

Between the ideal and the possible: challenges and advances in health promotion in the Brazilian system

Entre lo ideal y lo posible: retos y avances en la promoción de la salud en el sistema brasileño

Entre o ideal e o possível: desafios e avanços da promoção da saúde no sistema brasileiro

Carine Silvestrini Sena Lima da Silva^{1*}

ORCID: 0000-0002-4631-000X

Danielly de Castro Lemos²

ORCID: 0000-0001-5691-8310

Tábata Ranieri da Costa³

ORCID: 0000-0002-1421-550X

Joseane Rodrigues de Oliveira²

ORCID: 0000-0003-1476-2789

Susana Reis Ferreira²

ORCID: 0000-0002-7375-2751

Paula de Carvalho Pereira²

ORCID: 0000-0001-6115-1986

Teresinha Herdvgiv Praun

Chamoun⁴

ORCID: 0000-0002-0316-1876

Joyce Pereira dos Santos Muniz⁵

ORCID: 0009-0001-7144-9505

Juliana da Costa Fernandes⁶

ORCID: 0009-0004-5449-5579

França Helena Elias Pereira²

ORCID: 0000-0001-6899-9269

¹Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

²Universidade Estácio de Sá. Rio de Janeiro, Brazil.

³Universidade Gama Filho. Rio de Janeiro, Brazil.

⁴Universidade Federal de Juiz de Fora. Minas Gerais, Brazil.

⁵Centro Universitário La Salle do Rio de Janeiro. Rio de Janeiro, Brazil.

⁶Universidade Federal do Rio de Janeiro. Rio de Janeiro, Brazil.

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*Corresponding author:

carine.nsilvestrini@gmail.com

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Abstract

The aim was to analyze, through scientific literature, the advances, contradictions, and challenges in the implementation of Health Promotion in Brazil within the scope of the Unified Health System (SUS). An integrative literature review was conducted, with the guiding question based on the PICo strategy. Searches were performed in the LILACS, SciELO, and MEDLINE/PubMed databases, using the descriptors: "Health Promotion," "National Health Promotion Policy," "Unified Health System," and "Social Determinants of Health." Original articles in Portuguese, English, and Spanish were included. The data were synthesized and analyzed descriptively and thematically. Of 482 studies, 18 were selected. The analysis shows that progress is concentrated in the robust regulatory framework and the creation of programs with great potential for widespread reach, such as the Health Academy Program. The contradictions lie in the persistence of a biomedical model that prioritizes disease prevention to the detriment of actions addressing social determinants, and in the dissonance between political discourse and funded practice. The main challenges are the chronic underfunding of the SUS (Brazilian Unified Health System), the fragility of intersectoral collaboration, the difficulty in guaranteeing effective social participation, and the need to reorient the training of health professionals.

Descriptors: Health Promotion; Public Health Policies; Unified Health System; Social Determinants of Health; Public Health.

Resumen

El objetivo fue analizar, a través de la literatura científica, los avances, las contradicciones y los desafíos en la implementación de la Promoción de la Salud en Brasil en el marco del Sistema Único de Salud (SUS). Se realizó una revisión integrativa de la literatura, guiada por la pregunta de investigación basada en la estrategia PICo. Las búsquedas se realizaron en las bases de datos LILACS, SciELO y MEDLINE/PubMed, utilizando los descriptores: "Promoción de la Salud", "Política Nacional de Promoción de la Salud", "Sistema Único de Salud" y "Determinantes Sociales de la Salud". Se incluyeron artículos originales en portugués, inglés y español. Los datos se sintetizaron y analizaron de forma descriptiva y temática. De 482 estudios, se seleccionaron 18. El análisis muestra que el progreso se concentra en un marco regulatorio sólido y en la creación de programas con gran potencial de alcance, como el Programa Academia de Salud. Las contradicciones radican en la persistencia de un modelo biomédico que prioriza la prevención de enfermedades en detrimento de las acciones que abordan los determinantes sociales, y en la disonancia entre el discurso político y la práctica financiada. Los principales desafíos son la crónica falta de financiación del SUS (Sistema Único de Salud de Brasil), la fragilidad de la colaboración intersectorial, la dificultad para garantizar una participación social efectiva y la necesidad de reorientar la formación de los profesionales de la salud.

Descriptores: Promoción de la Salud; Políticas de Salud Pública; Sistema Unificado de Salud; Determinantes Sociales de la Salud; Salud Pública.

