

PUBLIC POLICIES FOR COLLECTIVE HEALTH: STRATEGIES TO REDUCE INEQUALITIES AND PROMOTE EQUITY IN ACCESS TO AND QUALITY OF HEALTH CARE



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ABSTRACT

This study aimed to examine public policies for public health and strategies aimed at reducing inequalities and promoting equity in access to and quality of health services. Through an integrative literature review, eight articles published between 2014 and 2024, selected from the PubMed, SciELO, and LILACS databases, were analyzed, using terms related to health equity, public policies, and social determinants. The information was organized into thematic categories that include primary care, social determinants of health, regionalization and intersectoriality. The findings indicate that primary care, particularly through the Family Health Strategy, plays a vital role in expanding access to health services. However, it faces significant challenges due to a lack of adequate funding and austerity policies. The social determinants of health, such as housing, basic sanitation, and education, are considered essential elements to promote equity, although intersectoral initiatives often face barriers to good articulation. Regionalization stands out as a promising approach to mitigate regional inequalities, but it still needs resources and technical capacity to adequately meet local demands. In addition, issues related to gender and race inequalities highlight the urgency of implementing more inclusive policies. It is concluded that, although advances have been achieved, the effectiveness of public policies is limited by structural, financial and institutional barriers. The strengthening of existing policies, through consistent investments and greater integration between sectors, is essential to consolidate fairer and more equitable health systems, aligned with the needs of the population.

Keywords: Public Health Policies, Social Inequalities, Health Equity, Access, Collective Health.

INTRODUCTION

Public policies for public health have played a central role in reducing inequalities and promoting equity in health systems around the world. The World Health Organization (WHO) highlights that health is a fundamental human right, and therefore universal and equitable access to health services is essential for the sustainable development of nations (WHO 2024). In Brazil, the Unified Health System (SUS) represents a unique model of universal public health, but it still faces significant challenges to ensure that the principles of comprehensiveness, universality, and equity are effectively achieved (Buss *et al.*, 2020).

Health inequalities are markedly influenced by social, economic, cultural and environmental factors, in addition to the structural limitations of the health system (Brasil 1990). In vulnerable populations, such as low-income people, rural communities, and marginalized groups, barriers to access and quality of health services perpetuate disparities and negatively impact health indicators. These inequalities not only threaten the quality of life of individuals, but also represent an obstacle to social and economic progress (Yoshino *et al.*, 2018).

In this context, public policies for collective health emerge as essential tools to address these disparities. Through programs aimed at primary care, the strengthening of health surveillance and the promotion of preventive practices, it seeks not only to expand access to services, but also to ensure that the actions implemented are culturally sensitive and appropriate to local needs. In Brazil, initiatives such as the Family Health Strategy have shown progress, but there is much to be done to overcome the challenges of coverage and quality (Harzheim *et al.*, 2020).

An effective approach to reducing inequalities requires the integration of cross-sectoral policies. The relationship between health, education, housing, and basic sanitation underscores the importance of coordinated efforts to address the social determinants of health. In addition, social participation in the processes of policy formulation and evaluation is a key element to promote interventions that are more inclusive and responsive to the real demands of the population (Souza *et al.*, 2023).

Thus, it is reinforced that countries that invest in public policies for public health in line with the principles of equity tend to present better results in terms of quality of life and longevity of the population (Brasil 1988). However, the limitations and challenges faced in the implementation of such policies are also evident, especially in countries with marked

socioeconomic inequalities. Thus, it is essential to deepen knowledge about strategies that can be replicated or adapted to different contexts (Corrêa *et al.*, 2024).

In light of this, it is imperative to investigate how public policies can be improved to address inequalities more effectively, promoting evidence-based actions that ensure sustainable long-term results. Discussions about equity in access and quality of services cannot be dissociated from the political debate and the allocation of resources, factors that often determine the success or failure of initiatives aimed at public health. The objective of this study is to analyze public policies for collective health and their strategies to reduce inequalities.

