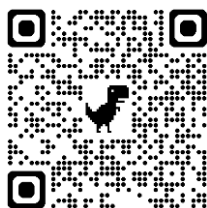


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Comprehensive Health Follow-Up as a Strategy for Strengthening the Brazilian Unified Health System (SUS): A Narrative Review

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Abstract

The Brazilian Unified Health System is grounded in the principles of universality, integrity, and equity, yet translating these principles into everyday health practices remains an ongoing challenge. Comprehensive health follow-up has emerged as a strategic approach to strengthen care coordination, continuity, and responsiveness within public health systems. This narrative review aimed to analyze how comprehensive health follow-up has been discussed in the scientific literature as a strategy for strengthening the Brazilian Unified Health System. A narrative literature review was conducted using the PubMed, SciELO, and LILACS databases. Studies published in the last five years in Portuguese, English, and Spanish were included if they addressed comprehensive care, continuity of care, equity, and health system organization, particularly in the Brazilian context. The analysis considered thematic relevance and contribution to understanding integrity, equity promotion, and structural challenges within the Brazilian Unified Health System. The findings indicate that comprehensive health follow-up contributes to operationalizing integrity by fostering longitudinal care and strengthening coordination across levels of the health network. It also plays a central role in promoting equity, particularly for socially vulnerable populations, by enabling proactive monitoring and context-sensitive interventions. However, structural and organizational barriers such as regional inequalities, underfunding, workforce constraints, and tensions related to resource allocation and judicialization continue to limit its full implementation. Comprehensive health follow-up represents a strategic pathway for consolidating the democratic and rights-based foundations of the Brazilian Unified Health System. Strengthening this approach requires sustained investment in primary health care, equity-oriented planning, and integrated governance to ensure that normative principles are translated into effective and socially responsive health practices.

Keywords: *Comprehensive health care; Continuity of care; Health equity; Primary health care; Health system strengthening; Unified Health System (SUS).*

Introduction

The Brazilian Unified Health System was established as a universal public health system grounded in the principles of universality, integrality, and equity, representing one of the most significant democratic achievements in Brazil's social policy framework (Campos et al., 2023; Cenedesi Júnior et al., 2023). Conceived within a broader movement for social justice, the SUS affirms health as a fundamental right and a duty of the State. However, the translation of these principles into everyday practice remains complex, particularly in a country marked by profound social, economic, and regional inequalities. Persistent disparities in access to primary health care and regional asymmetries in service organization reveal structural tensions that challenge the effective realization of equity and integrality (Oliveira et al., 2023a; Oliveira et al., 2023b; Santos et al., 2023).

In this context, comprehensive health follow-up emerges as a strategic approach to operationalize integrality and strengthen care coordination across the health network. Longitudinal monitoring and continuity of care are essential for addressing the multifaceted nature of health needs, especially when shaped by social determinants and structural vulnerabilities (Capela & Biscaia, 2023; Gémes, 2023). Evidence suggests that fragmented models of care tend to reproduce inequalities, while sustained follow-up within primary health care can promote more equitable distribution of resources and more responsive interventions (Augusto et al., 2023; Barbeitas et al., 2023). Furthermore, equity-oriented practices are particularly relevant for historically marginalized populations, whose health outcomes are influenced by intersecting forms of social exclusion (Genoel et al., 2024; Valsechi & Marques, 2023).

Given these challenges and possibilities, this study aims to analyze how comprehensive health follow-up has been discussed in the scientific literature as a strategy for strengthening the Brazilian Unified Health System. By examining its connections with integrality, equity, and structural and organizational barriers, this narrative review seeks to contribute to ongoing debates on health system strengthening in Brazil. The relevance of this analysis lies in the need to align service organization, resource allocation, and professional practices with the democratic and justice-oriented foundations of the SUS, ensuring that its normative principles are translated into concrete and sustainable health actions (Campos et al., 2023; Gomes & Lemos, 2024; Donadeli et al., 2024).

