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The diversification of health policies and the pursuit of equity in the twenty-first century

The universal right to healthcare constitutes one of the most important social achievements of the Brazilian population, although inequalities and inequities continue to challenge its full realization. Epidemiological and demographic transitions, the climate emergency, geopolitical conflicts, and the expansion of digital technologies[1,2] reflect profound social vulnerabilities. In this context, the Unified Health System (SUS) must not only ensure the universality and comprehensiveness of healthcare but also enhance equity[2,3].

The diversification of health policies, which is the theme of this issue, acknowledges that different population groups and territories experience health risks, needs, and opportunities for care in unequal ways. The studies presented here highlight both the persistence of disparities and the emergence of institutional and policy responses aimed at addressing the contemporary complexity of public health[2,3].

Analyses of racial, age-related, and gender inequalities, as well as those affecting Indigenous peoples, Quilombola communities, and LGBTI+ populations, reaffirm the central role of the social standing of health in determining differences in patterns of illness, access to services, and acknowledgement of rights. From this perspective, the diversification of policies does not represent fragmentation of the system, rather it is a necessary condition for achieving equity. This requires confronting historical inequalities among social groups, regions, and municipalities, which are further exacerbated by climate vulnerabilities, infrastructure limitations, and digital exclusion[2].

This issue also highlights the coexistence of persistent and emerging public health challenges. While tuberculosis, influenza, and diabetes, among other health issues, continue to be highly relevant epidemiological concerns, increasing attention is being devoted to telehealth, surveillance based on nontraditional data sources, and the impact of digital technologies on care delivery and health system management. Recent crises, such as the Zika epidemic and the Brumadinho dam environmental disaster, underscore the need for intersectoral approaches that integrate environmental, economic, and political dimensions.

Another important aspect concerns the disputes that permeate the formulation of public policies. The analysis of corporate strategies opposing the regulation of food advertising demonstrates that public health operates in a context of ongoing tension with organized economic interests. Defending evidence-based policies requires recognizing that the health field is also a space of conflict, negotiation, and contestation over legitimacy[1,2].

The articles addressing Primary Health Care, longitudinal continuity of care, teaching hospitals, and telehealth emphasize the importance of the institutional capacity of the SUS. In a scenario of growing social and epidemiological complexity, strengthening the SUS requires not only adequate financing but also organizational innovation, high-quality information systems, and the expansion of care models centered on the concrete needs of the population. In this regard, the Family Health Strategy stands out as a fundamental instrument for promoting health equity in Brazil[2].

More than merely addressing specific problems, this issue invites reflection on the contemporary meanings of universality, comprehensiveness, and equity. In deeply unequal societies, overcoming historical injustices continues to be imperative. Diversifying policies, strategies, and models of care do not prejudice the core principles of the SUS. On the contrary, it enhances the capacity of SUS to respond to the needs of individuals and territories that have historically been marginalized, through culturally appropriate and accessible services.

At a time marked by public health challenges, the rapid dissemination of misinformation, and disputes over the public nature of the SUS, reaffirming healthcare as a right for all and a duty of the State remains a scientific, ethical, and political imperative.

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References

1. Reid MJA, Katz IT. Redefining global health in the 21st century: Towards a more equitable global health agenda. *Global Public Health* 2025; 20(1):2464060.
2. Brasil. Ministério da Saúde (MS). Secretaria de Atenção nPrimária à Saúde. Rede de Pesquisa em APS da Abrasco. *Panorama da APS brasileira: Censo das UBS do SUS 2024*. Brasília: MS; 2025.
3. Brasil. Ministério da Saúde (MS). Secretaria de Gestão Estratégica e Participativa. Departamento de Apoio à Gestão Participativa. *Políticas de promoção da equidade em saúde*. Brasília: MS; 2013.

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