THEORETICAL FRAMEWORK

Public policies for public health play an essential role in promoting equity and reducing inequalities in access to and quality of health care. Health equity is a principle that seeks to correct inequalities, considering the different needs of populations and the social factors that impact the health status of individuals. This implies ensuring that everyone has fair opportunities to reach their maximum health potential, regardless of economic, social, or geographical conditions (De Siqueira; Hollanda; Motta 2017).

The concept of social determinants of health shows that living and working conditions are key factors that influence health outcomes (Garbois; Sodré; Dalbello-Araujo 2017). Effective public policies need to go beyond the provision of services, encompassing interventions in areas such as education, sanitation, food security and housing. Intersectoral integration is therefore key to promoting a sustainable and comprehensive impact on public health (Donadeli *et al.*, 2024).

Universal health models, such as those implemented in several countries, have shown that systems organized on the basis of equity are capable of improving health indicators, reducing costs, and promoting greater satisfaction among the population. However, the implementation of such policies faces challenges, such as inadequate allocation of resources, inequality in public funding, and regional disparities, which can limit the effectiveness of interventions (Macinko *et al.*, 2018).

In Brazil, the Unified Health System (SUS) presents a robust example of a public policy aimed at universality and equity. However, the system faces significant challenges, including chronic underfunding, fragmentation of services, and management difficulties. Even so, programs such as the Family Health Strategy have shown important advances in

the coverage of vulnerable populations, reducing health inequalities in some regions (Pereira *et al.*, 2024).

Social participation emerges as a central element in the development and implementation of public policies for collective health. The inclusion of different actors, such as community councils and non-governmental organizations, allows the creation of policies that are more responsive to the needs of the population, in addition to strengthening transparency and accountability in the use of public resources (Kabad *et al.*, 2020).

In addition, actions aimed at health promotion, disease prevention, and strengthening of primary care stand out as fundamental pillars for building equitable health systems. Health education, combined with surveillance and monitoring of indicators, contributes to identifying more vulnerable groups and targeting specific interventions (Gonçalves *et al.*, 2020).

Therefore, the strengthening of public policies for collective health, with a focus on equity and the reduction of inequalities, requires integrated and sustainable strategies. The analysis and improvement of these policies, based on the available experiences and evidence, become crucial to achieve fairer and more inclusive health systems (Malta *et al.*, 2018).

METHODOLOGY

This study is an integrative literature review, a method that allows the synthesis of existing knowledge on a topic, identifying gaps, trends and implications for practice and research. The guiding question that guided the work was: "What public policies for public health have been used to reduce inequalities and promote equity in access to and quality of health care, and what are the results reported in the scientific literature?" Inclusion and exclusion criteria were established for the selection of studies, considering as eligible articles published between 2014 and 2024, available in English, Portuguese, and Spanish, which addressed public policies for public health. Theoretical studies, systematic reviews, and empirical research were included, while duplicate articles, publications of poor methodological quality, and texts that did not directly address the topic were excluded.

The search was carried out in widely recognized electronic databases, such as PubMed, SciELO, and LILACS, using descriptors such as "public health policies", "social inequalities", "health equity", "access" and "collective health", combined by Boolean operators (AND, OR). The collection took place between the months of November and

December 2024. After the initial search, the titles and abstracts of the articles were screened according to previously established criteria, and the full texts of potentially relevant publications were analyzed in detail.

The information extracted covered the type of public policy, its objectives, the target population, the observed results, and the reported limitations. The collected data were organized in a spreadsheet and analyzed qualitatively. The synthesis of the results was elaborated in thematic categories, grouping the policies according to their main objectives. The theoretical and practical implications of the findings were analyzed in the light of the existing literature, highlighting the potential impact of the public policies in question.

