



**Decade
of healthy
aging**
in the Americas

PAHO



Pan American
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Organization



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REGIONAL OFFICE FOR THE
Americas

SITUATION ANALYSIS

Taking the pulse of the health system's response to the needs of older persons

**BRAZIL IS IN TRANSITION AND THE AGING POPULATION REQUIRES
SUPPORT TO MAKE LONGEVITY ACCESSIBLE TO ALL**

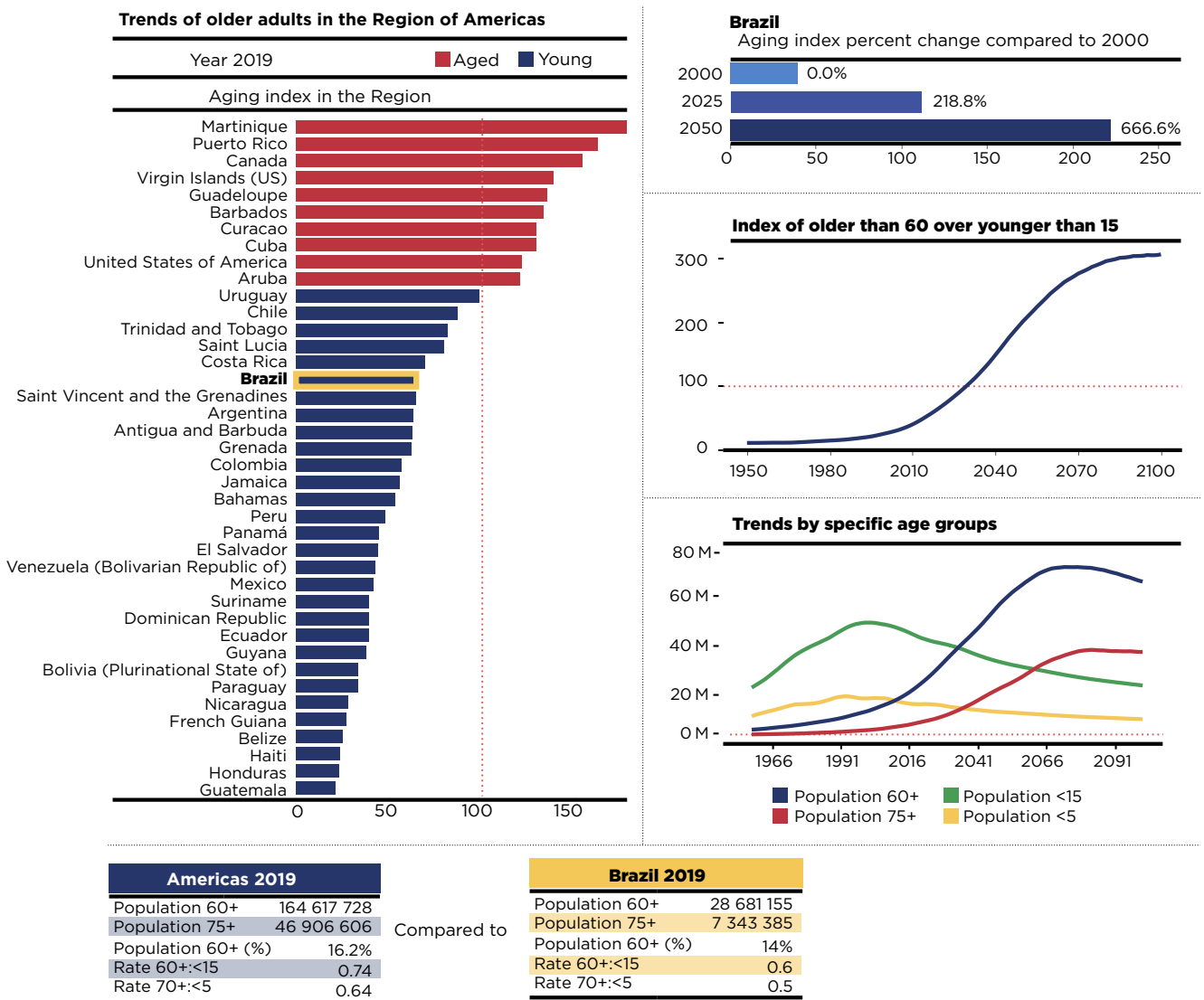
Introduction

This situation analysis aims to present a summary of Brazil's health system's responsiveness to the needs of the aging population. This evaluation assesses the effectiveness of the country's health system and aims to facilitate open dialogue towards further evaluation, decision-making, and the development of an action plan with the implementation of cost-effective policies. The document first presents the current demographic and epidemiological situation, followed by a summary of the health system's responsiveness, with each action area evaluated.

More people reach old age as demographics change

