

SUS and dementia care in Brazil: building on a universal health system



A universal, territorial, family-driven system can respond to population aging by adapting the primary care foundations built over the past 35 years.

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A universal system with territorial reach

Created in 1988 and inspired by European universal health systems, SUS expanded access to health services in Brazil, especially in primary and tertiary care, emergency care, and mental health. Primary care is family-driven and territorially organized through community health workers (CHW). There is at least one primary healthcare unit in each of Brazil's 5,560 municipalities.

Public health gains and social policy

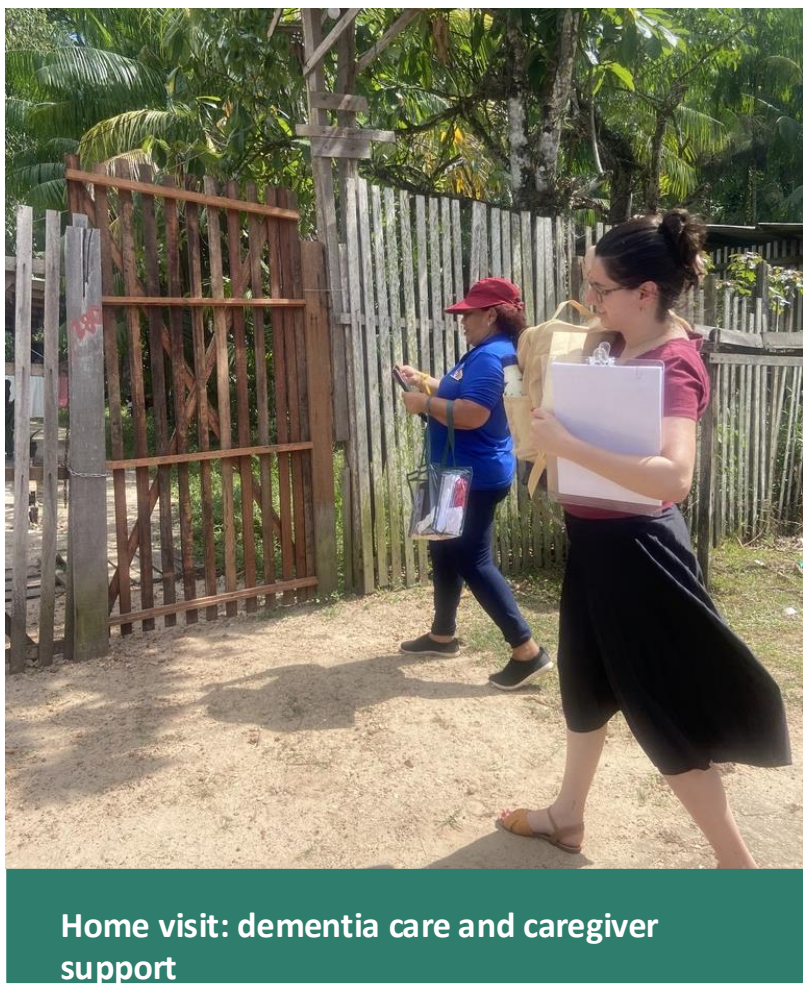
Linked to broader social policies, SUS helped reduce infant mortality, increase life expectancy to 76.8 years in 2025, and expand access to medicines and vaccines. Its CHW strategy became a successful Brazilian innovation, later adopted in some high-income countries, including the UK.

A system under demographic pressure

Brazil's rapid demographic transition, combined with an incomplete epidemiological transition, has produced a triple burden of disease. Funding restrictions since 2016 and regional inequalities deepen the challenge: South, Southeast, and Center-West regions have greater wealth, education, services, equipment, and professional capacity than the North and Northeast.

Dementia asks SUS to learn differently

Population aging, and dementia in particular, require SUS to think about how to diagnose, care, support families, and guide caregivers. Dementia prevention can connect to cardiovascular-risk strategies, while protocols can strengthen primary care and organize access to secondary care.



Home visit: dementia care and caregiver support

What does SUS have to offer?

- orient cardiovascular-risk control toward dementia prevention
- qualify primary healthcare through guidelines and protocols
- optimize medical work and organize access to secondary care
- offer cognitive stimulation groups and home-based caregiver guidance
- intensify the role of community health workers
- prepare secondary care services to recognize demand and design care strategies

The demographic and epidemiological scenario is changing. SUS can respond by building on the foundation laid over the past 35 years.



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Key take-away: dementia care can be woven into SUS through territorial primary care, community health workers, caregiver support, and stronger links between primary and secondary services.