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NARRATIVE REVIEW

# Health care strategies for the elderly: a global overview

## Estratégias de atenção à saúde do idoso: um panorama mundial

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**KEYWORDS**
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**ABSTRACT**

Population aging is a global challenge for health systems. This study analyzed healthcare strategies for the elderly in several countries, focusing on promoting healthy aging, managing chronic diseases, ensuring equitable access, and providing social support. In Brazil, the Unified Health System (SUS) offers universal coverage but faces financial challenges. In Germany, social insurance covers the majority, with an emphasis on care integration. Australia, Canada, Spain, Japan, Sweden, Norway, and Italy have universal tax-financed systems. In the US, there are public programs and private insurance, although cost challenges persist. France has mandatory social insurance, while England has a tax-funded NHS. The Netherlands combines mandatory insurance with government regulation. The study concludes that integrating care, prevention, and health technologies is essential for improving the quality of life for the elderly.

**PALAVRAS-CHAVE**
Idoso
Financiamento
Política de Saúde
Estratégias de Atenção à Saúde

**RESUMO**

O envelhecimento populacional é um desafio global para os sistemas de saúde. Este estudo analisou estratégias de atenção à saúde do idoso em diversos países, focando na promoção de envelhecimento saudável, tratamento de doenças crônicas, acesso equitativo e suporte social. No Brasil, o Sistema Único de Saúde (SUS) oferece cobertura universal, mas enfrenta desafios financeiros. Na Alemanha, o seguro social cobre a maioria, com foco na integração de cuidados. Austrália, Canadá, Espanha, Japão, Suécia, Noruega e Itália têm sistemas universais financiados por impostos. Nos EUA, há programas públicos e seguros privados, com desafios de custos. A França adota um seguro social obrigatório, e a Inglaterra possui o NHS financiado por impostos. A Holanda combina seguros obrigatórios com regulação governamental. Conclui-se que a integração de cuidados, prevenção e tecnologias de saúde são essenciais para melhorar a qualidade de vida dos idosos.

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## INTRODUCTION

Population aging is a global phenomenon that poses significant challenges to healthcare systems worldwide. As life expectancy increases, so does the need to develop and implement effective strategies for the health of older adults. Strategies for the health of older adults around the world are diverse, ranging from the treatment of chronic diseases and the promotion of healthy aging to ensuring equitable access to health services and the social support necessary for a dignified quality of life[1].

In Brazil, health policy for the elderly is structured primarily by the Unified Health System (SUS), which offers free and universal coverage to all citizens, including the elderly population. Complementing public coverage, private health plans are regulated by a government agency, which guarantees mandatory minimum coverage. Among the challenges faced by the Brazilian health system, financial sustainability stands out, especially with the aging population[2]. The Elderly Statute expanded the rights of citizens aged 60 or over, prohibiting exclusion from coverage of diseases by private health plans and regulating the limitation of coverage of high- cost procedures and exams[3].

Japan is one of the countries with the oldest population in the world. The Japanese healthcare system is known for its efficiency and universal coverage. The Japanese government has implemented several policies to address the aging population, including promoting home care and integrating health and social services. However, Japan faces significant challenges, such as a shortage of caregivers and the need to adapt urban infrastructure to meet the needs of older people[4].

In Germany, the health care system is based on a social insurance model, where the majority of the population is covered by public or private health insurance. The country has invested in prevention and health promotion programs for older people, as well as offering a wide range of long-term care services. Germany also faces challenges related to financing health care for an aging population and the need to better integrate health and social care services[5].

In the United States of America (USA), the health care system is characterized by a combination of private insurance and public programs, such as Medicare, which covers most older adults. The country faces significant challenges in terms of equity in access to health care, with marked disparities between different socioeconomic groups. In addition, the high cost of healthcare is a constant concern, especially for the older population[6].

