronic and degenerative diseases which affect the elderly, including hypertension, diabetes, cancer, whose magnitude in morbidity and mortality can be seen in figures released by the information systems of the Ministry of Health

In 2008, the elderly accounted for 60.4% of the deaths of 1,066,842 residents. Over 70% of deaths from circulatory, respiratory and endocrine systems diseases were among them. In 2009, they were also responsible for 21% of 11,102,201 hospitalizations of Brazilian Unified Health System/SUS. Elderly accounted for 55.3% of hospitalizations for cardiovascular diseases and 43.7% concerning endocrine problems. Therefore, the magnitude of the health problems of older people and the need of the sector to act appropriately must be scaled and understood for an effective adequacy of the services.

However the new reality of a young country with white hair, as the expression of Renato Veras, brought to the debate not only the issue of health but of other social needs such as the right of older people to housing, income and actively lead the direction of their own destination. Thus, in Brazilian society has grown a social movement mostly led by the elderly themselves, fighting for a living not only longer, but also dignified. In this context, several public policies emerged. In 1994, the country, signed Law No. 8842 of the National Policy for the Elderly and in 2006, by means of Administrative Order No. 2528, the National Health Policy of the Elderly was approved. In 2003, the Elderly Statute was established.

In 2001 the Ministry of Health issued an Administrative Order No. 737, in which its National Policy for Reduction of Morbidity and Mortality from Accidents and Violence/PNRMAV to answer to the social violence that is expressed in rates of homicide, traffic accidents, suicides and other to which older people are also exposed, especially with regard to domestic violence. In Brazil, in 2009, injuries caused by accidents and violence in this population resulted in 140,249 hospitalizations and 20,303 deaths, representing 15.2% of all deaths from external causes.

This special issue offers several articles that analyze how the main health policies directed to elderly are being implemented, with emphasis on PNRMAV. In this issue, various local situations and different levels of health care are focused, having as parameter the guidelines of PNRMAV and others beyond the Statute of the Elderly. Evidence of improvements in health indicators and access to services appear as auspicious results, but improvements are still needed.

It is expected, rather than pointing out gaps in health care, to contribute to the overcoming of deficiencies and to the search for a more humane and friendly service to those who, in addition to a long life, deserve respect and dignity.

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