The population is aging faster than ever before in the history of humanity. Brazil nowadays has the sixth largest population of elderly people in the world. The number of people over 60 years old reached 3 million in 1960, 7 million in 1975 and 15 million in 2002, which corresponds to 8% of the general population. These numbers represent an increase of 500% in forty years, with a forecast of there being 32 million people in this age range by 2020. This is positive data, as longevity is a significant measure of social well-being. Nevertheless, it is worth drawing attention to two important points. Firstly, unlike what has happened in the developed countries where the population started aging a longer time ago, however in a more gradual manner, Brazil, like other developing countries, is facing the double challenge of consolidating its social protection systems whilst as the same time dealing with a rapidly aging population. Secondly, at the same time as the aging of the population is strongly correlated to the improved health of the population, it also indicates the need to formulate complex strategies for managing public health.
Health policies directed the elderly population

Brazils has several public policies and wide-ranging legislation for guaranteeing the rights of elderly citizens. As well as the constitutional guarantees and those of Law 8080/90, which structures the Brazilian public health system, there are also three basic documents which regulate this subject: The National Policy for the Elderly (Law 8842/1994); The National Policy for the Health of Elderly People (Government Decree 1395/99/MS); and the Elderly People’s Act (Law 10741/2003). All of these grant great importance to actions that deal with the health of the elderly. They are managed by the Ministry of Health (MS) through the Unified System of Health (SUS).

The Health of the Elderly at the Ministry of Health

In Brazil, actions concerned with the health of the elderly are carried out through the Unified System of Health - SUS, thus guaranteeing universal, equal access. The National Policy for the Health of Elderly People, which is drawn up and put into practice by the Ministry of Health, has the following guidelines:

- Promoting healthy and active aging
- Retaining functional abilities.
- Helping provide the health needs of the elderly.
- Restoring lost or damaged functional abilities.

Training specialized human resources.
Helping to develop informal care.
Supporting studies and research.

The operationalization of this policy is concentrated in the Technical Area of Health for the Elderly, part of the Department of Strategic Action Programs, which is itself part of the structure of the Ministry of Health’s Attention to Health Secretariat. The Technical Area of Health for the Elderly was formally set up in 1989, with the aim of drawing up and putting into practice strategies that supplied full integrated care, in accordance with the principles of the Unified System of Health, which are: universality, integrity, equality, decentralization and social participation.

To achieve the objectives of the elderly people’s health policy, the Ministry of Health carries out actions in partnership with other public administration institutions and, in accordance with the principle of decentralization, with the various federative units.

Amongst the actions developed, we can highlight:

- Registration of the elderly population according to location, based on the National Users and Residents Register and the Family Health Program.
- Medical care and other health recovery actions at all levels of complexity through the system from primary care to highly complex procedures.
- Supply of medicines for illnesses that are prevalent amongst the elderly population, including Alzheimer’s disease.
- Home care in the regions covered by the Family Health Program (53.8% of the total population) and by the Community Health Care program (35.1% of the total population).
- Supply of orthoses and prostheses.
- Regulation of Private Health Plans, so as to prevent abusive price rises for elderly citizens.

Conclusion

The peculiar nature of the Brazilian situation, as far as its size, population, rapid urbanization processes and the aging of its population are concerned, has made the management of health related actions highly complex. The strategy adopted has been to choose a single, self-contained system with a decentralized management. It is necessary to recognize that this system is still being constructed, however, it is already showing signs of giving sufficient results that enable us to foresee positive answers to the phenomenon of an aging population: which can be looked at from two different perspectives. The first is to view it as a challenge, where the path to be followed leads to full implementation of all the policies, in a country with 5,500 municipalities. The second perspective is to see it as a victory where aging is considered a measure of development and social well-being.