The integration between the SUS and the Unified Social Assistance System (SUAS) in the care of the elderly faces several barriers that compromise the comprehensiveness of care and accessibility of services. The fragmentation of services, resulting from the lack of coordination between the different levels of healthcare and social assistance services, results in a segmented approach, where the elderly do not receive continuous and integrated care. In addition, inefficient communication between health and social assistance professionals can lead to gaps in care, where important information about the health status and needs of the elderly are not shared adequately[7].

The lack of human and material resources in both systems compromises the quality and scope of the services offered, making it difficult to implement comprehensive care. The lack of specific training for professionals to deal with the complex needs of the elderly population is also a significant barrier, and ongoing training is necessary to ensure that professionals are prepared to provide adequate and integrated care[7].

Barriers to accessing health and social care services range from the lack of adequate infrastructure to meet the mobility needs of the elderly to complex and bureaucratic administrative processes, which hinder swift and efficient access, compromising continuity of care. Additionally, healthcare facilities often face challenges such as overcrowding, inaccessibility, and inadequate infrastructure, with architectural barriers limiting the basic right to free movement. As a result, health promotion and prevention actions are usually confined to occasional initiatives, such as vaccination campaigns and hypertension and diabetes control[8].

Access to health and social care services faces significant challenges, particularly among elderly individuals in economically vulnerable situations. Insufficient structural and operational resources in disadvantaged areas limit the provision of comprehensive care, while administrative complexity delays essential interventions. In remote or underserved locations, inadequate service delivery contributes to the fragmentation of preventive actions, restricting their reach to isolated measures. Overcoming these limitations requires effective coordination between systems, continuous professional training, and targeted investments to adapt infrastructure to the specific needs of the elderly population[9].

The World Health Organization (WHO) highlights the importance of public policies that promote healthy aging, emphasizing the need for interventions that go beyond treating diseases[10]. These policies should include promoting healthy lifestyles, preventing diseases, creating environments that are conducive to aging, and strengthening health systems to meet the needs of older people[11].

Studies indicate that integrating medical and social care is essential to improving the quality of life of the elderly. In countries such as Germany, Australia, Canada, Spain, USA, France, England, Japan, Sweden, Norway, Italy and the Netherlands, different models of health care for the elderly have been implemented, each with its own particularities and challenges.

This study aims to investigate health care strategies for the elderly in several countries, focusing on promoting healthy aging, treating chronic diseases, providing equitable access to health services, and providing social support. The narrative literature review conducted in this study prioritizes scientific articles, books, and other relevant sources, seeking to identify best practices and challenges faced by different health systems[12].

Comparative analysis between countries will make it possible to identify the most effective policies and practices, as well as the common challenges that need to be overcome to ensure healthy ageing and a better quality of life for older people .


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## HEALTHCARE STRATEGIES

Population aging, one of the main social achievements of the 20th century, poses major challenges for global public policies, especially in ensuring continued economic and social development that maintains human dignity and equity between age groups.

In developed countries, this phenomenon occurred in a favorable socioeconomic context, allowing the expansion of social protection systems. In contrast, in developing countries, such as Brazil, accelerated aging occurs amid fiscal crises, making it difficult to expand the social protection system. Furthermore, as life expectancy increases, the need to develop and implement effective strategies for elderly health care also grows. Elderly healthcare strategies around the world are diverse, considering not only the treatment of chronic diseases and the promotion of healthy aging, but also ensuring equitable access to health services and the social support necessary for a dignified quality of life[13].

In Germany, health policy for the elderly is characterized by a social insurance model, in which the majority of the population is covered by statutory health insurance, financed by contributions from employees and employers, with government subsidies. The country has a robust long-term care system, ensuring comprehensive care for the elderly through a specific statutory insurance. German policies focus on the integration of care and health promotion among the elderly, with significant investments in health technologies and prevention programs to improve the quality of life of this population[14].

In the German health care system, there is no specific health insurance for the elderly. Instead, there is a public compulsory insurance for long-term care (Pflegeversiherung – SCLD), which was established in 1994. Although the SCLD covers the entire population in need of long-term care, a decade after its creation, 78% of beneficiaries were aged 65 or over, and approximately half of these beneficiaries were aged 80 or over[15].

