


HEALTH POLICIES FOR THE BLACK POPULATION: CHALLENGES IN THE IMPLEMENTATION OF EQUITY IN THE SUS

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ABSTRACT

The Unified Health System (SUS) has consolidated itself as one of the largest public health systems in the world, based on principles of universality, comprehensiveness, and equity. Created to guarantee the right to health of the entire Brazilian population, the SUS faces the challenge of meeting the specificities of vulnerable social groups, including the black population. In Brazil, this segment represents a significant portion of society, with about 56% of Brazilians declaring themselves black or brown, however, a historical trajectory of exclusion and social inequalities has reflected in negative health markers for this population, evidencing a distancing from the ideal of equity. Through this, this study aims to analyze the main challenges faced in the implementation of health policies aimed at the black population in Brazil, focusing on the obstacles to the promotion of equity in the SUS. To this end, an integrative literature review was carried out, adopted as a research question: "What are the challenges faced in the implementation of public health policies aimed at the black population in the SUS, considering the principles of equity and confronting structural racism?" This question was structured based on the PICO strategy: P (Population) – black population in Brazil; I (Intervention) – public health policies in the SUS; C (Comparison) – not applicable; The (Outcome) – challenges and strategies for equity in health. The search for studies was carried out in the PubMed, SciELO, LILACS and Scopus databases. Studies published between 2013 and 2023 that directly addressed the challenges faced in the implementation of public health policies for the black population in the context of the SUS were included. Eligible articles should be available in Portuguese,

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English or Spanish. Opinion articles, systematic reviews, and studies that did not have a direct relationship with the objectives of this review were excluded. The results revealed that, despite the formal recognition of equity as a principle of the SUS, practical operationalization encounters significant barriers, including political resistance and lack of adequate resources. The thematic analysis of the reviewed studies allowed the identification of three central axes: structural racism in the SUS, challenges in the implementation of the PNSIPN, and strategies to reduce health inequalities. The reviewed literature also highlights local and regional initiatives that have contributed to the promotion of more equitable care, suggesting that these experiences can be replicated on a larger scale. This study reinforces the importance of integrating the social determinants of health into public policies and strengthening social participation in the formulation and execution of government actions. It is concluded that addressing racial disparities in health requires coordinated efforts between managers, health professionals, and civil society, with the implementation of intersectoral strategies that promote structural changes and the construction of a truly inclusive and equitable health system.

Keywords: Health of the Black Population. Health Equity. Institutional Racism. Public Health Policies. Unified Health System (SUS).

INTRODUCTION

The Unified Health System (SUS) has consolidated itself as one of the largest public health systems in the world, based on principles of universality, comprehensiveness, and equity. Created to guarantee the right to health of the entire Brazilian population, the SUS faces the challenge of meeting the specificities of vulnerable social groups, including the black population (Brasil, 1988; De Souza; Rock; Nunes, 2024). In Brazil, this segment represents a significant portion of society, with about 56% of Brazilians declaring themselves black or brown, according to the Brazilian Institute of Geography and Statistics (IBGE) (IBGE 2023). However, a historical trajectory of exclusion and social inequalities has been reflected in negative health markers for this population, evidencing a distancing from the ideal of equity.

The health indicators of the black population point to worrying disparities, such as higher maternal mortality rates, prevalence of chronic and infectious diseases, and greater vulnerability to mental health conditions. These disparities cannot be dissociated from socioeconomic inequalities and structural racism, which permeates health institutions and services (Werneck 2016). Anunciação *et al.* (2022) indicates that racism, whether explicit or veiled, compromises access to and quality of care, in addition to negatively impacting the psychological well-being and trust of this population in health services.

Historically, the black population has been marginalized from public health policies, receiving limited attention only in times of health crisis. The absence of specific initiatives and the universalist view of past health policies ignored the particularities of the health demands of this group (Façanha 2022). It was only after the Federal Constitution of 1988, which introduced health as a right of all and a duty of the State, that the debate on the inclusion of the black population in public policies gained relevance (Brasil 1988).

An important milestone in this process was the creation of the National Policy for the Integral Health of the Black Population (PNSIPN), in 2006. This policy sought to respond to the historical demands of this population, recognizing the impact of racism and social inequalities on health. Among its objectives are the reduction of racial inequalities in health, the promotion of equitable access to services, and the confrontation of institutional racism (Brasil 2017). However, the full implementation of this policy has faced several challenges, from resistance to recognizing racism as a social determinant of health to the lack of resources and training of health professionals.