Brazil has more than 30 million older adults aged 60 years and older, which represents 13% of the country’s population. By 2030, this age group will reach approximately 50 million, representing 24% of the total Brazilian population. Brazil is among the 10 countries in the Region of the Americas with the largest population of older people. The population aged 60+ is projected to continue to increase during the next 25 years. By 2030, there will be around 10 million more older people than children (0–14 years). The demographic transition where older people outnumber the 0–14 population will only take two decades in Brazil, while in European countries it took more than a century (7).

Figure 1. Aging patterns in Brazil and the Region of the Americas (2019)



Source: United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2019. New York: UNDESA; 2019. Available from: <https://population.un.org/wpp/Publications/>.

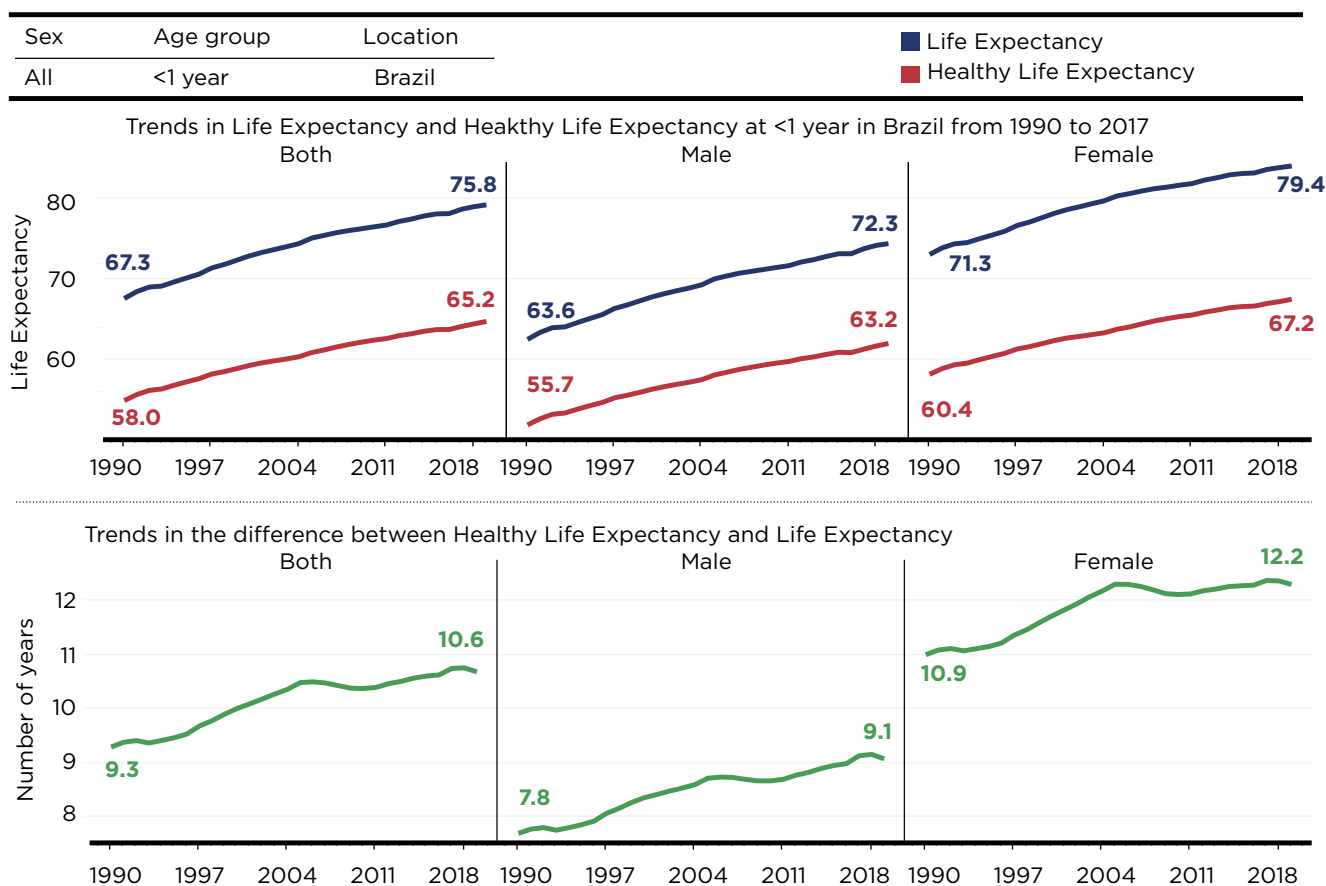
Increased life expectancy for Brazilians does not necessarily mean an increase in years spent in good health