Methodology

This study is a narrative literature review, a methodological approach that allows the collection, analysis, and synthesis of scientific evidence on a specific topic. This strategy enables the integration of studies with different designs and methodological approaches, promoting a comprehensive, critical, and contextualized understanding of comprehensive health follow-up within the Brazilian Unified Health System (SUS). The review focuses on how comprehensive follow-up has been conceptualized, implemented, and discussed in the literature as a strategy for strengthening the SUS, particularly regarding equity, integrality, continuity of care, and health system organization.

The guiding question of this review was: How does comprehensive health follow-up contribute to strengthening the Brazilian Unified Health System (SUS)?

The literature search was conducted in the PubMed, SciELO, and

LILACS databases, selected due to their relevance in the fields of public health, health systems, primary health care, and collective health. These databases provide broad national and international coverage of studies addressing health policies, care models, service organization, and system strengthening, with particular emphasis on the Brazilian context.

Controlled descriptors and free-text terms were used in Portuguese, English, and Spanish, combined using the Boolean operators AND and OR. The main search terms included: "comprehensive health care," "continuity of patient care," "health follow-up," "integrality," "health equity," "primary health care," "health system strengthening," "Unified Health System," and "Brazil." Corresponding DeCS/MeSH terms were applied when available.

Studies published in the last five years were included if they addressed comprehensive care, longitudinal follow-up, continuity of care, or monitoring strategies within public health systems, especially in the context of the SUS. Both national and international studies were considered, provided they contributed to understanding comprehensive care models, interprofessional practices, care coordination, access, equity, and strategies aimed at strengthening public health systems.

Excluded from the review were duplicate studies, editorials, letters to the editor, opinion articles, experience reports without analytical discussion, and publications that did not directly address comprehensive health follow-up or that lacked relevance to the Brazilian public health context.

The analysis of the selected studies was conducted systematically, considering thematic relevance, methodological consistency, and contribution to understanding comprehensive health follow-up within the SUS. Data synthesis enabled the identification of recurring thematic categories, such as integrality and continuity of care, coordination across levels of care, equity and vulnerable populations, challenges in service organization, workforce and funding constraints, and perspectives for strengthening a universal, equitable, and comprehensive health system in Brazil.

Results and Discussion

The analysis of the selected studies made it possible to identify converging themes regarding the role of comprehensive health follow-up in strengthening the Brazilian Unified Health System. Across different contexts and populations, the literature highlights that follow-up practices are closely linked to the operationalization of integrality, the promotion of equity, and the structural capacity of the system to ensure continuity of care. At the same time, recurring challenges related to financing, regional disparities, workforce preparation, and governance reveal tensions between normative principles and everyday practice. Based on these findings, the results and discussion are organized into three interconnected dimensions: the relationship between comprehensive follow-up and integrality in the SUS, its contribution to reducing health inequalities, and the structural and organizational barriers that influence its implementation and sustainability.

Comprehensive Health Follow-Up and the Operationalization of Integrality in the SUS

Integrality is one of the foundational principles of the Brazilian Unified Health System and represents a commitment to addressing health needs in their full complexity rather than through isolated

interventions. In practice, however, translating this principle into everyday care requires organizational strategies capable of connecting prevention, treatment, rehabilitation, and health promotion within a coherent framework. The literature emphasizes that strengthening the SUS depends on aligning democratic values, social justice, and health policy implementation, reinforcing the idea that health is inseparable from broader social and political processes (Campos et al., 2023; Cenedesi Júnior et al., 2023).

Comprehensive health follow-up contributes to operationalizing integrality by fostering continuity of care and sustained relationships between health teams and users. Rather than limiting care to episodic appointments, longitudinal follow-up enables professionals to understand the evolving needs of individuals and families, especially within primary health care settings. Nevertheless, the implementation of support structures such as NASF-AB has shown that policy expansion does not automatically translate into equitable outcomes. The inverse equity hypothesis observed in municipalities in southern Brazil illustrates how better-resourced areas may benefit earlier from new strategies, potentially widening disparities if corrective measures are not adopted (Augusto et al., 2023).

