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STRUCTURAL CHALLENGES TO HEALTH EQUITY: AN ANALYSIS OF SOCIAL DETERMINANTS IN HIGHLY VULNERABLE REGIONS

DESAFIOS ESTRUTURAIS NA PROMOÇÃO DA EQUIDADE EM SAÚDE: ANÁLISE DOS DETERMINANTES SOCIAIS EM REGIÕES DE ALTA VULNERABILIDADE

Oldair Donizete Galeni
Doutorando em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Carmen Menezes Marqués
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Dulcyane Ferreira de Oliveira
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Karen de Fátima Figueroa Bohórquez
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Gabriela Eiras Ortoni
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Grazielli Meneses Brito
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Jocilane Lima de Almeida Vasconcelos
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

Celia Fabricio de Souza Rezende
Doutoranda em Saúde Pública
Universidad de Ciencias Empresariales y Sociales, Argentina

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Abstract

Health equity remains one of the greatest challenges for contemporary public health, particularly in regions characterized by persistent social vulnerability. This study aimed to critically analyze the structural challenges involved in promoting health equity through the perspective of the social determinants of health in highly vulnerable regions. This research was developed as a reflective, analytical, and critical academic essay based on the examination of scientific literature and institutional documents addressing health equity, social determinants of health, social vulnerability, primary health care, and public policies. The discussion emphasizes that health inequities are primarily driven by structural factors, including poverty, unequal income distribution, limited educational opportunities, inadequate housing, insufficient sanitation, social exclusion, and territorial disparities. These conditions create significant barriers to healthcare access and contribute to unequal health outcomes among vulnerable populations. The findings also highlight the central role of primary health care in reducing inequities through comprehensive, accessible, and community-oriented services, while recognizing that sustainable improvements depend on intersectoral policies integrating healthcare with education, housing, sanitation, employment, environmental protection, and social assistance. Furthermore, community participation and evidence-informed governance are identified as essential components for strengthening equitable and resilient health systems. It is concluded that reducing health inequities requires comprehensive public policies capable of addressing the structural determinants of health and promoting social justice through coordinated actions across multiple sectors. Strengthening equitable health systems represents a fundamental strategy for improving population health and ensuring sustainable and inclusive development.

Keywords: Health Equity; Social Determinants of Health; Social Vulnerability; Primary Health Care.

Resumo

A equidade em saúde permanece como um dos principais desafios da saúde pública contemporânea, especialmente em regiões caracterizadas por elevada vulnerabilidade social. Este estudo teve como objetivo analisar criticamente os desafios estruturais envolvidos na promoção da equidade em saúde sob a perspectiva dos determinantes sociais da saúde em regiões de alta vulnerabilidade. Trata-se de um ensaio acadêmico de natureza reflexiva, analítica e crítica, desenvolvido a partir da análise de publicações científicas e documentos institucionais relacionados à equidade em saúde, aos determinantes sociais da

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saúde, à vulnerabilidade social, à atenção primária à saúde e às políticas públicas. A discussão evidencia que as iniquidades em saúde são determinadas principalmente por fatores estruturais, como pobreza, distribuição desigual da renda, limitações educacionais, moradia inadequada, deficiência no saneamento básico, exclusão social e desigualdades territoriais. Essas condições produzem barreiras significativas ao acesso aos serviços de saúde e contribuem para desfechos desfavoráveis entre populações socialmente vulneráveis. Os achados também destacam o papel estratégico da atenção primária à saúde na redução das iniquidades por meio da oferta de cuidado integral, acessível e orientado às necessidades da comunidade, reconhecendo que avanços sustentáveis dependem da implementação de políticas intersetoriais que integrem saúde, educação, habitação, saneamento, trabalho, proteção ambiental e assistência social. Conclui-se que a promoção da equidade em saúde exige políticas públicas abrangentes voltadas ao enfrentamento dos determinantes estruturais da saúde, fortalecendo sistemas de saúde mais inclusivos, resilientes e comprometidos com a justiça social.