Resumo

Objetivou-se analisar na literatura científica os avanços, contradições e desafios na implementação da Promoção da Saúde no Brasil no âmbito do Sistema Único de Saúde (SUS). Realizou-se uma revisão integrativa da literatura, com a pergunta norteadora baseada dada a estratégia PICo. As buscas ocorreram nas bases de dados LILACS, SciELO e MEDLINE/PubMed, utilizando os descritores: "Promoção da Saúde", "Política Nacional de Promoção da Saúde", "Sistema Único de Saúde" e "Determinantes Sociais da Saúde". Foram incluídos artigos originais em português, inglês e espanhol. Os dados foram sintetizados e analisados de forma descritiva e temática. De 482 estudos, 18 foram selecionados. A análise evidencia que os avanços se concentram no robusto arcabouço normativo e na criação de programas com grande potencial capilar, como o Programa Academia da Saúde. As contradições residem na persistência de um modelo biomédico que prioriza a prevenção de doenças em detrimento de ações sobre os determinantes sociais e na dissonância entre o discurso político e a prática financiada. Os principais desafios são o subfinanciamento crônico do SUS, a fragilidade da intersectorialidade, a dificuldade de garantir participação social efetiva e a necessidade de reorientar a formação dos profissionais de saúde.

Descriptores: Promoção da Saúde; Políticas Públicas de Saúde; Sistema Único de Saúde; Determinantes Sociais da Saúde; Saúde Pública.



Introduction

Health promotion, established in the Ottawa Charter of 1986, is defined as the process of empowering individuals and communities to exercise greater control over the determinants that influence their health and thereby improve their quality of life¹. This definition inaugurates a significant paradigmatic shift in the field of public health, breaking with the traditional biomedical model and proposing an approach that understands the health-disease process because of social, economic, political, environmental, and cultural factors. Instead of being restricted to the treatment or prevention of specific illnesses, Health Promotion is oriented towards transforming living conditions and strengthening collective autonomy, highlighting the importance of healthy public policies, favorable environments, strengthening community action, developing personal skills, and reorienting health services.

In the Brazilian context, this paradigm found fertile ground in the formulation of the foundations of the Democratic Rule of Law established by the 1988 Federal Constitution, which established health as a universal social right and a duty of the State, to be guaranteed through policies that ensure dignified living conditions. The creation of the Unified Health System (SUS) consolidated a model of care based on the principles of universality, equity, and comprehensiveness, aligned with the precepts of Health Promotion. The more specific institutionalization of this field occurred with the publication of the National Health Promotion Policy (PNPS) in 2006, later revised in 2014, strengthening the expanded perspective of care and establishing guidelines aimed at reducing vulnerabilities, promoting healthy lifestyles, and addressing the social determinants of health^{2,3}.

Despite this robust political and regulatory framework, often recognized as one of the most advanced internationally, the implementation of the PNPS (National Policy for Health Promotion) presents historical tensions and ambiguities. In the daily practice of health services, promotional actions are frequently reduced to educational activities aimed at changing individual behavior, such as encouraging physical exercise or adopting healthier eating habits^{4,5}. Although these actions are important, they become insufficient when disconnected from the structural inequalities that shape people's opportunities. Thus, an approach prevails that holds the individual responsible and renders invisible factors such as income, education, housing, sanitation, environment, and labor relations, central elements in determining the health-disease process. These distortions highlight the gap between institutional discourse and the practices implemented, indicating that Health Promotion is still vying for space with the hegemonic biomedical model.

Given this scenario, it becomes essential to understand how Health Promotion has been materializing in the country, how the guidelines of the National Policy for Health Promotion (PNPS) have been operationalized, and what obstacles prevent the policy from fully fulfilling its transformative role. This study is justified by the need to integrate and critically analyze existing scientific production,

identifying both advances and inconsistencies, and limitations. Furthermore, it contributes to the debate on the construction of public policies aligned with the Sustainable Development Goals (SDGs), with emphasis on SDG 3 (Good Health and Well-being), and to the continuous strengthening of the Brazilian Unified Health System (SUS) as a civilizing and social justice project.

Thus, the objective of this study was to analyze, in the scientific literature, the advances, contradictions, and challenges in the implementation of Health Promotion in Brazil, considering its theoretical foundations, its normative evolution, and the set of practices developed within the scope of the SUS (Brazilian Public Health System).

Methodology

An integrative literature review (ILR) was conducted, a method that allows for the synthesis and analysis of multiple studies for a comprehensive understanding of a phenomenon⁶. The process followed six steps: formulating the guiding question, literature search, data collection, critical analysis, discussion of results, and presentation of the review.