In addition, this study respected the ethical principles in literature reviews, ensuring the proper attribution of sources and respect for the copyright of the publications consulted. Although the review covers a variety of methodological approaches and contexts, potential limitations include reliance on already published studies, which may not fully portray the variety of experiences and strategies that exist in specific contexts.

RESULTS AND DISCUSSIONS

Among the ninety-seven articles found, eight articles were selected according to the inclusion and exclusion criteria, as can be seen in the data shown in tables 1 and 2.

Table 1: Number of articles found for each descriptor, by database.

DESCRIPTORS	PUBMED	SCIELO	LILACS	TOTAL PER WRITER
"Equity AND Health"	12	18	20	50
"Public Policies AND Inequalities"	8	12	15	35
"Collective Health AND Access"	5	3	4	12
Total by database	25	33	39	97

Source: Researchers, 2024.

Table 2: Articles found and included, by database.

CATEGORY	PUBMED	SCIELO	LILACS	TOTAL
Total items found	25	33	39	97
Total items included	3	3	2	8

Source: Researchers, 2024.

According to the data presented in tables 1 and 2, it is observed that the articles included are mainly concentrated in specific databases, such as LILACS, which reflects the relevance of this database in the context of public health. In addition, there is a higher frequency of descriptors related to public policies and equity in health, highlighting the

centrality of these themes in the body of the literature analyzed. Next, in the next table, the articles selected to compose the study will be highlighted, with detailed information about the authors, year of publication, type of study, and main objective of each research.

Table 3: Studies included to compose the review

AUTHOR/YEAR	TITLE	DESIGN OF STUDY	PURPOSE OF THE STUDY
From Carmel; Guizardi 2017	Challenges of intersectoriality in public health and social assistance policies: a review of the state of the art	Literature review	To identify and discuss the challenges for the intersectoriality between public health and social assistance policies that became evident in Brazil after the approval of the National Social Assistance Policy (PNAS) in 2004
Ribeiro <i>et al.</i> , 2024	Social Determinants of Health in and Out of the Home: Capturing a New Approach	Qualitative approach	To understand the Social Determinants of Health (SDH) in a peripheral area of a Brazilian capital, from the perspective of social and political actors in the region
Miranvanella; Frank; de Almeida 2020	National Primary Care Policy: where are we going?	Literature review	It analyzes recent policies in the field of Primary Health Care (PHC) and discusses their implications for the care model in the Unified Health System (SUS)
Silva <i>et al.</i> , 2014	Intersectoriality, socio-environmental determinants and health promotion	Qualitative approach	To analyze intersectoriality from the socio-environmental perspective of health promotion. Qualitative research conducted in six municipalities in the metropolitan region of Belo Horizonte, Minas Gerais State, Brazil
Ribeiro <i>et al.</i> , 2017	Health policies and federative gaps in Brazil: an analysis of regional service delivery capacity	Analytical review	To analyze the capacity of the Health Regions (RS) to have resources to enable regionalization and decentralization in sectoral policy.
Pitombeira; de Oliveira 2020	Poverty and social inequalities: tensions between rights, austerity and their implications in primary care	Literature review	To highlight the tensions between the social question, social rights, current austerity policies and their implications for the health care of the poorest population.
Ribeiro <i>et al.</i> , 2018	Federalism and health policies in Brazil: Institutional characteristics and regional inequalities	Literature review	Analyze the characteristics of the Federalism in Brazil and its institutional relations With health policies.
Cabo; Cruz; Dick 2021	Gender and racial inequalities in access to and use of primary health care services in Brazil		To understand how men and women, white, black or brown, seek medical care in primary health care, the gateway to the Brazilian health system.

Source: Researchers, 2024.

The analysis of the studies included in this review demonstrates how public policies for public health in Brazil have been developed and implemented to address inequalities and promote equity in health. Each study presents significant contributions that complement

the objectives of this work, while helping to answer the research question about what strategies have been used and what results have been achieved.