Equity, as a principle of the SUS, demands that health services recognize and address differences in a fair and proportional manner (Brasil 1988). In the case of the black population, this means ensuring that their specificities are considered in all stages of care, from the formulation of policies to the execution of actions in the territories. However, the practical application of this principle comes up against barriers such as the lack of knowledge on the part of health managers and professionals about the needs of the black population and the absence of data disaggregated by race that can guide more effective interventions (Paula 2024).

In addition, institutional racism, characterized by practices and policies that perpetuate racial inequalities, continues to be a significant obstacle to equity in the SUS. This form of racism manifests itself in several areas, from the initial approach in health services, where black people often report discrimination, to the unequal allocation of resources to predominantly black communities. Such practices compromise the trust of the black population in the health system and hinder the implementation of specific policies (Rabelo *et al.*, 2018).

The training and qualification of health professionals are also crucial aspects for overcoming these barriers. The inclusion of content related to the health of the black population in the curricula of health courses is an urgent need, as recommended by the National Curriculum Guidelines. Trained health professionals can not only offer more qualified care, but also act as agents of transformation in the fight against institutional racism (De Souza; Rock; Nunes, 2024).

Despite the challenges, local and regional initiatives have demonstrated the potential of innovative strategies in promoting equity. Programs that integrate educational actions, community articulation, and primary health care have achieved significant results in reducing disparities and strengthening the relationship between the black population and health services (Barbosa *et al.*, 2021). These experiences must be analyzed and replicated on a larger scale, with the support of government spheres. Another relevant aspect is the intersectionality of inequalities faced by the black population, which is often exposed to multiple axes of vulnerability, such as poverty, gender, and territory. Black women, for example, face a disproportionately higher risk of maternal mortality and obstetric complications, highlighting the need for specific policies that consider these intersections of inequality (Werneck 2016).

In addition to addressing the social determinants of health, public policies should prioritize confronting structural racism in all its forms. This requires a political and institutional commitment that goes beyond the discourse, with the allocation of financial and human resources for the effective implementation of the actions provided for in the PNSIPN. The health of the black population should not be seen only as a matter of specific policies, but as a transversal responsibility in all areas of the SUS. Strengthening social participation, through councils and community movements, is essential to ensure that the demands of the black population are heard and met.

In addition, this study aims to analyze the main challenges faced in the implementation of health policies aimed at the black population in Brazil, focusing on the obstacles to the promotion of equity in the SUS. To this end, it seeks to identify existing barriers, discuss strategies to overcome them, and propose recommendations that can contribute to the construction of a more inclusive and equitable health system.

METHODOLOGY

This study is an integrative literature review, a method that enables the synthesis of evidence from different types of studies, providing a comprehensive view on the theme "Health Policies for the Black Population: Challenges in the Implementation of Equity in the SUS". The integrative review allows the identification of gaps in knowledge, in addition to pointing out directions for future research and subsidizing decision-making in public health policies.

The research question that guided this study was: "What are the challenges faced in the implementation of public health policies aimed at the black population in the SUS, considering the principles of equity and confronting structural racism?" This question was structured based on the PICO strategy: P (Population) – black population in Brazil; I (Intervention) – public health policies in the SUS; C (Comparison) – not applicable; The (Outcome) – challenges and strategies for equity in health.

The search for studies was carried out in the PubMed, SciELO, LILACS and Scopus databases, chosen for their relevance and scope in the dissemination of scientific articles related to the areas of health, public policies and social sciences. In addition, official documents, such as ordinances and public policies made available by the Ministry of Health, were included to enrich the analysis. Studies published between 2013 and 2023 that directly addressed the challenges faced in the implementation of public health policies

for the black population in the context of the SUS were included. Eligible articles should be available in Portuguese, English or Spanish. Opinion articles, systematic reviews, and studies that did not have a direct relationship with the objectives of this review were excluded.

The search strategy was structured using controlled descriptors from the DeCS (Health Sciences Descriptors) and MeSH (Medical Subject Headings) platforms. The terms used included: "Black Population Health", "Health Equity", "Institutional Racism", "Public Health Policies" and "Unified Health System (SUS)", combined through Boolean operators, such as AND and OR. An example of the search strategy was: ("Black Population Health" AND "Equity" OR "Institutional Racism") AND ("Public Policies").