Life expectancy increased considerably in the latter part of the 20th century; today a Brazilian can expect to live an average of 76.3 years. A child born in Brazil in 2015 will live 20 years longer than one born in 1965. Geriatric life expectancy has also increased. In Brazil, a 60-year-old person can expect to live 22.6 additional years, and the average 80-year-old will live 9.6 more years. However, inequity persists. For example, a child born in the state of Maranhão, which is an economically underdeveloped region and one of the least urbanized areas in Brazil, could expect to live 8.6 years less than a child born in the state of Santa Catarina, a more developed and wealthier area (7).

In Brazil people live longer but are less healthy as they age

There is nearly a 10-year gap between life expectancy and healthy life expectancy. This means that, on average, a person lives 10 years of his/her life afflicted by disability. Brazilian women have increased life expectancy (79.9 years) compared to men, but they live longer with illness and disability (2).

Figure 2. Are the Life Expectancy and Healthy Life Expectancy gaps increasing over time? The case of Brazil

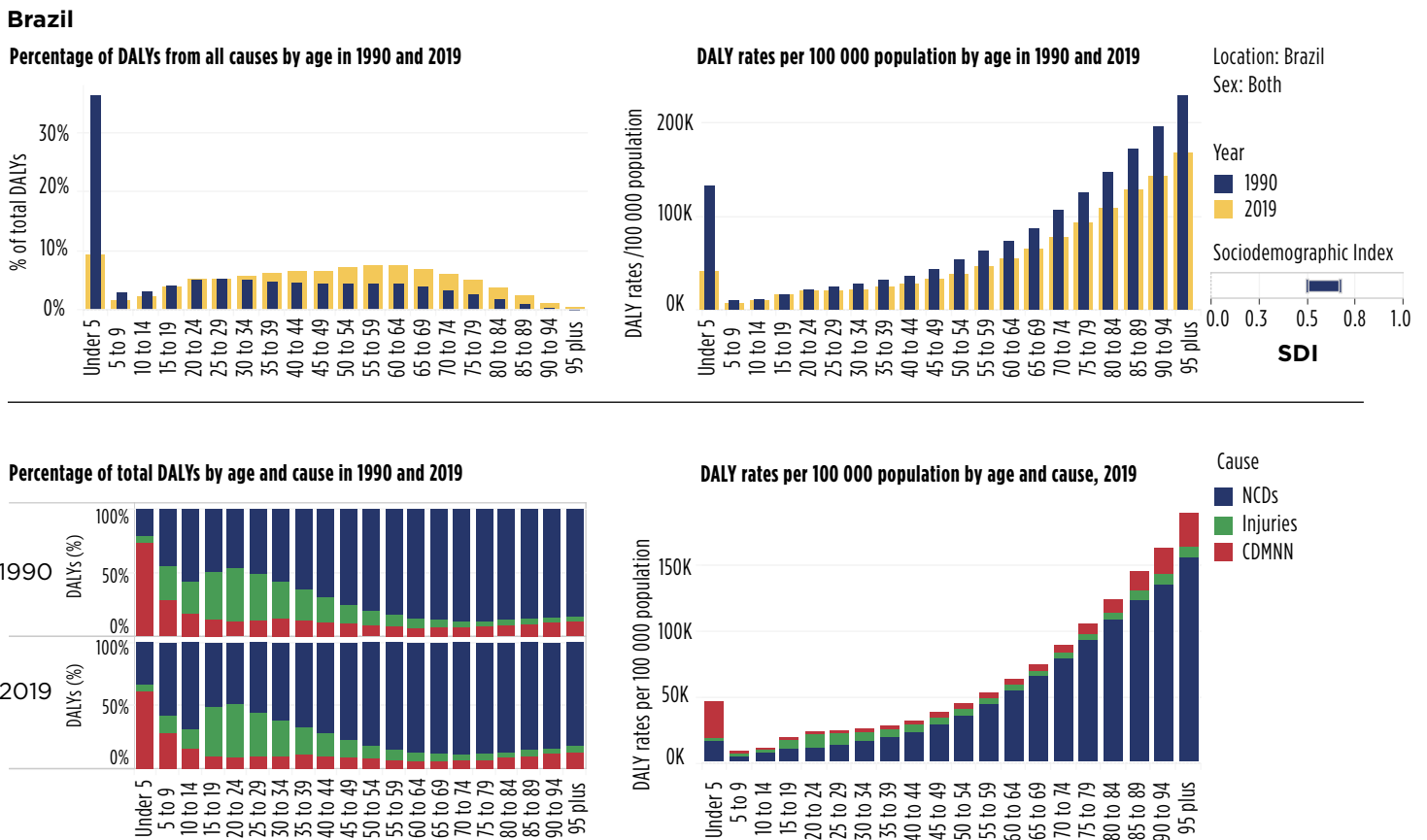


Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle: United States: Institute for Health Metrics and Evaluation (IHME), 2019. Available from: <http://ghdx.healthdata.org/gbd-results-tool>

Several epidemiological transitions - a different and complex epidemiological picture