With the creation of compulsory public insurance for long-term care in 1994, expenditure on long-term care for the elderly was excluded from the health system. This insurance is co-financed by employers and employees, with a tax of 1.7% on wages. The responsibility for assessing the need for long-term care for inclusion in the SCLD falls on the health insurance companies to which individuals are linked. Assistance for carrying out activities of daily living is guaranteed for a minimum period of six months, due to physical and/or mental disability or illness. Services are classified according to the need for care: low (caregiver assistance at least once a day), medium (care at least three times a day) and high (intensive care day and night)[15].

Australia has a universal healthcare system called Medicare, which covers most essential medical services for all citizens. In addition to public coverage, private health insurance is subsidized by the government to encourage uptake. Australian policies focus on promoting health and preventing disease among older people, as well as integrating home and institutional care (National Health Insurance Agency[15]). This approach ensures that older people have access to a wide range of health services, promoting a better quality of life.

The Canadian health care system, known as Medicare, is a set of provincial systems that originated in the province of Saskatchewan in 1947 and was replicated in other provinces in the following decades. Harmonized by a federal law in 1984, the Canadian Health Act, the system is often described as a "single-payer health insurance" due to the autonomy of the provinces, resulting in multiple "systems". The history of the creation of the system helps to understand its current limitations, since the characteristics of the original proposal in the 1940s (curative, hospital-based and focused on the figure of the physician) are different from the main health needs of this century (prevention, outpatient care and multidisciplinary intervention). Currently, the system operates in three tiers: the first, covered by the public system, includes comprehensive care in hospitals, doctor's appointments and diagnostic tests; the second, with partial coverage, involves prescription drugs, home care, nursing homes and mental health; and the third, financed with own resources or private insurance, covers oral health, eye health and complementary medicine[16].

Each province and territory in Canada administers its own health care system, following the principles of a national law that guarantees universal coverage for all residents. Funded by taxes, the system offers specific programs for long-term care, financed by the government and by individual contributions. Canadian policies focus on the integration of care and health promotion among older adults, with investments in prevention programs and health technologies to improve the quality of life of this population[16]. This approach reflects the evolution of the Canadian health care system, which seeks to adapt to contemporary needs, promoting prevention and multidisciplinary intervention, in addition to ensuring financial sustainability and quality of services provided.

Spain has a public and universal National Health System (Sistema Nacional de Salud), financed by taxes and managed by the government. Health policies for the elderly include specific programs for long-term care, financed by the government and by individual contributions. The focus on the integration of health, pension, employment and social assistance policies is a striking feature of the Spanish system. A specific system was created to meet the long-term care needs of the elderly population, establishing the universal nature of benefits for people in situations of dependency[14,16].

In the USA, the main public program for older adults is financed by payroll taxes. Private health insurance supplements public coverage by providing a wide range of medical services. The American healthcare system faces significant challenges in terms of costs and access for older adults. Policies focus on integrating care and promoting health among older adults, with investments in health technologies and prevention programs to improve the quality of life of this population[17].

France has a social insurance model, where the majority of the population is covered by mandatory health insurance, financed by contributions from employees and employers, with government subsidies. The country offers a wide

range of health services for the elderly, including home and institutional care. French policies focus on integrating care and promoting health among the elderly, with investments in prevention programs and health technologies to improve the quality of life of this population[14,18].

In England, the National Health Service (NHS) is funded primarily by the government through taxation and provides universal coverage for all residents. Public policies for older people include long-term care and a focus on integrating health, social security, employment and welfare policies. Specific guidelines establish efforts to structure the system and ensure its financing. In addition, there is investment in health technologies and prevention programs to improve the quality of life of the older population. Despite the significant investment of public money in health and care for the elderly, the results are unsatisfactory. Many older people do not receive the necessary social care and end up hospitalized unnecessarily, staying in hospital for longer than is medically necessary[19]. This situation jeopardises the full recovery of patients and makes it difficult to admit new patients to hospitals. As a result, waiting times in emergency departments and ambulance response times increase, which in the worst cases can bring the entire system to a standstill. The 'NHS crisis' is seen as a reflection of the inability to adequately care for the growing elderly population. Combined with the impact of Covid-19, this creates a 'perfect storm'. In addition, the lack of sufficient social care in the community contributes to hospital overcrowding. Delayed transfer of care, or delayed discharge, occurs when a patient is medically fit to be discharged but continues to occupy a hospital bed[19].