The research question was formulated based on the PICo strategy (Population, Phenomenon of Interest, and Context)⁷: P - Policies and practices in the SUS (Brazilian Unified Health System); I - Implementation of Health Promotion; Co - Brazil. The guiding question was: "What are the advances, contradictions, and challenges in the implementation of Health Promotion in the Brazilian context, according to the scientific literature?"

The bibliographic search took place between August and September 2023 in the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO), and Medical Literature Analysis and Retrieval System Online (MEDLINE/PubMed). The descriptors used, derived from the Health Sciences Descriptors (DeCS), were: 'Health Promotion', 'National Health Promotion Policy', 'Unified Health System', and 'Social Determinants of Health', combined with the Boolean operators AND and OR.

The inclusion criteria were original articles available in full, published between 2014 (the year of the PNPS revision) and 2024, in Portuguese, English, or Spanish, and addressing the topic in the Brazilian context. Editorials, letters, reviews, theses, dissertations, and duplicate articles were excluded.

The selection was carried out by two independent reviewers, with an initial phase of reading titles and abstracts, followed by a complete reading of the selected articles. Disagreements were resolved by consensus. The results were organized into tables and analyzed descriptively and thematically, grouping the findings into the categories: advances, contradictions, and challenges. Because this study used publicly available data, submission to a Research Ethics Committee was not required.

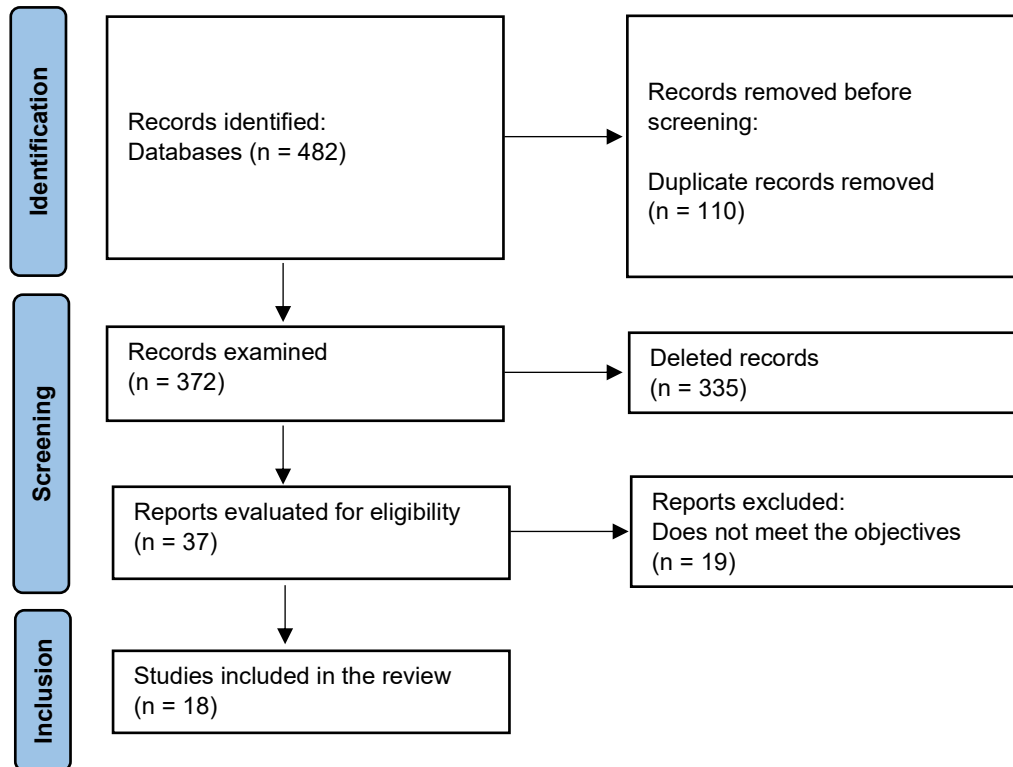
The initial search identified 482 potentially relevant studies. After excluding 110 duplicates, 372 articles remained for screening by title and abstract. At this stage, 335 studies were excluded for not meeting the established



criteria, either because they addressed topics unrelated to Health Promotion, because they focused exclusively on biomedical care models, or because they did not engage with the National Policy for Health Promotion (PNPS) or the context of the Brazilian Unified Health System (SUS). Thus, 37 articles were selected for full-text reading. After complete

reading, 19 were excluded, mainly because they did not adequately answer the guiding question or because they presented a scarce approach to social determinants and PNPS guidelines. Therefore, 18 studies comprised the final sample of the review, as detailed in Figure 1.