Palavras-chave: Equidade em Saúde; Determinantes Sociais da Saúde; Vulnerabilidade Social; Atenção Primária à Saúde.

INTRODUCTION

Health equity has become a central principle of global public health, reflecting the ethical commitment to ensure that all individuals have fair and just opportunities to achieve their highest attainable standard of health. According to the World Health Organization (WHO), health inequities are systematic, avoidable, and unjust differences in health status and access to healthcare that arise from unequal social, economic, environmental, and political conditions rather than biological differences alone (World Health Organization [WHO], 2023). These disparities remain a major challenge worldwide, particularly in low- and middle-income countries, where social vulnerability exacerbates the unequal distribution of health resources and outcomes.

The Social Determinants of Health (SDH) framework has substantially expanded the understanding of the factors influencing population health by

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recognizing that health is shaped by the conditions in which people are born, grow, live, work, and age. These determinants include income, education, employment, housing, food security, sanitation, social protection, and access to healthcare services, all of which interact to influence health opportunities throughout the life course (WHO, 2023; Commission on Social Determinants of Health, 2008). Consequently, health inequities reflect broader patterns of social inequality and require comprehensive policy responses that extend beyond the healthcare sector.

Regions characterized by high social vulnerability experience a disproportionate burden of disease due to the accumulation of adverse social determinants and persistent structural barriers. Poverty, territorial inequalities, inadequate infrastructure, discrimination, and limited access to essential public services contribute to poorer health outcomes and reduced access to preventive and curative healthcare. These conditions reinforce cycles of social exclusion that compromise the effectiveness of health systems and hinder progress toward universal health coverage and sustainable development (Pan American Health Organization [PAHO], 2024; WHO, 2023).

Primary Health Care (PHC) has been widely recognized as a strategic component for promoting health equity because of its ability to provide accessible, continuous, comprehensive, and community-oriented care. Nevertheless, PHC alone cannot eliminate health inequities without coordinated intersectoral actions addressing the structural determinants that shape population health. Strengthening governance, improving equitable resource allocation, fostering community participation, and integrating health policies with education, housing, sanitation, and social protection are essential to reducing health disparities and promoting social justice (WHO & UNICEF, 2018; PAHO, 2024).

Despite significant advances in the conceptualization of health equity and the recognition of the importance of social determinants, substantial challenges remain in translating these principles into effective public policies, particularly in regions

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experiencing persistent socioeconomic vulnerability. Understanding how structural determinants interact to produce health inequities is therefore essential for developing integrated and sustainable strategies capable of improving population health and reducing avoidable disparities. This essay is justified by the continuing need to critically examine the structural factors that perpetuate health inequalities and to discuss evidence-based approaches that support more equitable healthcare systems.

Therefore, the objective of this study is to critically analyze the structural challenges involved in promoting health equity through the lens of the social determinants of health in regions of high social vulnerability, emphasizing the role of Primary Health Care, intersectoral public policies, and equity-oriented strategies in reducing health inequalities and strengthening resilient healthcare systems.

METHODOLOGY

This study is characterized as an academic essay of a reflective, analytical, and critical nature on the structural challenges involved in promoting health equity through the analysis of social determinants of health in regions of high social vulnerability. Academic essays enable theoretically grounded discussions on complex public health issues by integrating conceptual frameworks, scientific evidence, public policies, and multiple perspectives from the literature, thereby fostering a critical understanding of the social, economic, political, and environmental factors that shape health inequalities and influence equitable access to healthcare.

The development of this essay was based on the analysis and discussion of scientific publications and institutional documents addressing health equity, social determinants of health, social vulnerability, health inequalities, Primary Health Care

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(PHC), intersectoral actions, social justice, public health policies, and the organization of healthcare systems. Institutional documents and technical reports published by national and international organizations, including the World Health Organization (WHO), the Pan American Health Organization (PAHO), the Commission on Social Determinants of Health, and the Brazilian Ministry of Health, were also considered due to their relevance in establishing conceptual frameworks, recommendations, and public policies aimed at reducing health inequities and improving health conditions among socially vulnerable populations.

