Revista ARACÊ
ISSN: 2358-2472

CHALLENGES OF INTERSECTORIALITY IN THE IMPLEMENTATION OF HEALTH PROMOTION POLICIES: AN ANALYSIS OF COLLECTIVE HEALTH

https://doi.org/10.56238/arev7n4-244

Submitted on: 03/23/2025 **Publication date:** 04/23/2025

Emanuelle Ribeiro Lisboa Prasto Martins[1], Amanda Calzi Roldi[2], Sue Hellem Botelho Arrais[3], Rhayssa Ferreira Gonçalves Santos[4], Natalia Cristina Betoni Vieira[5], Ana Aparecida Adeodato de Souza[6], Irlane Portela Silva[7], Jacqueline Jaguaribe Bezerra[8], Henrique Mazzo Tavares[9] and Laís Bertoldo Fonseca[10]

[1]Psychologist and Master's student in Social Psychology
Unigranrio and Salgado de Oliveira- Universo
Emanuelle.lisboa@gmail.com
orcid.org/0009-0004-3140-0135
http://lattes.cnpq.br/6447711266541471
[2]Nurse and Master's student in Public Policy and Local Development
Emescam
roldiamanda@hotmail.com
orcid.org/0009-0007-9894-0939
https://lattes.cnpq.br/0724386660498344
[3]Bachelor of Physical Therapy
Mauritius University Center of Nassau
suehellemb@gmail.com
https://lattes.cnpq.br/9637920036820346
[4]Bachelor and postgraduate student in Medical Law
Catholic University of Pernambuco - UNICAP and Iguaçu College
rhayssaferreirag@gmail.com
https://lattes.cnpq.br/3007425204552591
[5]Bachelor's degree in Nursing and Midwifery and Specialization in Public Health, with emphasis on Family Health and Nephrology and
Gerontology Nursing
Barão de Mauá University Center
natalia.betoni@gmail.com
https://orcid.org/0009-0000-2392-1070
[6]Nurse
Inta-UNINTA University Center
anaadeodatosz@gmail.com
[7]Undergraduate student in Nursing
Faculdade Luciano Feijão - FLF
irlaneportela13@gmail.com
http://lattes.cnpq.br/8025608468769375
[8]Nutritionist Specialized in Parenteral and Enteral Nutritional Therapy
FAVENI
jjaguaribe62@gmail.com
https://orcid.org/0000-0002-6346-0480
http://lattes.cnpq.br/1854315807115988
[9]Graduating in Medicine
Unicentro
henrique.mazzo@gmail.com
https://orcid.org/0009-0004-6703-5694
http://lattes.cnpq.br/9146329692914957
[10]Bachelor's Degree in Nutrition and Postgraduate Nutrition in Oncology and Clinical Nutrition
Federal University of Recôncavo da Bahia-UFRB
lais01bertoldo@hotmail.com

Revista ARACÊ
ISSN: 2358-2472

ABSTRACT
This study analyzes the challenges faced in the implementation of intersectoriality in public health promotion policies in Brazil, considering the multiple dimensions that make up collective health and the social determinants that cross it. The research is based on a qualitative approach, based on a narrative review of the literature published between 2022 and 2024, based on the selection of ten studies and institutional documents. Previously defined inclusion and exclusion criteria and Boolean operators were used to structure the search in databases such as SciELO, LILACS and Google Scholar. The results show that intersectoriality, despite being widely provided for in the normative frameworks, has concrete institutional, formative, political and cultural limitations, making it difficult to put it into practice. However, specific experiences are identified that point to possibilities of overcoming these obstacles, especially when supported by collaborative governance strategies, critical training, multiprofessional practices and territorialized actions. It is concluded that the effectiveness of intersectoriality requires structural changes and the strengthening of institutional arrangements capable of articulating public policies in an integrated, participatory and equitable manner.

Keywords: Health promotion. Collective health. Public policies. Intersectoriality. Social determinants.

