

## EDITORIAL

**Intersectoriality and Public Health Policies for the Elderly**

The confrontation of social inequalities is a fact widely recognized in the theoretical construct on the Social Determinants of Health<sup>1</sup>. Their relationship allows us to understand the forms of intervention of the life contexts of individuals in the path of effecting a Universal and effective Public Health System<sup>2</sup>. Thus, Intersectoriality is one of the most effective ways to overcome such challenges<sup>1,3</sup>.

Intersectoriality is seen as an articulated form of work that aims to overcome the fragmentation of knowledge and social structures to produce more significant effects on the health of the population. More than a concept, it is a social practice that has been built from the dissatisfaction with the responses of the Health sector to current complex problems<sup>4</sup>. It can be understood as *"the articulation of knowledge and experiences with a view to planning, carrying out and evaluating policies, programs and projects, with a view to achieving synergistic results in complex situations"*<sup>5:104</sup>.

Within the context of Brazilian public health, it is an activity of high complexity, due to the infrastructure and financing of the Unified Health System (SUS), the socio-political situation and the conditions of social vulnerabilities experienced by the Brazilian population<sup>2</sup>. Thus, doing so in the context of collective health implies interdisciplinary and communicative work with various social sectors<sup>6</sup>.

The insufficiency of financial investments and social inequities influence the formulation of equitable and inclusive health policies aimed at vulnerable populations. Intersectoriality is fundamental because the problems presented by vulnerable groups are not solved only by the Health sector, requiring an articulation with other sectors<sup>7</sup>.

In order for the health demands presented by users to be met effectively, it is necessary to establish intersectoral relations. In the context of health, it encompasses the relationship between the health area and other sectors of society, working towards the same goal, in order to achieve better results<sup>8</sup>.

Intersectoriality should be strictly understood in the context of a complex political strategy to guarantee access to health that needs to overcome the fragmentation and disarticulation of health actions undertaken in the municipal context<sup>9</sup>, which should also take into account interprofessional work in the various sectors, allowing the establishment of public policies that bring real benefits to the population assisted<sup>10</sup>.

Considering challenges that the SUS faces nowadays, especially those related to financing and implementation as a universal public system, the implementation of a perspective network work logic is complex and requires the articulation between the different services and subjects involved in "doing health" - users, professionals and managers<sup>2,7</sup>.

Intersectoriality should be considered as a technical, administrative and political process that involves the agreement and distribution of power, resources and capacities among the various social segments. Thus, this process implies not only a social vision or an attempt to implement a governance policy, but also the development of new management strategies and new institutional agreements<sup>1</sup>.

Regarding the intersectoriality of the elderly in the Brazilian context, there are significant advances in the legislation related to the elderly population. However, in many localities there are no specific points of the Health Care Network (HCN) for the care of this population. In these cases, the elderly resort mainly to Primary Care services, which, in view of the magnitude of the demands received, the actions directed to the elderly are presented in a punctual and isolated and isolated way<sup>11</sup>.

The Brazilian National Council for the Rights of the Elderly (*Conselho Nacional dos Direitos da Pessoa Idosa - CNDI*), created in 2012, aims to strengthen the adoption of public policies through intersectoral articulation and the participation of subjects with potential in the work of protecting the rights of the elderly<sup>12</sup>. This council represents an important space for discussion on the guarantee of the rights of the elderly population and the possibility of influence and control of representatives of civil society vis-à-vis the State, but some difficulties are observed, such as: the involvement of certain government agencies, problems in the routing of certain actions and obstacles among some social actors<sup>8</sup>.

Despite the importance of the health sector (and then the practice of its professionals) in the HCN (which itself needs to communicate within the area) and in communication with other social sectors, as well as considering the role played by health services as integral elements of the HCN in the implementation of the SUS, as a public policy, and the process of population aging, The need for intersectoral approaches so that health challenges are remedied in favor of effective health care for the elderly population is notorious.

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