The reflection was structured around thematic axes considered essential for understanding the structural barriers to health equity in highly vulnerable settings. These axes include the conceptual foundations of health equity and social determinants of health, the relationship between poverty, education, employment, housing, sanitation, food security, and health outcomes, territorial inequalities, barriers to healthcare access, the role of Primary Health Care in addressing social vulnerability, intersectoral public policies, social participation, structural racism and other forms of social discrimination, environmental and urban determinants of health, and the challenges associated with implementing equitable and sustainable health interventions in marginalized communities.

The analytical process consisted of critically articulating theoretical contributions, public policies, and evidence available in the scientific literature to identify the structural determinants that perpetuate health inequities, as well as the opportunities for strengthening equitable health promotion strategies. This interpretative approach enabled a broader understanding of the complex interactions among social determinants, healthcare organization, public governance, social protection policies, and community participation in reducing health disparities and improving population health outcomes.

Furthermore, this essay emphasizes the importance of strengthening health systems through comprehensive, intersectoral, and equity-oriented public policies

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capable of addressing the root causes of health inequalities. Based on a critical examination of current scientific evidence, the study highlights the need for integrated actions involving healthcare services, social protection, education, housing, environmental management, and community engagement to reduce structural vulnerabilities, promote social justice, and enhance the effectiveness, resilience, and sustainability of public health policies aimed at achieving health equity in regions of high social vulnerability.

DISCUSSION

1. Social Determinants of Health as Structural Drivers of Health Inequities

Health is shaped by a complex interplay of social, economic, environmental, and political conditions that extend beyond biological and individual behavioral factors. The Social Determinants of Health (SDH) framework recognizes that living conditions, income, education, employment, housing, food security, and access to essential services substantially influence health opportunities and outcomes, contributing to persistent inequities across populations (Silva et al., 2026; Dantas, 2026).

Health inequities emerge from the unequal distribution of resources, opportunities, and power within society, disproportionately affecting individuals and communities exposed to structural vulnerability. These disparities are socially produced and reinforced by historical processes, institutional arrangements, and public policies that shape living conditions and determine differential exposure to health risks throughout the life course (Trindade et al., 2026).

Territory represents a fundamental dimension of the social determination of health, as geographic and socioeconomic contexts influence both health needs and access to healthcare services. Social cartography and territorial analyses have

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demonstrated that vulnerable communities often experience overlapping disadvantages, including inadequate infrastructure, limited social protection, environmental degradation, and reduced availability of healthcare resources, thereby exacerbating health inequalities (De Souza Gomes et al., 2026).

Primary Health Care plays a strategic role in identifying and addressing social determinants by integrating epidemiological surveillance, community engagement, and person-centered care. However, the effectiveness of PHC depends on its ability to recognize social vulnerability as a determinant of health rather than focusing exclusively on disease management, reinforcing the importance of comprehensive and equity-oriented healthcare approaches (Dantas, 2026).

Evidence from Brazilian studies demonstrates that social determinants directly influence access to healthcare services and the burden of chronic and communicable diseases. Socioeconomic deprivation, educational inequalities, unstable employment, and inadequate housing conditions have been associated with barriers to healthcare utilization and poorer health outcomes, particularly among socially marginalized populations (Trindade et al., 2026; Dos Santos & Bernardes, 2026).

Furthermore, vulnerable groups such as people experiencing homelessness, children exposed to violence, and socially excluded populations experience cumulative disadvantages resulting from multiple interacting determinants. These conditions reinforce cycles of poverty, social exclusion, and illness, highlighting the need for health policies that address the structural causes of inequities through integrated and intersectoral interventions (Silva et al., 2026; Soares, 2025).

The growing availability of health information systems has expanded opportunities to monitor social determinants and identify priority areas for intervention. Mapping socioeconomic and health indicators supports evidence-based decision-making and enables health managers to develop more equitable

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strategies tailored to territorial needs and vulnerable populations, strengthening the capacity of health systems to reduce disparities (Ribeiro et al., 2026).