Japan has one of the most advanced and accessible healthcare systems in the world, with universal coverage financed by a combination of taxes and contributions from policyholders. The country faces significant challenges due to its rapidly aging population, which has led to the implementation of specific policies for long-term care. The long-term care system is financed by a specific mandatory insurance for all citizens over the age of 40. Japanese policies focus on integrating medical and social care, with strong investment in health technologies and prevention programs to improve the quality of life of the elderly. In addition, Japan has invested in robotics and artificial intelligence to assist in the care of the elderly, promoting greater autonomy and safety[20].

Sweden offers a universal, tax-funded healthcare system with a strong focus on equity and affordability. Healthcare policies for older people include long-term care, which is funded by the government and by individual contributions. The Swedish system is known for its integrated approach, which combines medical and social care to meet the complex needs of older people. In addition, there is strong investment in prevention programmes and health technologies to promote independence and quality of life for older people. Sweden is also notable for implementing active ageing policies, encouraging older people to participate in society and the labour market[21].

The Swiss health insurance system consists of two main components: basic health insurance and supplementary health insurance. Basic health insurance provides universal coverage and is financed by a central fund, which is used to subsidize health insurance companies that serve a high proportion of elderly people. This basic insurance is mandatory for all residents of Switzerland and covers a wide range of essential medical services, including doctor's visits, hospitalizations, prescription drugs and some rehabilitation services[22]. On the other hand, supplementary health insurance is optional and provides additional coverage for services that are not included in the basic insurance, such as dental treatments, alternative medicine and hospital accommodation in private or semi-private rooms. This component allows policyholders to customize their coverage according to their individual needs and preferences. Major concerns related to elderly care in Switzerland include rising healthcare costs, patient autonomy and assisted suicide. With the aging population, the costs associated with healthcare for the elderly have increased significantly, driven by increased demand for medical services, long-term treatments and long-term care. In addition, there is growing public awareness of the importance of elderly patients' autonomy, including the right to make informed decisions about their own healthcare, such as choosing treatments and refusing medical interventions[22].

Italy has a National Health Service (Servizio Sanitario Nazionale – SSN) that provides universal coverage and is financed by taxes. Health policies for the elderly include long-term care, financed by the government and by individual contributions. The Italian system faces challenges related to financial sustainability and coordination of care, especially due to the aging of the population[23]. However, there is a growing focus on integrating medical and social care, with investments in prevention programs and health technologies to improve the quality of life of the elderly. Italy has also developed initiatives to promote healthy aging, such as physical activity programs and adequate nutrition for the elderly.

Norway has a universal, tax-funded healthcare system with a strong focus on equity and affordability. This system is known as the "Beveridge Model". Healthcare policies for older people in Norway include long-term care, financed by the government and by individual contributions. The Norwegian system is renowned for its integrated approach, which combines medical and social care to meet the complex needs of the older population[24]. In addition, there is a strong investment in prevention programmes and health technologies to promote independence and quality of life for older people[24] and is also notable for its housing policy adapted for older people, providing safe and accessible environments. However, the system faces significant challenges, such as capacity shortages, evidenced by long waiting lists for hospital admissions, and the need to balance cost efficiency with maintaining a comprehensive service, even in the most remote regions of the country. Furthermore, the elderly population in Norway is growing rapidly. In 2018, 11% of the population was over 70 years old, and the proportion of people over 80 years old is expected to double by 2060. This increase in the elderly population requires continuous adjustments in health services to meet the changing needs of this demographic[24].


