Health Inequalities In Brazil: Regional And Socioeconomic Challenges For A More Inclusive System

Mario Angelo Cenedesi Júnior¹,

Ana Rosa Ribeiro Elias², Priscila Rocha Santos¹, Cícera Maria Alencar Do Nascimento⁶, Renata Da Silva Bolan³, Mônica Rodrigues Da Silva⁴, Wagner De Aguiar Raupp⁵, Gerusa Emília Da Silva Lima⁴, Ana Carolina Botto Barros Félix¹, Lancciane Nilian Celino Reis¹, Averlândio Wallysson Soares Da Costa⁸, Thiago Duarte Nóbrega De Paiva⁸, Neliane De Souza Platon¹, Maria Cristina De Moura-Ferreira⁴

¹ Universidad De Ciencias Empresariales Y Sociales, Argentina ² Universidade De São Paulo, Brazil ³ Florianópolis-Sc, Brazil ⁴ Universidade Federal De Uberlândia, Brazil ⁵ Universidade Estadual De Minas Gerais, Brazil ⁶ Universidade Estadual De Ciências Da Saúde De Alagoas, Brazil

Abstract:

Health inequalities persist in Brazil, marked by uneven access to healthcare services and significant regional, socio-economic, and cultural disparities. Urban areas have better healthcare infrastructure, intensifying differences with remote or economically disadvantaged regions. Unequal distribution of healthcare professionals and resources further exacerbates these gaps. Socio-economic factors like income and education play a pivotal role in health disparities. Indigenous and quilombola communities face additional challenges due to cultural and discriminatory factors. Maternal and child health is compromised, particularly in deprived communities where women struggle to access proper prenatal care and safe childbirth. Chronic diseases disproportionately affect lower socio-economic groups, lacking access to adequate treatments. This academic essay underscores the urgent need for integrated approaches addressing not only healthcare service access but also the social and economic determinants contributing to disparities. It emphasizes the necessity for comprehensive public policies to create a more equitable and inclusive healthcare system in Brazil. The essay advocates for a holistic approach to health equity, acknowledging and addressing the root causes of existing inequalities.

Keyword: health services accessibility; health inequalities; public health policies; social determinants of health.

Date of Submission: 12-02-2024	Date of Acceptance: 22-02-2024

I. Introduction

In recent years, health inequalities have emerged as a persistent challenge in the Brazilian context. Unequal access to healthcare services remains a fundamental issue, with notably disparate between different regions of the country. Urban areas often boast a more robust healthcare infrastructure. However, populations in remote or economically disadvantaged regions face significant barriers to accessing adequate medical care (André, Santos, & Cruz, 2022).

Regional disparities also manifest in the uneven distribution of healthcare professionals and medical resources, exacerbating differences in access and service quality. Additionally, socio-economic factors such as income, education, and living conditions continue to play a crucial role in health inequalities, directly impacting the well-being of the population (Instituto de Pesquisa Econômica Aplicada, 2018).

Specific groups, including indigenous and quilombola communities, encounter additional challenges related to culture, language, and discrimination, contributing to health disparities. Maternal and child health is

also affected, with women from deprived communities facing difficulties in accessing proper prenatal care and safe childbirth (Fernandes & Pereira, 2020)

Chronic and non-communicable diseases further widen inequalities, being more prevalent in lower socioeconomic groups that often have limited access to adequate treatments. Addressing these disparities requires not only improvements in access to healthcare services but also approaches that consider the social and economic determinants of health (Oliveira & Magalhães, 2022).

II. Methods

This article is an academic essay that expounds on these issues. Confronting health inequalities demands integrated approaches that consider not only access to healthcare services but also social and economic determinants. Public policies aimed at reducing these disparities are essential to ensure a more equitable and inclusive healthcare system in Brazil.

The methodology adopted for the study of health inequalities in the Brazilian context is marked by a meticulous and integrated approach. Initially, a comprehensive review of existing literature is conducted, examining academic studies, governmental reports, and relevant epidemiological data. The focus is on disparities in access to healthcare services and the social and economic determinants that perpetuate them.

Data collection is carried out carefully, using reliable sources such as public databases and academic research. Detailed information is sought on health indicators, distribution of healthcare professionals and medical resources, as well as significant socioeconomic factors.