Understanding integrality also requires acknowledging the influence of social determinants on access and utilization of services. Patterns of primary care use are strongly associated with socioeconomic conditions, education, and territorial context, indicating that health needs are shaped by structural factors beyond clinical diagnoses (Capela & Biscaia, 2023). In this sense, comprehensive follow-up becomes a mechanism for identifying vulnerabilities that might otherwise remain invisible in fragmented systems of care. By incorporating a broader perspective on users' living conditions, follow-up practices align service delivery with the equity-oriented agenda advocated for the SUS (Barbeitas et al., 2023).

The professional dimension of integrality is equally relevant. Developing competencies related to equity, social accountability, and reflective practice strengthens the ability of health workers to provide comprehensive care. Educational processes that encourage critical engagement with social realities have been shown to influence nursing and multiprofessional practices, fostering greater sensitivity to inequities and ethical dilemmas encountered in daily work (Castro et al., 2023). Ethical reflection in health education further reinforces the moral responsibility of professionals to act in ways that respect dignity and reduce injustice, grounding integrality in bioethical principles (Cunha et al., 2023).

Experiences during the COVID-19 pandemic further highlighted the importance of continuous follow-up and coordinated action within public health systems. Inequities in vaccine access revealed how social vulnerability and territorial disparities shape health outcomes, demanding proactive monitoring and targeted interventions (Castro-Nunes & Ribeiro, 2023). Comprehensive follow-up practices, especially those embedded in primary care, enable services to track populations at greater risk, organize outreach strategies, and respond more effectively to emergent public health challenges. Such experiences underscore that integrality depends not only on service availability but also on active engagement with vulnerable groups.

From a broader systemic perspective, the consolidation of integrality reflects the historical and geopolitical trajectory of health systems in South America. The SUS was established as a

universal system grounded in democratic participation and social rights, yet its ongoing formation requires adaptive organizational arrangements capable of integrating diverse services and actors (Cenedesi Júnior et al., 2023). Comprehensive follow-up strengthens this integration by linking different levels of care and promoting coordination across the health network, contributing to greater coherence in service delivery.

Advancing integrality through comprehensive follow-up is inseparable from the pursuit of equity and policy innovation. Calls for research and local production agendas oriented toward the multiple needs of the SUS highlight the necessity of aligning scientific knowledge with social demands (Barbeitas et al., 2023). At the same time, promoting equity requires confronting structural barriers and designing public policies that reduce persistent disparities in access and quality of care (Donadeli et al., 2024). In this context, comprehensive health follow-up emerges not merely as a clinical practice but as a strategic approach that supports the strengthening of the SUS by embedding integrality within everyday health system operations.

Comprehensive Follow-Up as a Strategy to Promote Equity and Reduce Health Inequalities

Equity is not an abstract aspiration within the Brazilian Unified Health System but a normative and ethical commitment that requires concrete organizational responses. Moving from a formal notion of equality to a substantive understanding of equity demands recognition of historically produced inequalities and differentiated health needs (Gomes & Lemos, 2024; Gémes, 2023). In this sense, comprehensive health follow-up becomes a practical pathway for identifying disparities in access, outcomes, and living conditions, transforming equity from a legal principle into a sustained care practice.

Gender equity offers a clear example of how follow-up strategies can address structural discrimination. Reinterpreting health obligations through the lens of international human rights frameworks, particularly the CEDAW General Recommendation 24, reinforces the duty of health systems to ensure accessible, acceptable, and quality services for women (Erdman & Assis, 2023). Historical analyses of women's health care show significant advances in policy and service provision, yet persistent gaps remain, especially for women experiencing social vulnerability (Fernandes et al., 2024). Continuous and person-centered follow-up allows services to monitor reproductive health, chronic conditions, and psychosocial needs over time, reducing fragmentation and improving responsiveness.

The situation of women experiencing homelessness further illustrates the limits of episodic care. Barriers such as stigma, unstable living conditions, and lack of documentation often restrict consistent access to services, reinforcing cycles of exclusion (Eugênio et al., 2024). Reviews addressing health care for homeless populations emphasize that equity-oriented strategies must include outreach actions and intersectoral coordination (Valsechi & Marques, 2023). Comprehensive follow-up, particularly when anchored in primary health care, facilitates active search, continuity, and trust-building, enabling more inclusive care trajectories.