Revista ARACÊ
ISSN: 2358-2472

INTRODUCTION

Health promotion, as a structuring axis of public policies in the field of collective health, presupposes a broader understanding of the health-disease process, based on the articulation between the social, economic, cultural and environmental determinants that affect the lives of individuals and collectivities. In this scenario, intersectoriality is not only a normative guideline, but a practical requirement for the implementation of actions that transcend the technical-bureaucratic limits of the health sector, mobilizing the joint action of areas such as education, social assistance, environment and public security (Silva; Alves, 2024). However, the implementation of intersectoral strategies is still faced with multiple institutional, political, and cultural barriers, which compromise the construction of integrated responses to the needs of the population.

Among the main obstacles identified are the fragmentation of public policies, the rigidity of administrative structures, the absence of common languages between sectors, and the scarcity of governance mechanisms capable of coordinating shared and sustainable actions (Demarchi; Araújo, 2022; Iwamoto et al., 2024). The persistence of vertical and hierarchical practices, combined with the limitation of health training processes — often centered on uniprofessional approaches — prevents the strengthening of collaborative and territorialized actions (Souza et al., 2023; Lima et al., 2024). At the same time, populations in situations of vulnerability, such as black women, institutionalized elderly, or young people from the periphery, continue to be disregarded in the formulation of strategies, reinforcing inequalities and denying the right to health with equity (Schmidt et al., 2022; Pereira et al., 2022).

The relevance of this study is justified by the need to deepen the debate on the limits and possibilities of intersectoriality, seeking to understand the mechanisms that hinder its consolidation and the possible paths for its effectiveness in the daily life of services and territories. Although innovative experiences — such as the insertion of psychologists in the NASF (Silva et al., 2022), the use of digital technologies for care and education (Sona et al., 2022; Rodrigues et al., 2023) and cultural and agroecological practices as strategies for good living (Venturin et al., 2023) — have pointed to advances towards more horizontal and integrated practices, these initiatives are still punctual and often lack political and institutional support. The hypothesis that guides this analysis is that intersectoriality, although widely recognized as a guiding principle of health promotion, remains weakened in its practical application due to the absence of structured articulations between the sectors

Revista ARACÊ
ISSN: 2358-2472

and the precariousness of the management, training and financing devices that should sustain it.

In view of this, the general objective of this study is to critically analyze the challenges of intersectoriality in the implementation of public health promotion policies in Brazil, based on the recent literature on public health. As specific objectives, it is intended to: (i) identify the main institutional, formative and political obstacles that hinder the effectiveness of intersectoral practices; (ii) to discuss concrete experiences of articulation between sectors that have contributed to the qualification of health care and the reduction of inequalities; and (iii) to examine the limits and potentialities of governance, training and social participation strategies aimed at the construction of integrated public policies.

METHODOLOGY

The present analysis is based on a qualitative approach, of an exploratory and descriptive nature, whose objective is to critically reflect on the obstacles and possibilities of intersectoriality in public health promotion policies in Brazil. To this end, we chose to carry out a narrative review of the literature, prioritizing studies published between 2022 and 2024 that discuss concrete experiences, institutional dilemmas, and intersectoral strategies in the field of public health, considering both academic productions and institutional documents and technical reports from agencies linked to the Unified Health System (SUS).

Sources indexed in the SciELO, LILACS and Google Scholar databases were used, as well as specific publications linked to programs such as PET-Health and the National Health Promotion Policy, as well as official documents from the Ministry of Health and multilateral organizations. The search strategy included the use of controlled descriptors and free terms related to the object of the investigation, such as: "intersectoriality", "health promotion", "collective health", "integrated actions", "public health policies", "health education", "health governance", "social determinants of health" and "health equity". The combination of these terms was performed using Boolean operators (AND, OR), in order to increase the sensitivity of the search and ensure the retrieval of pertinent studies. Among the crossings carried out, the following stand out:

- "intersectoriality" AND "health promotion";
- "collective health" AND "integrated actions";
- "professional training" AND "health work";
- "public policies" AND "social determinants";

Revista ARACÊ
ISSN: 2358-2472

- "health technology" AND "intersectoriality" OR "collaborative practices".