The selection of studies occurred in three sequential stages: reading of titles, reading of abstracts and analysis of the full text. The relevant data were extracted using a table containing information such as title, authors, year of publication, study objectives, and methodology employed. This categorization allowed a qualitative analysis of the data, facilitating the synthesis of knowledge. Although this study did not directly involve human beings, all procedures followed ethical research precepts, including methodological rigor and transparency in the description of the steps. The research exclusively used publicly available sources, respecting copyright and scientific integrity.

One of the limitations of this review was the exclusion of articles published in languages other than Portuguese, English, and Spanish, which may have restricted the scope of the results. In addition, the absence of epidemiological data disaggregated by race in some studies has made it difficult to analyze certain issues.

RESULTS

We included 20 studies in this integrative literature review, published between 2013 and 2023, from the SciELO, PubMed, and LILACS databases. Most of the publications were conducted in Brazil, focusing on the analysis of public policies, strategies to confront institutional racism and the implementation of actions aimed at promoting equity in health for the black population in the context of the Unified Health System (SUS). These studies were selected due to their relevance in addressing issues related to the health of the black population, highlighting the challenges faced in the execution of health policies and the impacts of structural racism.

Most of the studies found were literature reviews. These studies, published between 2013 and 2023, included narrative, systematic, and integrative reviews, evidencing the growing academic interest in investigating the challenges related to health equity. Narrative reviews accounted for 60% of the studies, being used to contextualize the advances and gaps in public policies, while systematic and integrative reviews corresponded to 40%, with a greater focus on the synthesis of evidence on implementation strategies and impact of policies.

These publications consistently highlighted the barriers faced in the operationalization of the National Policy for the Integral Health of the Black Population (PNSIPN) and the effects of institutional racism on access to and quality of care provided in the SUS (Oliveira; Kubiak 2019). The growing academic production on health equity and institutional racism in Brazil reflects the importance of addressing these issues in public health policies.

Studies such as Coelho's; Campos (2024) highlights the development of the health field of the black population in the last three decades, evidencing the expansion of research in this area. In addition, most of these studies are concentrated in the Southeast and Northeast regions of Brazil, where there is a significant black population and more pronounced health inequalities. This geographic distribution of research is consistent with the need to understand and address the regional disparities that affect the health of the black population in these areas.

The thematic analysis of the studies allowed the categorization of the findings into three main axes: (1) structural and institutional racism in the SUS, (2) implementation and challenges of the National Policy for Integral Health of the Black Population (PNSIPN) and (3) strategies for the promotion of equity in health. In the first axis, 70% of the studies reported that institutional racism constitutes a significant barrier to the access of the black population to health services, manifesting itself in discriminatory attitudes, underreporting of data by race/color, and unequal allocation of resources. Emblematic cases have been reported in obstetric care, where black women reported a higher frequency of neglect and obstetric violence compared to other populations (Anunciação *et al.*, 2022; Brazil 2017; Werneck, 2016).

In general, the results of the review indicate that, although there have been advances in the recognition of the importance of racial equity in the SUS, structural and institutional barriers persist that limit the effectiveness of public policies aimed at the black

population. Facing these challenges requires coordinated efforts between managers, health professionals, and civil society, with a view to overcoming structural racism and building a fairer and more inclusive health system.

DISCUSSION

The results of this integrative review revealed significant challenges for the promotion of health equity in the SUS, especially in relation to the black population. Institutional racism emerged as one of the main obstacles, being mentioned in 70% of the studies reviewed. This type of racism not only compromises access to health services, but also affects the quality of care provided.

According to Werneck (2016) and Kalckmann *et al* (2007), institutional racism transcends individual attitudes, being present in organizational structures. This includes practices that perpetuate inequalities, such as the unequal allocation of resources to black communities and the underreporting of data by race/color in SUS information systems. These factors make it difficult to monitor public policies and formulate more effective strategies.

One of the most worrying examples is obstetric violence against black women, widely reported in the studies analyzed. Anunciação *et al.* (2022) and Lima; Patel; Lyra (2021) highlight that these women are more likely to suffer neglect during prenatal care and childbirth, with frequent reports of discriminatory attitudes. This evidence reinforces the need for specific policies to combat this form of inequality.

The PNSIPN, as previously reported, represents an advance in the attempt to reduce these inequalities (Brazil 2017). However, according to Oliveira and Kubiak (2019), its implementation faces a series of obstacles, such as the absence of adequate funding and the resistance of managers to recognize racism as a social determinant of health. The absence of data disaggregated by race/color is another critical barrier identified. Without this information, it is difficult to assess the impact of public policies and target specific interventions.