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The Netherlands has a healthcare system that combines mandatory health insurance with a strong government role in regulating and financing health care. Healthcare policies for the elderly include long-term care, financed by a specific mandatory insurance. The Dutch system is recognized for its innovative and integrated approach, which combines medical and social care to meet the complex needs of the elderly population[25]. In addition, there is significant investment in prevention programs and health technologies, aiming to promote independence and quality of life for older people. The Netherlands also implements active ageing policies, encouraging older people to participate in community activities and volunteering. Healthcare systems generally do not cause much stir, but the Dutch model is currently in the spotlight. The country faces the challenge of balancing quality and equality in an era of high consumer expectations and costly technological and medical advances[25].

Latin American countries such as Chile, Brazil, Costa Rica, Argentina and Uruguay are among the first to achieve ageing rates comparable to those in Europe. This increase in life expectancy is the result of increased access to medical care and technological innovations in the health sector. However, this longevity is accompanied by a high prevalence of chronic conditions that manifest before old age, which increases the risk of frailty and the need for long-term care over a longer period of time[26].

In the last decades of the 20th century, the Cuban health system underwent significant evolution, shifting from a curative approach to a model focused on health promotion and disease prevention at all levels of complexity, from primary to specialized care. To address the challenge of population aging, it is essential to formulate policies and organize health systems based on the expectations and needs of older people, promoting comprehensive health care and intersectoral management[26].

Primary care should encourage healthy aging and establish long-term care, when necessary, within the community and with families. In addition, it is crucial to expand specialized geriatric services and train professionals to care for older people, integrating these actions into policies aimed at the elderly population in Cuba[26].

In Argentina, the main challenges in health policies aimed at aging include the increase in chronic diseases, which require prevention of their risk factors, and the promotion of greater equity in health care, reducing the social conditioning factors that affect health conditions, especially among the elderly. To serve the elderly population, some viable alternatives are monitoring access to and the health status of the elderly through reliable data systems; implementing policies that encourage active aging, promote health and ensure comprehensive care for the elderly; and organizing and coordinating the national health system to reduce fragmentation, through intergovernmental collaboration between the national government, provinces and municipalities. These actions are similar to the proposals already discussed in studies on the Brazilian reality[26].

In Chile, the Servicio Nacional del Adulto Mayor was created in 2002, a specific sector for public policies aimed stimulating active aging and developing services and programs for the elderly population, regardless of their social status. However, investment in the health sector is still insufficient to meet the needs of the population, and the country's epidemiological transition requires a progressive increase in investment in care for the elderly[26].

In Colombia, the country appears to be poorly prepared to face the challenges of population aging. Some suggested alternatives include changes in the academic training of health professionals, with a greater emphasis on geriatrics and gerontology, as well as educational work with the population to strengthen intergenerational respect; public policies to promote health and prevent disabilities aimed at the elderly; and encourage multiprofessional and interprofessional work among health professionals. It is also necessary to implement public policies that favor the well-being and sustainability of the elderly in the final years of their lives[26].

Mexico does not have social security programs for the elderly population, and approximately 80% of this group does not receive a pension or retirement benefit. Thus, the responsibility for welcoming and protecting the elderly falls on families. The Mexican health system faces structural and management problems, such as difficulties in access (waiting times for appointments), insufficiencies in the distribution of medicines and in the capacity to respond to emergencies, in addition to the shortage of equipment and supplies, which limit the care offered to the elderly population[26].

In Brazil, health policy for the elderly is structured mainly by the SUS, which offers universal and free coverage for all citizens, including the elderly population[27]. Complementing public coverage, private health plans are regulated by a government agency, the National Supplementary Health Agency (ANS), which guarantees mandatory minimum coverage[28].

It is worth noting that the Elderly Statute expanded the rights of citizens aged 60 or over, prohibiting exclusion from coverage of diseases by private health plans. In addition, specific legislation regulates private health plans, prohibiting limitation of coverage of high-cost procedures and exams[29]. The combination of public policies and regulations aims to improve access to and quality of health care for the elderly population, addressing challenges such as financial sustainability and equity in access to health services[30].