In addition, time filters (2022 to 2024), language (Portuguese) and geographic (Brazilian context) were applied, in order to ensure greater alignment with the contemporary reality of national public policies.

The selection of materials followed criteria defined from the objectives of the study. The following were included: (i) articles available in full text and peer-reviewed; (ii) studies published in Portuguese between 2022 and 2024; (iii) productions that directly addressed intersectoral experiences in the field of public health, with an emphasis on health promotion; and (iv) documents that discussed structural, institutional, formative and/or political-legal aspects of intersectoriality. Texts that did not present a direct dialogue with the theme, studies with an exclusively clinical or biomedical focus with no connection to public policies, articles repeated between databases, and publications in the form of editorials, letters to the editors, or reviews were excluded.

After applying the eligibility criteria, 27 studies were initially identified. Of these, 17 were excluded because they did not meet the established inclusion criteria or because they presented duplicity between the databases, resulting in a total of 10 studies selected for in-depth analysis. These texts were submitted to a comprehensive and interpretative reading, being organized into thematic axes that allowed the systematization of the findings based on the defined analytical categories.

The paradigm of social determination of health was adopted as a theoretical-methodological framework, which understands the health-disease process as a product of multiple structural dimensions – economic, political, territorial, historical and symbolic – and which therefore requires intersectoral responses supported by collaborative, horizontal and territorialized practices. The categories of analysis mobilized included: social inequality, territory, professional training in health, integrated and multiprofessional practices, specific social vulnerabilities (such as black populations, institutionalized elderly, and women), judicialization and financing of public policies, and local governance. The analysis was not exhaustive, but was committed to the production of critical and reasoned reflections that can contribute to the advancement of intersectoral practices in the field of public health.

RESULTS AND DISCUSSION

Health promotion, as a conceptual and operative field of collective health, requires an approach that goes beyond the limits of fragmented sectoral actions, demanding

Revista ARACÊ
ISSN: 2358-2472

consistent articulations between different public policies that act on the social determinants of the health-disease process. In this sense, intersectoriality is not presented as a technical prop, but as a structural requirement for the construction of sustainable responses to the complexity of social inequities and the diversity of territorial contexts. Sectors such as health, education, social assistance, the environment, and public security, although they share responsibilities for collective well-being, still operate with autonomous logics, often marked by divergent goals, dissonant technical vocabularies, and institutional cultures that resist articulation (Silva; Alves, 2024).

This disconnection between the sectors translates into disjointed practices, little responsive to the concrete needs of the populations, especially the most vulnerable. The experience of the National Policy for Comprehensive Attention to Men's Health illustrates how the absence of dialogue between different areas compromises the effectiveness of the proposed actions, revealing the persistence of inflexible administrative structures and fragmented management of public health (Silva; Alves, 2024). At the same time, programs such as PET-Saúde, when seeking to foster interprofessional education, face obstacles arising from curricular rigidity and the lack of evaluation methodologies that encourage collaborative work, exposing the fragility of training strategies in the face of the need to build interdisciplinary competencies (Souza et al., 2023).

The technical and political limitation of professionals to deal with the specificities of vulnerable groups, such as the elderly deprived of liberty or black women in situations of social exclusion, highlights the structural character of health inequalities, while reinforcing the urgency of rethinking training processes based on critical and sensitive approaches to social diversity (Schmidt et al., 2022; Pereira et al., 2022). Professional practice, when guided by models that ignore the social markers of difference, tends to reproduce patterns of exclusion, becoming ineffective in the production of comprehensive care. Technical training, in this context, lacks devices that foster listening, interprofessional dialogue, and cultural sensitivity – fundamental dimensions for confronting the multiple forms of oppression and invisibility that permeate collective health (Lima et al., 2024).