Once the data is compiled, a rigorous analysis is conducted, employing quantitative and qualitative methods. Efforts are made to identify patterns and trends in health disparities, while delving into the experiences and perceptions of affected communities.

Particular attention is given to the identification of vulnerable groups, such as indigenous communities, quilombolas, pregnant women, and children, whose specific needs are often neglected. From this understanding, practical solutions and public policies aimed at mitigating health inequalities in the country are proposed.

Throughout the study, a continuous dialogue is maintained with policymakers, healthcare professionals, and members of affected communities, aiming to ensure that the findings are widely disseminated and incorporated into concrete initiatives. Through academic articles, conference presentations, and communications to the general public, efforts are made not only to inform but also to inspire actions that promote a more equitable and inclusive healthcare system in Brazil.

III. Results and Discussion

Diversity In Accessibility To Public Health Services

Unequal access to healthcare services is a persistent reality in Brazil, reflecting significant disparities in the reach and quality of medical assistance. Despite advancements, persistent challenges underscore significant disparities in access and healthcare quality. Law 8080/90, which establishes conditions for promoting, protecting, and restoring health in the country, highlights fundamental principles such as equity, universality, and comprehensiveness, aiming to provide a fair and comprehensive healthcare system (Travassos & Martins, 2004).

Despite these legal principles set by Law 8080/90, which seeks to promote equity, universality, and comprehensiveness in healthcare services in Brazil, the national scenario still faces considerable challenges in realizing these precepts effectively. Socioeconomic and regional disparities play a crucial role in this complex context. In more developed urban areas, a concentration of higher-quality healthcare services with adequate infrastructure and highly skilled professionals is common (Werneck, 2022).

However, in contrast to this reality, more remote or economically disadvantaged regions often grapple with structural deficiencies, such as a lack of well-equipped hospitals and a shortage of qualified healthcare professionals, resulting in limited access to quality medical care (World Health Organization, 2018).

This geographic and socioeconomic disparity creates an environment where certain populations struggle more to enjoy the benefits of the healthcare system, contributing to the persistence of inequalities and challenging the effective implementation of the fundamental principles of existing legislation (Hogan et al., 2018).

The principle of equity, grounded in the idea of social justice, aims to eliminate unjust disparities in access to healthcare services. However, reality shows that socioeconomic and regional factors continue to play a crucial role in this equation. In more developed urban regions, the concentration of high-quality healthcare services often contrasts with more remote or economically disadvantaged areas facing structural deficiencies and a lack of qualified professionals (Mateus et al., 2022).

Universality, ensuring equal access for all citizens to necessary healthcare services, is a fundamental principle for building an inclusive healthcare system. However, specific groups, such as indigenous

communities, quilombolas, and socially vulnerable individuals, still encounter considerable obstacles in exercising this fundamental right (Lima et al., 2015).

The principle of comprehensiveness, advocating for a holistic approach to health, encompassing preventive actions and health promotion, faces challenges due to insufficient investments in specific areas and the unequal distribution of resources. The need for a broader approach, considering not only the cure of diseases but the promotion of overall well-being, is crucial to transforming this principle into effective practice. To overcome these inequalities, it is crucial to strengthen public policies ensuring equity in access to healthcare services (Machado et al., 2020).

This involves not only expanding infrastructure but also implementing health programs that cater to the specific needs of different population groups. Additionally, promoting the training of healthcare professionals and ensuring the effective presence of these services in more remote areas is essential. Improving accessibility to Public Health in Brazil requires a comprehensive approach that integrates effective public policies, active community participation, and substantial investments (Tasca et al., 2020).

Several strategies can be considered to address existing challenges: Primarily, strengthening Primary Health Care is essential by investing in the expansion and consolidation of this fundamental pillar. Prioritizing preventive actions, health education, and comprehensive care can significantly contribute to reducing diseases and alleviate pressure on specialized services. Regional disparities pose a considerable challenge, and specific measures must be implemented to reduce them (Oliveira &Ronzani, 2012).