Ethnic and racial inequities also require targeted and sustained interventions. From the perspective of the bioethics of protection, addressing the health needs of quilombola communities demands recognition of collective rights, cultural specificities, and structural

vulnerabilities (Genoel et al., 2024). Equity in this context cannot be reduced to equal service provision but must incorporate differentiated strategies that respect territorial and historical dimensions. Comprehensive follow-up strengthens this approach by ensuring that monitoring and care planning are adapted to community realities rather than imposed through standardized models.

Similarly, the health of LGBTI+ populations reveals how discrimination and institutional barriers can undermine universal access. Analyses of advocacy strategies and dispute scenarios in regional contexts show that equity in LGBTI+ health depends on inclusive policies, professional training, and recognition of specific health demands (Lacerda, 2023). Continuous follow-up enables teams to address mental health concerns, sexual and reproductive health needs, and experiences of violence with greater sensitivity and continuity, counteracting the effects of stigma within services.

Regional and territorial inequalities remain central challenges for the SUS. Studies on equitable access and use of services highlight disparities in primary care coverage and infrastructure across Brazilian regions, which directly affect health outcomes (Oliveira et al., 2023a; Oliveira et al., 2023b). Analyses of regional health networks also demonstrate organizational and logistical barriers that hinder coordinated responses (Santos et al., 2023). In this scenario, comprehensive follow-up operates as a mechanism to strengthen care coordination, ensuring that users navigate different levels of the system without losing continuity.

The allocation of scarce resources further complicates the pursuit of equity. Critical analyses of resource distribution during the COVID-19 pandemic reveal tensions between formal criteria and substantive equity, especially in contexts marked by socioeconomic disparities (Lima et al., 2023). The evaluation of health management based on relevance and social impact underscores the importance of aligning decision-making processes with population needs (Kovaleski et al., 2024). Comprehensive follow-up contributes to this alignment by generating localized knowledge about user profiles and service gaps, informing more equitable planning.

Judicialization of health care adds another layer of complexity to equity debates. While litigation can secure individual access to treatments, it may also distort planning and resource allocation, creating tensions between universality, integrality, and equity (Leite, 2023; Mendes et al., 2023). Strengthening comprehensive follow-up within primary care can reduce the need for judicial intervention by anticipating demands, improving communication, and ensuring timely responses. By integrating clinical monitoring with social accountability and quality-of-life perspectives (Fernandes et al., 2023), comprehensive follow-up emerges as a strategic approach to reduce inequalities and reinforce the redistributive and democratic commitments of the SUS.

Structural and Organizational Challenges for Implementing Comprehensive Follow-Up in the SUS

While comprehensive health follow-up has the potential to strengthen integrality and equity within the SUS, its consolidation depends on structural and organizational conditions that are not always present across the national territory. The historical formation of health systems in South America demonstrates that universal models coexist with political, economic, and regional asymmetries that directly affect service delivery (Cenedesi Júnior et al., 2023). In Brazil, these asymmetries translate into uneven

infrastructure, workforce distribution, and managerial capacity, which shape the feasibility of longitudinal and coordinated care.

One of the main challenges concerns regional inequalities in access to primary health care. Analyses of access and equitable use of services reveal persistent disparities between regions, especially in terms of coverage, availability of professionals, and organization of care networks (Oliveira et al., 2023a; Oliveira et al., 2023b). These differences limit the continuity of follow-up, as users may face delays, fragmented referrals, or geographic barriers. Studies examining regional health networks also highlight operational bottlenecks that hinder effective coordination among levels of care, compromising the longitudinal dimension essential to comprehensive follow-up (Santos et al., 2023).