The study by Do Carmo and Guizardi (2017) addresses the challenges of intersectoriality between public health and social assistance policies. The authors highlight that, although intersectoriality is fundamental to address the social determinants of health, its implementation faces obstacles such as institutional fragmentation and lack of alignment between different sectors. These challenges directly reflect the limitations of public policies in reducing inequalities effectively, aligning with the idea that, without robust integration, advances in equity remain restricted.

Ribeiro *et al.* (2017) explore the federative gaps in Brazil and show that regionalization, although promising, still lacks technical capacity and adequate financial resources to meet the demands of the most vulnerable regions. The analysis of these authors reinforces the importance of an equitable distribution of resources and institutional capacity to overcome regional inequalities. This point dialogues directly with the objective of this study by showing how the lack of coordination between federative levels undermines the effectiveness of public policies aimed at equity.

In the field of primary care, the studies by Miranvanella, Franco and Almeida (2020) and Pitombeira and Oliveira (2020) highlight both the advances and the challenges of this strategy. Miranvanella *et al.* point out that the Family Health Strategy (FHS) is a successful example of public policy that expanded access to health in vulnerable populations, representing an important advance in the promotion of equity. However, Pitombeira and Oliveira (2020) show that austerity policies directly affect the financing of primary care, restricting its ability to achieve even more expressive results. This tension between the transformative potential and financial limitations is central to the discussion on the strengthening of public policies in Brazil.

The social determinants of health (SDH) emerge as a focus in the studies by Ribeiro *et al.* (2024) and Silva *et al.* (2014). Ribeiro *et al.* explore the perception of social and political actors about SDH, showing how factors such as housing, education, and sanitation directly affect health outcomes. These findings are reinforced by Silva *et al.*, who analyze the intersectoriality in the promotion of socio-environmental health, highlighting the effectiveness of local programs and the need for more structured national policies. These studies corroborate the central idea that addressing SDH in an integrated manner is indispensable to reduce inequalities and promote fairer living conditions.

Another relevant point is raised by Cabo, Cruz and Dick (2021), who address gender and race inequalities in access to health services. This study reveals that black women face significant barriers in primary care, exposing how issues of intersectionality affect the implementation of public policies unequally. The analysis of these authors complements the discussion by highlighting that policies aimed at equity need to be sensitive to the specificities of marginalized groups.

Finally, Ribeiro *et al.* (2018) address the characteristics of Brazilian federalism and its influence on public health policies. The authors argue that, although the federative model has promoted significant advances, structural inequalities and lack of coordination compromise the effectiveness of policies, especially in the poorest regions. This reinforces the need to improve governance and resource allocation to ensure more equitable outcomes.

In general, the studies analyzed offer a comprehensive view of the strategies used by public policies to reduce inequalities and promote equity. However, they also show that structural challenges, such as underfunding, institutional fragmentation and regional inequalities, still limit its effectiveness. These issues point to the need for greater cross-sector articulation, sustainable investments, and more inclusive approaches to achieve fairer and more equitable health systems, aligning directly with the objectives of this work.

FINAL CONSIDERATIONS

The analysis of public policies for collective health showed advances in the promotion of equity, especially through Primary Health Care and the approach to the social determinants of health. However, structural challenges, such as underfunding, institutional fragmentation, and regional inequalities, still limit the effectiveness of these policies. Intersectoriality, which is fundamental to address inequalities, requires greater practical articulation between sectors.

The studies analyzed reinforce the need for more inclusive and sustainable strategies that consider the specificities of marginalized populations and seek to overcome institutional barriers. In addition, greater investment, strengthening governance, and encouraging social participation are essential to ensure more equitable results.

It is concluded that, despite the advances, achieving equity in health requires a solid political and social commitment, with evidence-based actions adapted to local realities. The

strengthening of integrated public policies and the expansion of research on regional impacts can support the construction of fairer and more inclusive health systems.

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