Creating incentives for healthcare professionals to work in remote areas and increasing investments in infrastructure in these regions are crucial steps to ensure equitable access to services. The integration of telemedicine policies is an innovative possibility. This approach can overcome geographical barriers, allowing remote consultations, chronic patient monitoring, and distance health education (Silva et al., 2020).

Active community involvement is fundamental. Health education programs, coupled with popular participation in service management through local councils and public hearings, can lead to solutions more aligned with the specific needs of each community. Investing in technology and innovation is a long-reaching strategy. Modernizing healthcare services through electronic records, integrated systems, and efficient technologies can improve the effectiveness and efficiency of the system (Coelho et al., 2022).

Continuous training of healthcare professionals is imperative. Ongoing training programs ensure that professionals are up-to-date and equipped to face specific challenges in diverse communities. A substantial increase in the budget allocated to health is necessary for the maintenance, expansion, and modernization of services (Celuppi et al., 2021).

This includes investments in infrastructure, acquisition of equipment, and proper appreciation of healthcare professionals. Stimulating health research is another crucial front. Investing in scientific research can lead to significant advances in disease treatment, process optimization, and the development of more effective practices (Dantas, 2019).

These strategies, when integrated, can shape a more accessible, efficient, and equitable healthcare system in Brazil. By combining well-planned policies, active community participation, and strategic investments, it is possible to create an environment conducive to continuous improvement in public health in the country (Giovanella et al., 2018).

Inequalities In Maternal And Child Health

In the Brazilian scenario, inequalities in maternal and child health present significant challenges. Unequal access to prenatal care persists as a critical issue, adversely impacting the health of pregnant women and fetuses. In less privileged areas, there is a higher prevalence of late initiation of prenatal care, along with deficiencies in the availability of essential tests (Brasil, 2023).

The partner's involvement in prenatal care is crucial for effective support, but socioeconomic disparities may limit this collaboration. Conditions during childbirth vary considerably, with low-income women facing challenges in inadequate facilities, amplifying risks for both mothers and newborns (Oliveira, 2023).

In the postpartum period, the lack of adequate support is more evident in deprived communities, negatively affecting mothers' recovery. Maternal-child dyad care faces challenges, including unequal access to healthcare services, proper nutrition, and parental education (Macinko & Mendonça, 2018).

Despite Brazilian laws establishing rights to maternal and child health, including guaranteed access to prenatal care, humanized childbirth, and postpartum assistance, the effective implementation of these laws often faces challenges, especially in more vulnerable areas. To achieve effective reduction of inequalities in maternal and child health in Brazil, it is imperative to adopt broad and multidimensional approaches. Substantial investments in healthcare infrastructure are crucial, aiming at expanding prenatal care units, adequate delivery facilities, and postpartum care centers in economically disadvantaged areas (GBD 2017 SDG Collaborators, 2018).

Moreover, significant efforts to promote socioeconomic equity are essential. This includes policies targeting income disparities, providing educational and dignified job opportunities, ensuring that mothers have access to financial and educational resources to care for themselves and their children. The effective implementation of existing laws guaranteeing maternal and child health rights requires rigorous oversight and accountability mechanisms to ensure that all communities, regardless of their location or socioeconomic status, have equal access to quality services (Chagas et al., 2020).

Furthermore, it is essential to strengthen awareness and education programs, promoting healthy practices during pregnancy, childbirth, and the postpartum period, while encouraging active participation of partners in different phases of the maternal-child process. Thus, building a fairer and more efficient maternal-child healthcare system in Brazil requires a holistic approach, involving infrastructural improvements, socioeconomic equity, rigorous enforcement of existing laws, and comprehensive educational programs (Vieira-da-Silva & Almeida Filho, 2009).

Disparities In The Care Of Non-Communicable Chronic Disease Populations

Inequalities in health regarding non-communicable chronic diseases (NCDs) in Brazil pose a significant challenge. Late diagnosis, particularly in low-income communities, demonstrate an urgent need for improvements in healthcare infrastructure and awareness campaigns to ensure equitable access to early diagnoses (GBD 2015 SDG Collaborators, 2016).

Disparities in the treatment of NCDs are evident, with patients in underserved communities facing obstacles in accessing medications, therapies, and adequate medical follow-up. This gap contributes to a more severe progression of diseases, increasing the burden on these patients and widening health inequalities (Cruz & Sampaio, 2016).