## INTEGRATION BETWEEN THE UNIFIED HEALTH SYSTEM (SUS) AND UNIFIED SOCIAL ASSISTANCE SYSTEM (SUAS)

Regarding the integration between the SUS and the SUAS in the care of the elderly, there are several barriers that compromise the comprehensiveness of care and the accessibility of services. The fragmentation of services, resulting from the lack of coordination between the different levels of health care and social assistance services (Figure 1), results in a fragmented approach, where the elderly do not receive continuous and integrated care. In addition, inefficient communication between health and social assistance professionals can lead to gaps in care,

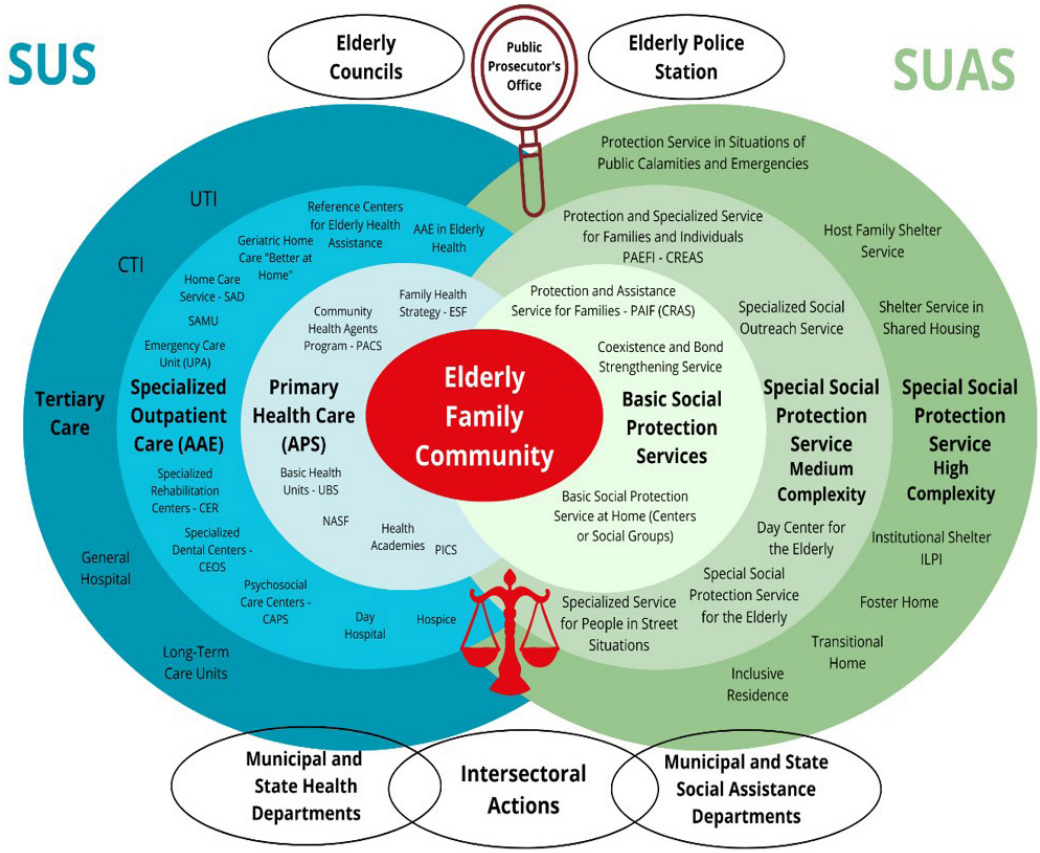


**Figure 1 –** Integration of health systems (Unified Health System) and social assistance (Unified Social Assistance System) in the care of the elderly in Brazil. UTI: intensive care unit; CTI: intensive care center; SAD: Home Care Service; SAMU: Mobile Emergency Care Service; UPA: emergency care unit; AAE: Specialized Outpatient Care; CER: Specialized Rehabilitation Center; CEOS: Center for Dental Specialties; CAPS: Psychosocial Care Center; ESF: Family Health Strategy; PACS: Community Health Agents Program; APS: Primary Health Care; NASF: Family Health Support Center; PICS: Integrative and Complementary Practices; PAEFI: Specialized Protection and Care Service for Families and Individuals; CREAS: Specialized Reference Center for Social Assistance; CRAS: Social Assistance Reference Center; ILPI: Long-Term Care Institution for the Elderly.
**Source:** Moraes and Moraes[31].

where important information about the health status and needs of the elderly are not shared adequately[31].