Batista *et al.* (2020) suggests that more detailed data collection is essential to monitor health inequalities and implement more effective actions. Regional programs have proven to be a promising alternative for promoting health equity. Initiatives such as conversation circles and cultural workshops have shown positive results in the relationship between the black population and health services.

Coelho and Campos (2024) highlight that these strategies can be replicated on a larger scale, as long as they are supported by consistent public policies. The concentration of studies in the Southeast and Northeast regions was also highlighted in the results. These areas, which are home to most of Brazil's black population, have received greater academic attention, while regions such as the North and Midwest remain underrepresented. This gap limits the understanding of regional inequalities and the formulation of specific policies.

The education and training of health professionals emerged as crucial elements for the promotion of equity. De Souza, Rocha and Nunes (2024) point out that the inclusion of content on structural racism in health curricula is essential to prepare professionals who understand the needs of the black population. This approach can mitigate discriminatory practices in care. The underreporting of cases of discrimination in health services was also pointed out as an alarming issue. This practice not only masks the severity of the problem but also makes it difficult to implement corrective measures. Studies suggest that creating more accessible reporting mechanisms can help address this issue.

Social movements and health councils play a key role in the fight for equity in health. However, resistance in some decision-making spheres limits the effectiveness of their actions. Expanding the representation of these groups in public policies is essential to ensure that the demands of the black population are met. In addition, the social determinants of health, such as education, housing, and food security, need to be integrated into public policies. This intersectional approach is key to addressing the structural inequalities that affect the Black population more broadly and sustainably (Brasil, 2023; Brazil 2024).

The reviewed literature also highlighted the importance of social participation in strengthening public policies. Black movements have been protagonists in the struggle for the inclusion of racial issues in the political agenda. However, they still face significant challenges, such as a lack of resources and institutional support. Institutional violence, including neglect and discrimination, was widely reported in the studies analyzed. These practices compromise the confidence of the black population in health services and reinforce inequalities. Tackling this issue requires structural changes in services and a patient-centered approach (Antunes 2018).

The results also indicated that the construction of a truly equitable SUS requires more robust financial and human investments. Without adequate resources, even the best-

formulated policies face difficulties in implementation. The financing of the PNSIPN should be a priority to ensure its effectiveness. The integration of the racial theme in management practices and in the planning of public policies is another crucial point (Antunes, 2018).

Managers who understand the specificities of the black population are better able to implement actions that truly promote equity. This reinforces the importance of continuous training for these professionals. Finally, the reviewed studies highlighted that health equity cannot be achieved without addressing structural racism in all its forms. This confrontation requires a political commitment that goes beyond formal declarations, with concrete actions and continuous monitoring to ensure that the objectives are achieved.

CONCLUSION

The review made it possible to identify significant obstacles faced by the black population in the Unified Health System (SUS), with emphasis on the impacts of structural racism and the difficulties in implementing the National Policy for the Integral Health of the Black Population (PNSIPN). The barriers observed, such as the absence of detailed data on race, underreporting of discriminatory events, and precariousness in care, reinforce the urgency of effective measures to overcome these inequalities.

The findings reinforce that, despite advances in guidelines aimed at racial equity, practical challenges still compromise the expected results. The need for actions that consider social determinants, such as housing, schooling, and food security, is essential to reverse the effects of institutional racism and promote justice in access to health services. This work contributes by gathering evidence that enables the improvement of public policies and the training of managers and professionals. The implementation of integrated strategies, associated with the strengthening of community programs and the insertion of content on the health of the black population in academic training, can drive relevant changes in the current scenario.

Among the limitations, the restriction of languages in the reviewed articles and the predominance of studies carried out in some specific regions, such as the Southeast, stand out. These constraints point to the need to expand research into underexplored areas and incorporate diversified regional perspectives. Future studies can deepen the analysis of the effectiveness of interventions on an expanded scale and propose innovative solutions to monitor and evaluate the execution of actions. In addition, it is essential to develop tools

that measure the direct impacts of government initiatives on the health indicators of this population.

It is concluded that overcoming racial disparities in health requires joint efforts by managers, researchers and communities. The articulation between sectors, the expansion of financing and social mobilization are fundamental pillars to ensure that health policies are implemented effectively and that the black population has access to dignified and equitable services.

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