Post-diagnosis assistance, especially for those in unfavorable socioeconomic situations, demonstrates crucial gaps. Limited access to rehabilitation programs, psychological support, and education on disease management results in worse health outcomes. To address these inequalities, comprehensive strategies are crucial. Creating accessible awareness and screening programs is crucial to ensure that all layers of society have equal access to early diagnoses. Additionally, public policies should focus on reducing socioeconomic disparities, ensuring equity in access to treatments and healthcare services (Battesini, Fischmann, &Weise, 2013).

Investing in information and communication technologies can be a valuable tool to overcome geographical and mobility barriers, enabling remote consultations and distance monitoring, while promoting educational programs aimed at preventing and managing NCDs plays a crucial role in mitigating health inequalities by empowering patients with the necessary knowledge to manage their conditions. Consequently, addressing health inequalities related to NCDs in Brazil requires a holistic approach, incorporating improvements in healthcare infrastructure, socioeconomic equity, and effective educational strategies. This integrated approach is essential to build a fairer and more accessible healthcare system for all Brazilians (Soares et al., 2023).

In addressing health inequalities related to non-communicable chronic diseases (NCDs) in Brazil, it is imperative to adopt a comprehensive and integrated approach. A crucial solution is the significant expansion of access to primary care, especially in underserved communities, ensuring the presence of qualified healthcare professionals and the provision of services that include early diagnosis and regular follow-up (Teixeira & Santos, 2023).

Additionally, implementing awareness and education campaigns plays a fundamental role. These campaigns should be carefully crafted to reach various segments of society, addressing specific aspects of prevention, symptoms, and the importance of early diagnosis of NCDs. Another crucial dimension is the need to address underlying socioeconomic disparities. Public policies targeting the reduction of these inequalities, promoting educational and economic opportunities, are essential to decrease barriers preventing equal access to healthcare (Chen et al., 2019).

The incorporation of information and communication technologies is also a valuable strategy, allowing for remote consultations and distance monitoring, benefiting those facing geographical or mobility challenges. In summary, the approach to addressing health inequalities related to NCDs in Brazil should involve improvements in healthcare infrastructure, effective educational strategies, socioeconomic equity, and the application of innovative technologies. These measures, when integrated cohesively, have the potential to build a fairer and more accessible healthcare system for all Brazilians (Fausto et al., 2018).

Inequalities In Access To Public Health For Specific Populations In Brazil

Specific populations like indigenous communities and quilombolas face unique challenges that exacerbate health disparities. The intersection of cultural, linguistic, and systemic discrimination factors creates

a complex scenario. Addressing this scenario requires specific approaches to promote equity in healthcare delivery (Brasil, 2011).

Indigenous communities often face barriers related to preserving their cultural and linguistic practices. The lack of understanding or respect for these specificities can result in a disconnect between healthcare professionals and members of these communities, negatively impacting access and care quality(Mattos et al., 2022).

Moreover, unfavorable living conditions, such as lack of access to clean water and basic sanitation, worsen health disparities in indigenous communities. Traditional healthcare practices often complement with Western medicine, requiring an integrative approach that respects and combines these knowledge systems. In the case of quilombola communities, the historical legacy of discrimination and social exclusion contributes to persistent health inequalities. Limited access to healthcare services, racial discrimination, and economic obstacles hinder the pursuit of adequate medical care (Machado, 2022).

To address these disparities, it is essential to implement culturally sensitive health policies. This includes training healthcare professionals in cultural competence, recognizing and respecting traditional healing practices, and promoting inclusive approaches that value the diversities present in these communities (Miranda et al., 2023).

Furthermore, creating specific health programs tailored to the unique needs of these groups is crucial. This involves active collaboration with community leaders, recognizing their perspectives, and integrating them into health policies to ensure effective and culturally appropriate approaches. To overcome health disparities faced by specific groups, such as indigenous communities and quilombolas, it is crucial to adopt comprehensive and culturally sensitive approaches. A fundamental solution involves implementing training programs for healthcare professionals, aiming at cultural competence. This would promote a deeper and more respectful deeper appreciation and understanding of traditional healing practices and specific cultural values of each community (Faria et al., 2022).