Overall, understanding health inequities through the lens of social determinants shifts the focus from individual responsibility to the structural conditions that shape health throughout the life course. This perspective reinforces the need for coordinated public policies that integrate healthcare, education, housing, employment, and social protection as essential components of sustainable strategies for promoting health equity.

2. Structural Barriers to Health Equity in High-Vulnerability Regions

Health inequities in high-vulnerability regions are sustained by structural barriers that extend beyond the healthcare sector, reflecting persistent socioeconomic disparities, territorial inequalities, and unequal access to public resources. These barriers are deeply embedded in political, economic, and institutional structures, limiting opportunities for disadvantaged populations to achieve equitable health outcomes (Lourenço et al., 2026; Da Silva et al., 2026).

Territorial disparities remain one of the most significant obstacles to health equity. Differences in the geographical distribution of healthcare facilities, transportation infrastructure, and specialized services disproportionately affect populations living in rural, remote, and socioeconomically deprived areas. Evidence from Brazil demonstrates that unequal territorial organization contributes to delayed diagnosis, reduced continuity of care, and avoidable adverse health outcomes, including maternal mortality (Dantas Junior et al., 2025; Da Fonseca et al., 2026).

Barriers to healthcare access are not limited to physical distance but also encompass financial constraints, administrative obstacles, insufficient healthcare

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workforce, and fragmented service delivery. These challenges disproportionately affect vulnerable populations, reducing the utilization of preventive services and compromising timely diagnosis and treatment. Consequently, inequities in healthcare access continue to reinforce differences in morbidity and mortality across regions and social groups (Dos Santos et al., 2025).

Structural racism, gender inequalities, and social exclusion further intensify health disparities by creating cumulative disadvantages throughout the life course. Historically marginalized populations—including racial and ethnic minorities, women, older adults, and individuals living in poverty—are more frequently exposed to adverse living conditions while simultaneously facing discrimination within healthcare systems. These intersecting forms of inequality contribute to unequal health opportunities and poorer health outcomes (Pontes et al., 2026).

Primary Health Care has the potential to mitigate health inequities; however, its effectiveness is constrained in highly vulnerable regions by chronic underfunding, workforce shortages, limited service integration, and insufficient coordination across levels of care. Weak governance and unequal financing mechanisms further compromise the capacity of health systems to respond adequately to the complex needs of socially vulnerable populations, perpetuating regional disparities in healthcare quality and accessibility (Ridolfi et al., 2026).

The organization of health systems has also been challenged by the increasing frequency of economic instability, environmental crises, and public health emergencies. These events disproportionately affect populations already experiencing social vulnerability by disrupting healthcare delivery, exacerbating resource shortages, and widening pre-existing inequalities. At the same time, digital transformation in healthcare has created new opportunities while exposing persistent digital divides that may further restrict equitable access to health information and services (Ruas et al., 2026).

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Moreover, the burden of chronic diseases and age-related conditions reflects the cumulative effects of structural inequalities throughout the life course. Socioeconomic deprivation, educational disadvantage, and limited access to preventive healthcare contribute to unequal disease distribution and poorer quality of life among vulnerable populations, emphasizing that health disparities are both socially produced and biologically manifested over time (Salustiano et al., 2026).

Addressing these structural barriers requires more than expanding healthcare services alone. Sustainable progress toward health equity depends on strengthening governance, improving equitable financing, reducing territorial disparities, and implementing intersectoral policies capable of addressing the underlying social conditions that generate and perpetuate health inequalities. Such an approach recognizes that equitable health systems must respond not only to disease but also to the structural determinants that shape health opportunities across populations.

3. Strategies for Promoting Health Equity: Intersectoral Policies and Strengthening Primary Health Care

Reducing health inequities requires comprehensive strategies that address the structural determinants of health rather than focusing exclusively on disease treatment. Health equity can only be achieved through coordinated actions that integrate healthcare delivery with broader social policies aimed at improving living conditions, reducing poverty, and expanding access to education, employment, housing, sanitation, and social protection. Such an approach recognizes that health outcomes are shaped by multiple sectors acting simultaneously throughout the life course.