Some 76.3% of older people in Brazil have at least one chronic disease, while 53.6% of people at age 60 live with multiple chronic conditions. This percentage increases to 57.3% from the age of 75. Indicators show that many older Brazilians maintain unhealthy habits such as smoking (12%), and physical inactivity (79%), which favors overweight and obesity (59%). Alzheimer’s disease became the fourth leading cause of death in 2017, with a percentage increase of 55.5% compared to 2007 (2).

Figure 3. Burden of disease throughout the life course in the Americas, 1990–2019



Source: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Seattle: Institute for Health Metrics and Evaluation (IHME); 2020. Available from: <http://ghdx.healthdata.org/gbd-results-tool>

Disability and care dependence rates are increasing in Brazil

Approximately 32.2% of older people who are beneficiaries of the public health system (Sistema Único de Saúde, SUS) have some limitation of function. Between 2000 and 2010, the proportion of older adults with disabilities increased from 49.6% to 63.4%; poor vision increased from 33.9% to 47.7% and hearing difficulty increased from 17.7% to 21.6% (3).

Brazil's older persons are increasing their use of public health services

People aged 60+ are the majority of SUS users. SUS provided at least one service to 57.7% of older people. Older adults account for 25.8% of SUS hospital admissions, with an average length of stay of around 7 days and estimated costs of approximately R\$1752 (US\$ 318) per hospitalization. Older adults were the recipients of 43.3% of all medicines and 56.4% of all prosthetics and other auxiliary devices distributed by the SUS (3).