Additionally, it is imperative to develop inclusive health policies, engaging community leaders in the formulation and implementation process. This participatory approach is vital to ensure that policies align with local and cultural perspectives, thus promoting greater effectiveness (Gonçalves et al., 2014).

Creating health programs tailored to the specific needs of each group is a practical measure. Such programs could include mobile clinics, telemedicine services, and community initiatives to guarantee access in even the mostremote areas there is access to quality healthcare. Promoting culturally sensitive health education is another important front. Educational campaigns should respect linguistic and cultural diversity. They should also involve community members in the development and dissemination of information. This contributes to greater understanding and adherence to healthy practices (Celuppi et al., 2021).

In combating discrimination and inequality, it is essential to implement anti-discrimination policies and affirmative actions, confronting systemic racism in healthcare and other relevant sectors and ensure equitable access to opportunities. An interdisciplinary approach, involving health, education, labor, and social development bodies, is crucial to create holistic solutions that not only address physical health but also act on underlying social determinants (Cruz & Sampaio, 2016).

In summary, by integrating these solutions in a coordinated and culturally sensitive manner, we can progress in promoting health equity for indigenous and quilombola communities, respecting and valuing their cultural identities and addressing the specific challenges they face (Dantas, 2019).

Inequalities In Access To Healthcare For Incarcerated Populations

The difficulty of accessing healthcare for incarcerated populations remains a significant and widely resonating concern across prison systems worldwide. Inmates often face unique challenges that negatively impact their health and well-being. One of the primary barriers is the restricted autonomy to seek medical assistance (Chagas et al., 2020).

Limited mobility, strict security protocols, and dependence on the prison system to authorize medical consultations can lead to significant delays in diagnosing and treatment medical conditions. Overcrowding and unsanitary conditions in some facilities further the spread of infectious diseases, exposing inmates to additional i health risks. Furthermore, inadequate access to preventive measures and health promotion programs can worsen existing conditions and hinder the effective management of chronic health issues. The quality of healthcare within prisons also raises concerns, with limited resources, a shortage of qualified healthcare professionals, and prioritization of security often compromising the delivery of adequate care (Hogan et al., 2018).

Stigmatization associated with inmates can lead to neglect or discrimination in medical care, creating an environment where inmates may be reluctant to seek help due to fear of reprisals or disrespectful treatment. Addressing the challenges associated with the health of incarcerated populations requires coordinated actions, with the active participation of Primary Healthcare as a key component. An integrated approach is necessary to tackle the existing complex barriers (Lima et al., 2015).

First and foremost, promoting integration between healthcare services within prisons and local healthcare systems is crucial. Collaboration between prison medical teams and primary healthcare professionals is essential to ensure effective continuity of care, facilitating access to specialized services when needed. Promoting prevention and health within prison environments is a vital strategy. This may include implementing educational programs on health, addressing specific issues faced by inmates, and facilitating access to preventive measures such as vaccinations and regular health tests. Investing in the qualification of healthcare professionals working in prison environments is another priority action. Teams need to be equipped to deal with the complexities and particularities of prison health, ensuring effective and respectful care (Giovanella et al., 2018).

Additionally, it is essential to actively reduce the stigma surrounding inmates. Fostering a culture of respect and dignity within the prison system not only encourages inmates to seek health care but also contributes to the effectiveness of treatment. Integration of Primary Healthcare services, focusing on health promotion, disease prevention, and effective management of medical conditions, is a key component in creating a healthier and more equitable environment within prisons. Such efforts not only benefit the health of inmates but also contribute to building a more humane and compassionate prison system (Oliveira & Magalhães, 2022).

Access To Mental Health Services

The difficulties and inequalities in accessing mental health services significantly impact various populations. These barriers often stemfrom social stigmas in sufficient resources, and gaps within the mental health system. One key challenge is the persistent stigma associated with mental health issues, leading to discrimination and social isolation (Teixeira & Santos, 2023).

This stigma frequently prevents people from seeking help, contributing to the worsening of mental conditions and hindering their access to mental health services. Another critical barrier is the scarcity of resources. Many regions lack sufficient mental health professionals, specialized facilities, and appropriate intervention programs. This results in lengthy waiting lists, limiting access to effective treatments and on going support (Werneck, 2022).