The lack of human and material resources in both systems compromises the quality and scope of the services offered, making it difficult to implement comprehensive care. The lack of specific training for professionals to deal with the complex needs of the elderly population is also a significant barrier, and ongoing training is necessary to ensure that professionals are prepared to provide adequate and integrated care[31].

Other barriers include physical accessibility, where a lack of adequate infrastructure to meet older people's mobility needs can hinder access to health and social care services. Complex and bureaucratic administrative processes can delay or prevent rapid and efficient access to needed services, undermining continuity of care[31].

Furthermore, regional disparities in the availability and quality of health and social assistance services result in unequal access, with older adults in remote or less developed areas facing greater difficulties in obtaining comprehensive care. To overcome these barriers, it is essential to promote effective integration between the SUS and SUAS, improve communication and coordination between services, invest in the training of professionals, ensure adequate resources and adapt infrastructure to meet the needs of the older population. Adopting an approach centered on older adults, which considers their specific needs and promotes continuity of care, is essential to ensure comprehensive care and accessibility of services[31].

Figure 2 demonstrates the health care cycle for older adults, highlighting the importance of a systematic and continuous approach to caring for this population. This cycle is essential to ensure that older adults receive comprehensive and coordinated care, promoting clinical stabilization and preventing negative outcomes. The care cycle consists of several sequential steps, each playing a crucial role in assessing and managing the health conditions of older adults. The first step involves the initial assessment, where detailed information is collected about the health


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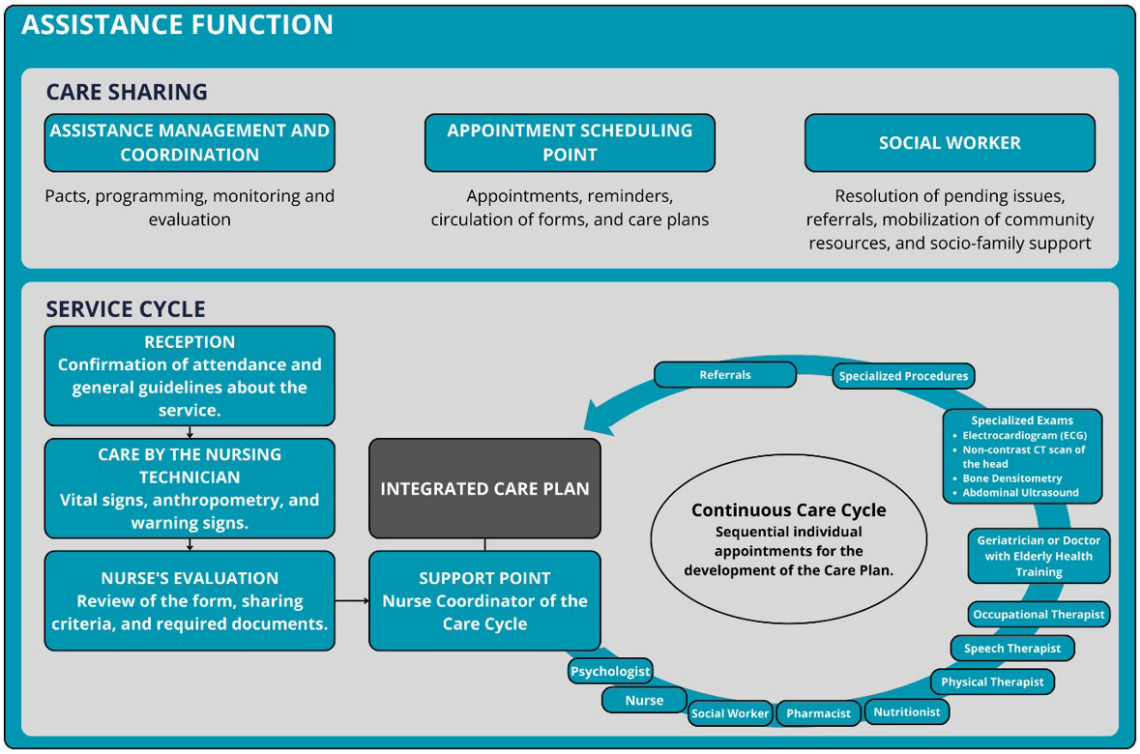