Summary of the health system's responsiveness to the needs of older adults

I. Capacity of services to provide care centered on older adults and their communities

The restricted scope of the Family Health Strategy and the absence of a preventive approach has not served the needs of older adults. There is an immediate need to strengthen primary care for older persons.

Most older adults show satisfaction with the public and private health system. Although 73% of Brazilian families are covered by primary care, only 56.3% of older people in Brazil are registered in the Family Health Strategy. This strategy, implemented in 1994 as a federal program, aims at providing preventive and basic health care using multidisciplinary professional teams, being the main primary care strategy in SUS (4).

The flu vaccine coverage was 97.2% among older adults in Brazil. Older people reported receiving medical care when they sought it (92.7%). However, approximately one in four older adults (26.3%) in Brazil were admitted to the hospital for reasons that could be managed at the primary care level. Although the main reason for consultations at the primary care level were periodic health check-ups, only 40% of older persons received these services, while the rest that did not receive care gave up because of delays or lack of capacity of these

services. This is problematic, as one in four older people without prior diagnosis of high blood pressure were found with high systolic blood pressure numbers, half of Brazilians over the age of 60 and two out of three people over the age of 75 have multiple chronic conditions, and one in four older persons have polypharmacy (5).

Focus on older persons' intrinsic capacity and functional ability is limited

One in three older persons have experienced deterioration in their functional ability. The SUS does not include the assessment of intrinsic capacity or functional ability. The “Caderneta da Pessoa Idosa” (Older Adults Handbook), which provides a comprehensive geriatric evaluation, only reached 0.3% of older persons in 2019 (5). Furthermore, 11% of older people have never had an eye consultation despite the substantial increase in visual impairment in the older population in the last decade. Of those who had an eye consultation, 81% were diagnosed with cataracts with need of surgical intervention, but 29% never underwent the procedure.

II. Impact of health funding on out-of-pocket spending for older adults and their families

Families with older people have more health spending, which can be catastrophic

Even though older adults in Brazil are entitled to universal health care by law, and many older adults pay and have access to supplemental health insurance, 15% of the total income of households with at least one older person are burdened with health expenses (compared to 9% of households without an older person). In this situation analysis, catastrophic expenditure is defined as health care expenditure accounting for more than 30% of income. In Brazil catastrophic expenditures are twice as likely in households with older adults than in those without older adults (6).

Health inequities are evident through access hardship for the poor

Approximately 50% of the older people that are on or below the poverty line report having difficulty getting medical consultations in Brazil, and half of older people have difficulty receiving their necessary medications. Only 18.7% of people with Alzheimer's disease received their medication through the SUS Special Drug Program (5).

III. Impact of health leadership and governance on care for older adults

Weakness and inequity in the distribution of human resources trained to meet the needs of older adults

Only 41.1% of medical schools offer health profession disciplines specialized in health and aging. There are 54 geriatric training schools across the country (mostly in the southeast region). Brazil has three geriatricians per 100 000 older persons, but with great inequity in the distribution, favoring wealthy, urban areas. There are 1.23 geriatricians per 100 000 older people in the state of Rondônia, and in Bahia it is 1.40, while in Rio Grande do Sul there are 2.05 geriatricians per 100 000 older people. In São Paulo the ratio rises to 4.73, and in the Federal District it is estimated as high as 7.39. Brazil has multi-professional postgraduate training with a focus on aging, but no data were found on how many programs and vacant positions are at the national and regional level (7). Brazil also offers the profession of gerontologist as a graduate course. Legislative bill 11/2016, which regulates the profession of caregivers for older adults, was under consideration by Congress. However, it was vetoed by the President on 8 July 2019, after being in the Congress for 12 years (5).