Economic inequality also plays a significant role. Low-income individuals often face difficulties in accessing quality mental health services due to financial barriers, lack of adequate insurance, or limited resources in their communities. The lack of integration between mental health services and primary care is another barrier. The fragmented approach hinders treatment coordination and a comprehensive understanding of the patient's needs. To overcome these difficulties and inequalities, it is imperative to implement comprehensive policies and strategies. This includes promoting awareness campaigns to combat stigma, increasing investments in mental health services, especially in underserved communities, and effectively integrating mental health care into primary care systems (Miranda et al., 2023).

Additionally, it is essential to develop training programs for healthcare professionals across all areas to enhance mental health competence and ensure that the needs of these patients are properly understood and addressed. By addressing these systemic issues, we can move towards a more equitable, accessible, and effective mental health system, ensuring that all individuals have the opportunity to receive the necessary support to preserve their mental health (Mateus et al., 2022).

Minimizing difficulties and inequalities in access to mental health services requires a multifaceted approach focused on transformative actions. Firstly, it is essential to combat the stigma associated with mental health issues through awareness campaigns and public education. These initiatives can play a crucial role in changing perceptions and promoting more welcoming environments. To address the scarcity of resources, it is fundamental to invest in expanding mental health professionals, specialized facilities, and community programs (Machado, 2022).

This involves allocating adequate budgets and developing partnerships between the public and private sectors to ensure comprehensive coverage. Economic equity can be tackled through the implementation of financial assistance programs and subsidies to ensure that low-income individuals have effective access to mental health services. Additionally, promoting therapies and innovative approaches that may be more financially accessible is crucial. The effective integration of mental health services into Primary Healthcare is another priority action. This involves in-depth training for healthcare professionals at all levels, facilitating early identification and proper treatment of mental health issues (Faria et al., 2022).

Decentralizing services, including community clinics and mobile units, can overcome geographical barriers and improve access in remote areas. Simultaneously, implementing telemedicine services can provide distance support, expanding the reach of mental health care. By integrating these actions into a holistic strategy, it is possible to advance in building a more inclusive, accessible mental health system capable of meeting the diverse needs of the population. These measures aim not only to mitigate difficulties in accessing mental health services but also to promote a patient-centered and preventive approach (André, Santos, & Cruz, 2022).

IV. Conclusion

This essay emphasizes the urgent need for comprehensive and integrated approaches to mitigate health inequalities persisting in Brazil. Disparities in access to healthcare services are just the surface of the challenge, highlighting the importance of going beyond and considering the social and economic determinants contributing to these disparities (Mattos et al., 2022).

Urban regions often have a more robust healthcare infrastructure compared to remote or economically disadvantaged areas, resulting in notable disparities in access and quality of medical care. Specific barriers faced by marginalized groups, such as indigenous and quilombola communities, reveal additional challenges related to culture, language, and discrimination (Soares et al., 2023).

The direct impact on maternal and child health is significant, as the difficulty faced by women in underserved communities in accessing adequate prenatal care and safe delivery is real. Chronic and non-communicable diseases exacerbate in equalities, being more prevalent in lower socioeconomic groups with limited access to quality treatment. Similarly, incarcerated populations and those requiring mental health assistance face additional challenges due to stigma and limited access to equitable and dignified care that prioritizes their well-being (Machado et al., 2020).

Effective public health policies are necessary in various areas that must go beyond simple access to health services, aiming at reducing these disparities – thus contributing to a more equitable and inclusive health system in Brazil. Therefore, achieving health equity necessitates a holistic approach that addresses the underlying social and economic factors perpetuating these inequalities, ultimately leading to a more just and inclusive healthcare system in Brazil (Oliveira, 2023).