Financing constraints further complicate the implementation of sustained monitoring strategies. The allocation of scarce public resources, particularly during the COVID-19 pandemic, exposed tensions between formal allocation criteria and the substantive needs of vulnerable populations (Lima et al., 2023). When funding is insufficient or unevenly distributed, preventive actions, home visits, and multidisciplinary case discussions tend to be reduced, weakening the capacity of primary care teams to maintain continuous follow-up. Evaluations of health management grounded in relevance and social impact criteria reinforce the need for decision-making processes that prioritize collective needs rather than isolated demands (Kovaleski et al., 2024).

The phenomenon of judicialization also poses organizational challenges. Although court decisions may guarantee individual access to treatments, they can disrupt planning processes and redirect limited resources away from structured and preventive actions (Leite, 2023; Mendes et al., 2023). This dynamic can undermine comprehensive follow-up strategies by privileging reactive responses over coordinated, population-based planning. Balancing the right to health with system sustainability requires strengthening institutional mechanisms capable of anticipating demands and integrating care pathways.

Workforce training and professional culture represent another critical dimension. The development of competencies related to equity, ethical responsibility, and reflective practice is essential for implementing longitudinal and person-centered care (Castro et al., 2023). Bioethical education supports decision-making processes aligned with dignity and social justice, reinforcing the ethical foundation of comprehensive follow-up (Cunha et al., 2023). Without investment in continuing education and supportive working conditions, even well-designed policies may fail to produce consistent changes in practice.

Persistent social inequalities also challenge the system's capacity to deliver comprehensive follow-up. Studies addressing equity in vulnerable populations, including quilombola communities and people experiencing homelessness, demonstrate that structural marginalization demands differentiated and proactive strategies (Genoel et al., 2024; Valsechi & Marques, 2023). Similarly, gender and LGBTI+ health inequities reveal institutional barriers that require inclusive policies and sustained monitoring (Erdman & Assis, 2023; Lacerda, 2023). Comprehensive follow-up can mitigate these inequities, but only if organizational arrangements are flexible enough to incorporate outreach actions and intersectoral coordination.

Strengthening comprehensive follow-up depends on reaffirming the democratic and justice-oriented foundations of the SUS. Health

as a democratic value implies continuous engagement with diversity, social participation, and the pursuit of equity in policy implementation (Campos et al., 2023; Gomes & Lemos, 2024). Advancing toward a system that effectively integrates universality, integrality, and equity requires aligning research agendas, local production, and service organization with the multiple needs of the population (Barbeitas et al., 2023; Donadeli et al., 2024). Structural and organizational challenges remain significant, yet addressing them is essential for transforming comprehensive health follow-up into a sustainable strategy for strengthening the SUS.

Final Considerations

This narrative review achieved its objective of analyzing how comprehensive health follow-up has been conceptualized and implemented as a strategy for strengthening the Brazilian Unified Health System. The literature consistently indicates that follow-up practices grounded in longitudinality, coordination of care, and responsiveness to social determinants contribute to transforming the principle of integrality into concrete action. By fostering sustained relationships between health teams and users, comprehensive follow-up enhances continuity of care and supports a more articulated health network, reinforcing the foundational commitments of the SUS to universality and comprehensiveness.

The findings also demonstrate that comprehensive follow-up plays a central role in promoting equity. When aligned with the needs of historically marginalized populations, including women, LGBTI+ communities, quilombola groups, and people experiencing homelessness, follow-up strategies enable earlier identification of vulnerabilities and more responsive interventions. In this sense, strengthening the SUS requires not only expanding service availability but also consolidating monitoring practices capable of addressing regional disparities, social injustices, and barriers to access. Comprehensive follow-up emerges as a practical and ethical pathway for reducing inequalities while preserving the democratic nature of the system.

At the same time, the review highlights persistent structural and organizational challenges that limit the full potential of comprehensive follow-up, including underfunding, regional asymmetries, workforce constraints, and tensions related to judicialization and resource allocation. Addressing these challenges demands coordinated governance, sustained investment in primary health care, and alignment between policy planning and population needs. Ultimately, consolidating comprehensive health follow-up as a strategic axis of care organization can contribute meaningfully to the ongoing strengthening of the SUS, ensuring that its principles remain not only normative commitments but lived realities within everyday health practices.

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