Limited spaces and platforms for the participation and inclusion of older adults

Since 2006, Brazil has been developing the “Conferências dos Direitos da Pessoa Idosa” (Older Adults Rights Conference), a mechanism toward social participation of older adults. The Conferences provide dialogues between government and civil society, with the aim of improving actions toward older people’s quality of life, ensuring their full participation in the processes. The Conferences are developed at national, state and municipal level. (8) Brazil also has the program “Academia da Saúde” (Health Academy), which promotes the practice of physical activities—with approximately 4000 centers and 2012 construction areas completed in public spaces. However, evidence-based interventions to teach and support older adults with chronic conditions to promote self-management and self-care are very limited.

IV. Effectiveness of cross-sectoral response on health determinants in older adults

Brazilian legislation ensures the rights of older adults

Older people have their right to health care enshrined in national legislation. Approximately 51% of municipalities in Brazil have implemented a Municipal Council for older adults, with great differences among regions: in Rio de Janeiro more than 80% of the cities have councils; in Alagoas only 16%; 27% in Pará, Amapá, and Roraima; and approximately 34% in Bahia, Piauí, and Minas Gerais (4).

Vulnerabilities to the social determinants of health undermine healthy aging prospects

In assessing social support, it was evident that 15% of older persons live alone; 22% live only with their spouses and 7% live with only one child for which they are responsible. A majority of older persons (74.8%) receive retirement benefits or a pension, while 1.3% receive the “Bolsa Familia,” and 2.4% receive some financial support from the Brazilian state. Approximately 11.9% have no income and only 26.3% of older people remain active members of the country’s labor force. A third of older people live below the poverty line, while 25% of older persons are illiterate and almost half (45%) have not completed their primary education. One-third of older adults (35%) consider their neighborhood very insecure with unsatisfactory protection against crime and violence. Approximately 38% of older adults also report difficulties in using public transportation and getting on the bus. Only 69.3% of older people live in households deemed suitable.

V. Long-term care in Brazil

The absence of a long-term care system overburdens the SUS

Brazil does not have a long-term care system. The program “Melhor em casa” (Best at Home) provides home care to specific groups of the population. However, it has limitations: since a live-in caregiver is required, older people living alone and needing long-term care are ineligible for the program. It is estimated that the SUS spends a minimum of US\$ 123 million per year on prolonged hospitalizations, including those not directly linked to a medical cause. There is a knowledge gap and the inability to provide accurate figures about long-term care in Brazil.

The health system can prevent and decrease losses in functional ability and care dependence

Approximately two-thirds (64%) of the care-dependent population in Brazil are adults over 65 years of age. Older Brazilians are unable to carry out basic activities of daily living (16%) and 29% have difficulty in performing instrumental activities of daily living. Between 2000 and 2010, the proportion of older adults with disabilities increased from 49.6% to 63.4%. Many of these disabilities or loss of function can be prevented (2).

Families are main providers of long-term care, but capacity will be very limited in the coming decades

The majority of care is provided by family members, and informal caregivers are neither paid nor receive financial support (90%). The financial burden also extends to caregivers, including those who had to quit their jobs to take care of their older relatives (24%). Only 8% of caregivers receive any kind of support or care. Less than 7% of caregivers in Brazil received formal training to care for older adults (9).

Conclusion

Brazil's demographic transition is one of the fastest in the world. As of 2022, the country has a 20-year window of opportunity to enact policies that would make a positive impact on the older population.

Brazil has made significant progress in policies for older persons and its strategy on universal health. However, the speed of demographic, epidemiological, and social transitions requires more effective responses to these changes, especially in the SUS.

The data presented above show that SUS capacity revealed weaknesses in health coverage and effective access in the older adult population in comparison to the general population. It also highlighted the reserves of health capacities and resources that could be realigned and redirected to this age group to provide a more effective and direct response to their needs.

A comprehensive evaluation should be conducted to identify needs, capacities, and resources to implement a strategy to improve adaptation and optimization in the health system to embrace the accelerated demographic, epidemiological, and organizational transitions within the country.

The alignment of the capabilities of the SUS to the health needs of the older adult population will benefit this age group and will improve the response to the needs of the entire Brazilian population.

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