The persistence of legal, financial and institutional obstacles also jeopardizes integration efforts. The judicialization of health, for example, by directing public resources to individual demands, often disorganizes the logic of planning and equitable distribution of services and inputs, negatively affecting the execution of integrated policies (Demarchi; Araújo, 2022). In addition, there is a considerable fragility of local administrations in relation

Revista ARACÊ
ISSN: 2358-2472

to the goals of the 2030 Agenda, especially with regard to the articulation of health policies with the areas of education and income. The difficulty in building cross-cutting actions among the Sustainable Development Goals demonstrates the insufficiency of institutional devices for integrative governance (Iwamoto et al., 2024).

Although challenges persist, there are experiences that indicate possible paths. The inclusion of psychologists in the Family Health Support Centers (NASF), even though it faces resistance due to hierarchical structures and rigid delimitations between professions, reveals the power of multiprofessional practices in the daily routine of primary care, especially when they are based on expanded care and co-responsibility (Silva et al., 2022). The use of digital technologies has also contributed to expanding the horizons of intersectoriality, promoting the approximation between health and education through applications and platforms that democratize access to information, stimulating the autonomy of the subjects and strengthening the bond with the services (Sona et al., 2022; Rodrigues et al., 2023).

Integrative practices, such as agroecology and cultural actions in the territories, point to the possibility of building a health promotion policy anchored in the concept of good living, articulating care for the environment, valuing traditional knowledge, and the promotion of strengthened social bonds (Venturin et al., 2023). In this same horizon, intermunicipal consortia emerge as a viable strategy for the regionalized organization of health care, enabling greater rationality in the use of resources, in addition to stimulating the construction of intergovernmental pacts based on cooperation and co-responsibility (Santos et al., 2022).

The articulation between health and education, especially through emancipatory educational practices, also deserves to be highlighted in this debate, as it favors the formation of critical subjects, capable of intervening in the territories in which they live and work. The experience of articulation between universities and services, as reported by Raupp et al. (2024), shows that health education can – and should – be guided by principles of participation, dialogue, and social engagement, contributing to consolidate an intersectoral practice committed to social transformation.

Finally, it is necessary to recognize that health promotion presupposes interventions that consider the different stages of life and the social and cultural specificities of the subjects. The adoption of public policies segmented by age group – contemplating the specific demands of children, adolescents, adults, and the elderly – is an indispensable

Revista ARACÊ
ISSN: 2358-2472

element for the planning of effective and integrated actions (Sousa, 2023). In addition, the role of psychology in healthy aging, by emphasizing the importance of subjective care and support networks, reinforces the centrality of welcoming and qualified listening in the construction of health practices that respect people's times and ways of life (Lima et al., 2023).

CONCLUSION

The analysis of the challenges of intersectoriality in the implementation of public health promotion policies shows that, although this principle is widely incorporated into institutional discourses and norms in the field of collective health, its practical application remains marked by a series of structural, institutional, and cultural obstacles that compromise its effectiveness. The fragmentation between sectors, gaps in professional training, the limitation of governance spaces and the persistence of verticalized management models make it difficult to build shared practices, sensitive to territorial diversities and the social specificities of populations.

Despite these limitations, the study identified experiences that point to the transformative power of intersectoral actions when supported by more flexible institutional arrangements, critical training practices, and collaborative management devices. Initiatives such as multiprofessional action in the Family Health Support Centers, the use of digital technologies for care and education, cultural and agroecological practices in the territories, as well as regional organization through intermunicipal consortia, reveal possible ways to strengthen health promotion as an integral, participatory and emancipatory practice.