**Figure 2 –** Care function in the specialized elderly care clinic in the care of the elderly in Brazil.
**Source:** Moraes and Moraes[31].

status of the older adult, including medical history, chronic conditions, and contextual factors.

Figure 2 also emphasizes the importance of the multidimensional assessment of older adults (MIA), which is a systematic and comprehensive diagnostic approach. The MIA brings together a set of instruments capable of assessing the overall functionality of older adults, the main functional systems, physiological systems, medications in use and contextual factors. This approach is crucial to developing a care plan that is truly effective and adapted to the individual needs of older adults.

The care cycle described in Figure 2 highlights the need for effective integration between the different levels of health care and social welfare services. Continuous communication between health professionals and coordination of interventions are essential to ensure that older adults receive comprehensive and coordinated care, avoiding fragmentation of services and promoting clinical stabilization.

This assessment is essential to identify the specific needs of each elderly person and develop a personalized care plan. The cycle then includes follow-up appointments, where health professionals monitor the evolution of the elderly person's health status, adjust therapeutic interventions as necessary, and reinforce self-care guidelines. These appointments are essential to ensure continuity of care and adherence to the therapeutic plan.

Complementary examinations are another important step in the cycle. Examinations such as electrocardiograms, CT scans and bone densitometry are performed according to clinical need, allowing a more in-depth assessment of the elderly person's health conditions and early detection of possible complications[31].

In summary, Figure 1 illustrates how a well-structured care cycle is essential for promoting the health of older adults. Through a systematic, continuous and multidimensional approach, it is possible to ensure that older adults receive comprehensive, coordinated care adapted to their specific needs, promoting clinical stabilization and preventing negative outcomes[31].

The different countries analyzed present a variety of approaches and policies for financing and delivering health care for older people. Although each country has its own particularities, there is a consensus on the importance of integrating medical and social care, as well as investing in prevention programs and health technologies. Financial sustainability and care coordination are common challenges, but innovative policies and a focus on promoting health and active ageing show promise for improving the quality of life of older people.

The different countries analyzed present a variety of approaches and policies for financing and delivering health care for older people. Although each country has its own particularities, there is a consensus on the importance of integrating medical and social care, as well as investing in prevention programs and health technologies. Financial sustainability and care coordination are common challenges, but innovative policies and a focus on promoting health and active ageing show promise for improving the quality of life of older people.

## CONCLUSION

This review highlights the diversity of health care strategies for the elderly across countries, emphasizing the importance of integrating medical and social care, promoting preventive actions, and addressing chronic diseases. While developed countries generally benefit from robust and well-funded systems, challenges such as financial sustainability, workforce shortages, and care fragmentation persist. In contrast, developing nations face compounded difficulties due to socioeconomic disparities, limited resources, and the accelerated pace of aging. Regardless of these differences, the need for a systematic, patient-centered approach that fosters healthy aging and ensures equitable access to care is universally recognized.

In Brazil, the integration of the SUS and SUAS represents a critical step toward comprehensive elder care but faces barriers like service fragmentation and resource limitations. Lessons from countries like Japan and Germany underscore the value of aligning health and social services while investing in prevention and long-term care. Moving forward, targeted policies that prioritize intersectoral coordination, professional training, and infrastructure improvements are essential to enhance the quality of life for the aging population worldwide.

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