References

- André, A. N., Santos, B. P., & Cruz, P. J. S. C. (2022). Potencialidades Da Participação Social Na Atenção Primária À Saúde Na Cidade De João Pessoa, Paraíba, Brasil. Revista De Direito Sanitário, 22(2), E0016-E0016.
- [2]. Battesini, M., Fischmann, A., &Weise, A. D. (2013). Identificação De Prioridades Em Saúde: Uma Alternativa Técnica De Apoio À Tomada De Decisão. Ciência & Saúde Coletiva, 18, 3673-3682.
- [3]. Brasil. (2011). Resolução Nº 1, De 29 De Setembro De 2011. Estabelece Diretrizes Gerais Para A Instituição De Regiões De Saúde No Âmbito Do Sistema Único De Saúde (Sus), Nos Termos Do Decreto Nº 7.508, De 28 De Junho De 2011. Diário Oficial Da União, 30 Set.
- [4]. Brasil. Ministério Da Saúde. (2023). Portal Datasus Indicadores Operacionais Do Sus.
- [5]. Celuppi, I. C., Et Al. (2021). Sistema De Agendamento Online: Uma Ferramenta Do Pec E-Sus Aps Para Facilitar O Acesso À Atenção Primária No Brasil. Ciência & Saúde Coletiva, 26, 2023-2034.
- [6]. Chagas, L., Et Al. (2020). Aspectos Relacionados À Promoção Da Justiça Social, A Redução De Iniquidades E O Combate A Todas As Formas De Discriminação Nas Estratégias De Ampliação Do Acesso A Serviços De Saúde Em Áreas Remotas E/Ou De Vulnerabilidade. Aps Em Revista, 2(3), 260-266.
- [7]. Chen, S., Guo, L., Wang, Z., Mao, W., Ge, Y., &Ying, X., Et Al. (2019). Currentsituationandprogresstowardthe 2030 Health-Relatedsustainabledevelopmentgoals In China: A Systematicanalysis. Plos Medicine, 16, E1002975.
- [8]. Coelho, A., Et Al. (2022). Literacia Em Saúde: Capacitação Equitativa Para Tomada De Decisões Promotoras De Bem-Estar E De Saúde. In C. V. Almeida (Ed.), Ensaio Sobre O Conceito De Literacia Em Saúde (Pp. 75-78). Lisboa: Sociedade Portuguesa De Literacia Em Saúde/Ponte Editora.
- [9]. Cruz, P. L. B., & Sampaio, S. F. (2016). As Práticas Terapêuticas Não Convencionais Nos Serviços De Saúde: Revisão Integrativa. Revista De Aps, 19(3), 122.
- [10]. Dantas, M. N. P. (2019). Iniquidades Nos Serviços De Saúde Brasileiros: Uma Análise Do Acesso E Da Discriminação Racial A Partir Da Pesquisa Nacional De Saúde (Pns), 2013 (Mestrado Em Saúde Coletiva). Universidade Federal Do Rio Grande Do Norte.
- [11]. Faria, M., Et Al. (2022). Estimativa De Recursos Necessários Para Ampliação Da Estratégia Saúde Da Família. Estudo Institucional Nº 8.
- [12]. Fausto, M. C. R., Et Al. (2018). O Futuro Da Atenção Primária À Saúde No Brasil. Saúde Em Debate, 42, 12-14.
- [13]. Fernandes, G. A. A. L., & Pereira, B. L. S. (2020). Os Desafios Do Financiamento Da Ação De Enfrentamento Ao Covid-19 No Sus Dentro Do Pacto Federativo. Revista De Administração Pública, 54, 595-613.
- [14]. Gbd 2015 Sdg Collaborators. (2016). Measuringthehealth-Relatedsustainabledevelopmentgoals In 188 Countries: A Baselineanalysisfromthe Global Burdenofdiseasestudy 2015. The Lancet, 388, 1813-1850.
- [15]. Gbd 2017 Sdg Collaborators. (2018). Measuringprogressfrom 1990 To 2017 Andprojectingattainmentto 2030 Ofthehealth-Relatedsustainabledevelopmentgoals For 195 Countries Andterritories: A Systematicanalysis For The Global Burdenofdiseasestudy 2017. The Lancet 392, 2091-2138.
- [16]. Giovanella, L., Et Al. (2018). Sistema Universal De Saúde E Cobertura Universal: Desvendando Pressupostos E Estratégias. Ciência & Saúde Coletiva, 23, 1763-1776.
- [17]. Gonçalves, C. R., Et Al. (2014). Recursos Humanos: Fator Crítico Para As Redes De Atenção À Saúde. Saúde Em Debate, 38, 26-34.