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Primary Health Care (PHC) represents the cornerstone of equitable health systems due to its capacity to provide accessible, continuous, and person-centered care while responding to the specific needs of local communities. By incorporating health promotion, disease prevention, early diagnosis, and long-term management of chronic conditions, PHC contributes to reducing avoidable disparities and improving population health. However, its effectiveness depends on adequate financing, qualified multidisciplinary teams, and strong integration with other levels of healthcare and public services (Dantas, 2026).

Intersectoral collaboration constitutes another essential strategy for promoting health equity. Addressing the social determinants of health requires coordinated public policies involving the health, education, housing, sanitation, environmental, and social assistance sectors. Integrated interventions have greater potential to reduce structural vulnerabilities by simultaneously improving socioeconomic conditions and expanding opportunities for healthy living, particularly in communities experiencing persistent social exclusion (Dos Santos et al., 2025).

Community participation also plays a central role in strengthening equitable health systems. Engaging local populations in health planning, decision-making, and service evaluation promotes more responsive public policies and enhances the identification of territorial health needs. Participatory approaches, including community-based initiatives and social mapping, facilitate the recognition of local priorities and strengthen collaboration between healthcare professionals, policymakers, and civil society (De Souza Gomes et al., 2026).

Public policies explicitly oriented toward the social determinants of health should prioritize vulnerable populations while reducing regional and socioeconomic disparities in healthcare access. Expanding investments in Primary Health Care, improving governance, promoting equitable resource allocation, and strengthening social protection policies are fundamental measures for addressing the structural causes of health inequities. These strategies reinforce the role of governments in

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ensuring that equity becomes a guiding principle for health system organization rather than an isolated policy objective (Ridolfi et al., 2026; Da Silva et al., 2026).

Future efforts should focus on developing resilient health systems capable of responding to demographic transitions, emerging diseases, climate-related events, and economic crises without exacerbating existing inequalities. Digital health technologies, health information systems, and territorial monitoring may support more efficient planning and resource allocation, provided that policies also address digital exclusion and unequal access to technological innovations (Ruas et al., 2026; Ribeiro et al., 2026).

Ultimately, promoting health equity requires a sustained commitment to social justice, intersectoral governance, and evidence-informed policymaking. Strengthening Primary Health Care while addressing the structural determinants of health offers a sustainable pathway toward reducing avoidable inequalities, improving population health, and building more inclusive, resilient, and equitable healthcare systems.

FINAL CONSIDERATIONS

Health inequities are the result of complex interactions among social, economic, environmental, and political determinants that unequally shape opportunities for health across populations. This essay highlights that structural vulnerabilities, rather than individual characteristics alone, are the primary drivers of persistent disparities in health outcomes and access to healthcare, particularly in regions experiencing socioeconomic deprivation and territorial disadvantage.

The analysis demonstrates that overcoming health inequities requires addressing the structural barriers that limit access to quality healthcare and perpetuate social exclusion. Although Primary Health Care plays a central role in promoting equitable access and comprehensive care, its effectiveness depends on

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adequate governance, sustainable financing, intersectoral coordination, and the capacity to respond to the diverse needs of vulnerable communities. Strengthening PHC should therefore be understood as part of a broader strategy aimed at tackling the social determinants of health.

Furthermore, promoting health equity demands integrated public policies that extend beyond the healthcare sector. Investments in education, housing, sanitation, employment, environmental protection, and social assistance are essential to reducing structural vulnerabilities and creating healthier living conditions. Community participation and evidence-informed decision-making also represent fundamental components for developing responsive and equitable health systems capable of addressing local priorities.

Finally, advancing health equity requires sustained political commitment to social justice, territorial inclusion, and the reduction of avoidable inequalities. Building resilient health systems will depend on the implementation of comprehensive and intersectoral strategies that recognize health as a product of social conditions and collective responsibility. Future research should continue to explore innovative policy approaches and evaluate interventions that effectively reduce structural inequities, contributing to more inclusive, sustainable, and equitable healthcare systems.

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