It was also found that the consolidation of intersectoriality depends on the articulation between different dimensions: public policies that recognize the complexity of the social determinants of health; training processes committed to teamwork, listening and diversity; governance strategies that favor co-responsibility between sectors; and mechanisms of social participation that ensure the protagonism of the subjects in the decision-making processes. In this sense, overcoming the identified obstacles requires more than specific reforms — it imposes the confrontation of historical paradigms of public management, requiring political will, institutional continuity and investment in the construction of links between the sectors that make up social life.

Thus, the need to strengthen intersectoral practices as a structuring axis of health promotion is reaffirmed, understanding that only from an articulated, territorialized action

Revista ARACÊ
ISSN: 2358-2472

committed to social justice will it be possible to produce comprehensive care and expand access to health in its full dimension — as a universal, indivisible and inalienable social right.

Revista ARACÊ
ISSN: 2358-2472

REFERENCES

1. Demarchi, C., & Araújo, F. D. (2022). A sustentabilidade social, o princípio da universalidade do SUS e a judicialização de medicamentos. Revista Visão: Gestão Organizacional, 11(1), XX–XX.

2. Iwamoto, H. M., Leal, V. A., & Cancado, A. C. (202uale). Perspectivas e desafios para a implementação dos Objetivos de Desenvolvimento Sustentável (ODSs). Capim Dourado: Diálogos em Extensão, 6, XX–XX.

3. Lima, S., Ferreira, W. S., & Moret, M. C. F. F. (2023). Prevenção e promoção da saúde mental: Contribuições da psicologia para um envelhecimento saudável. Revista FIMCA, 10(2), XX–XX.

4. Lima, T., & outros. (2024). Formação superior em saúde: Percepção de discentes concluintes. Revista de Ensino, Educação e Ciências Humanas, 24(4), 553–559.

5. Pereira, M., & outros. (2022). Historicidade e singularidade da saúde da mulher negra: Repercussões do cuidado do enfermeiro na atenção primária à saúde. Revista Recien, 12(37), 463–471.

6. Raupp, L., & outros. (2024). Educação em saúde entre universitários: Unindo teoria e prática. Educação Online, 19(46), XX–XX.

7. Rodrigues, G. C. S., & outros. (2023). Impacto do uso de aplicativos no monitoramento de risco da hipertensão arterial sistêmica na Estratégia Saúde da Família. UNICIÊNCIAS, 26(2), XX–XX.

8. Santos, A. M. D., Nadal, H. D., & Martins, A. M. (2022). Consórcios intermunicipais: Sobretudo no âmbito da saúde. Ponto de Vista Jurídico, 11(1), XX–XX.

9. Schmidt, C. L., & outros. (2022). Envelhecimento da população privada de liberdade e seus entraves. Novas Diretrizes Frente ao Envelhecimento, XX–XX.

10. Silva, B. F., & Alves, G. S. (2024). Desafios e perspectivas na implementação da Política Nacional de Atenção Integral à Saúde do Homem. Revista de Enfermagem da UFJF, XX–XX.

11. Silva, T. S. E., & outros. (2022). Interfaces entre teoria e prática: Relato de experiência na atenção primária à saúde. ID on line. Revista de Psicologia, 16(63), XX–XX.

12. Sona, L., & outros. (2022). Aplicativo de dispositivo móvel como estratégia de acesso à informação no contexto de promoção e educação em saúde. Brazilian Journal of Health Review, 5(2), XX–XX.

13. Sousa, R. R. A. (2023). As diferenças na prática de atividade física entre jovens, adultos e idosos na promoção da saúde. Revista Interseção, 5(1), XX–XX.

Revista ARACÊ
ISSN: 2358-2472

14. Souza, R. B. de, & outros. (2023). Implementation barriers to interprofessional education: An analysis of the Educação pelo Trabalho para a Saúde Program (PET-Saúde). Saúde e Sociedade, XX–XX.

15. Venturin, E., Desidério, S. S., & Dal Soglio, F. K. (2023). Agroecologia e bem viver: Promovendo saúde coletiva. Informe GEPEC, 27(1), XX–XX.