Figure 1. Diagram of the steps taken in the sample article selection process. Rio de Janeiro, RJ, Brazil, 2014-2024



Results

The characterization of the 18 selected studies showed that scientific production on Health Promotion in Brazil remains concentrated in national journals, representing 61% of the included publications. Journals in the areas of Collective Health, Public Health, and Nursing stand out, demonstrating that the topic is consolidated especially in the field of health policies and expanded care practices. International publications, although less numerous, complement the debate by providing comparative analyses and theoretical frameworks that enrich the understanding of the Brazilian context.

Regarding methodological approaches, qualitative studies predominated (50%), especially analyses of policy implementation, research with managers and health professionals, and investigations into territorial practices. Next, case studies stood out (22%), describing municipal or regional experiences in implementing PNPS actions, such as physical activity programs, integrative practices, and community interventions. Theoretical essays (17%) contributed to deepening conceptual discussions on health, care, social determinants, and intersectorality, while literature reviews (11%) offered syntheses on policies, promotion models, and historical challenges in consolidating expanded practices. The combined analysis of the studies also allowed for the identification of important thematic

trends. A significant portion of the research focuses on the evaluation of the Academia da Saúde Program, reaffirming its role as one of the main federal strategies for Health Promotion on a national scale. Other recurring themes include challenges of intersectoral collaboration, weaknesses in funding, professional training, social participation, and tensions between political discourse and the daily practice of services. Furthermore, a strong presence of regionally contextualized studies was observed, especially in the Southeast and Northeast regions, which highlights inequalities in the capacity for scientific production and, at the same time, emphasizes territorial experiences that have become a benchmark in the implementation of the PNPS (National Policy for the Promotion of Health). Despite this, there are important gaps, such as the scarcity of robust quantitative studies and large-scale impact assessments.

In summary, the results demonstrate that the scientific literature on Health Promotion in Brazil is rich in qualitative and contextual analyses, but still lacks greater methodological standardization, strengthening of evaluative studies, and expansion of research in regions with lower academic density. This evidence base, however, offers essential support for understanding the advances, contradictions, and challenges faced by the country in consolidating a broader paradigm of care.

Chart 1. Synthesis of the main findings of the selected studies, organized by thematic categories. Rio de Janeiro, RJ, Brazil, 2014-2024

Category	Main findings in the literature
Advances	<p>Legal and Regulatory Framework: Consolidation of the PNPS (National Policy for Health Promotion) as a guide for actions within the SUS (Brazilian Public Health System), with clear guidelines on equity, social participation, and intersectorality.</p> <p>Program Induction: Encouraging the creation and expansion of structuring programs, such as the Health Academy Program, which promotes physical activities and healthy lifestyles.</p> <p>Decentralization: Strengthening the role of municipalities in the development and implementation of health promotion actions adapted to local realities.</p> <p>Expanding the Debate: Greater visibility of the concept of Social Determinants of Health in academic, management, and social control spaces.</p>
Contradictions	<p>Healthcare Model: The persistence of a disease-centered healthcare model, with health promotion actions often limited to risk prevention and individual behavior change (e.g., diet, physical activity).</p> <p>Discourse versus Practice: There is a dissonance between political discourse, which values the promotion of health, and the allocation of resources, which still prioritizes medium and high-complexity care.</p> <p>Health Promotion and Market: Tension exists between promoting healthy environments and choices and the interests of economic sectors, such as the ultra-processed food, tobacco, and alcohol industries.</p> <p>Equity: The discourse of equity contrasts sharply with the reality of actions that fail to reach the most vulnerable populations, perpetuating health inequities.</p>
Challenges	<p>Financing: Chronic underfunding of the Brazilian public health system (SUS) limits its capacity to invest in health promotion initiatives, which require long-term sustainability.</p> <p>Intersectorality: Difficulty in establishing an effective and permanent link between the health sector and other sectors (education, labor, urban planning, environment) to act on the social determinants of health.</p> <p>Social Participation: The fragility of mechanisms for popular participation, with health councils often bureaucratized and having little influence on decisions.</p> <p>Professional Training: Health science curricula are still predominantly focused on the biomedical model, producing professionals with limited skills for intersectoral and community-based work.</p> <p>Monitoring and Evaluation: The complexity of constructing indicators capable of measuring the impact of health promotion actions, which are, by nature, intersectoral and long-term.</p>

Discussion

Analysis of the studies reveals a complex and multifaceted landscape for Health Promotion in Brazil. The advances are undeniable, especially in the normative field, where the National Health Promotion Policy (PNPS) represents a structuring milestone, guiding the SUS (Brazilian Unified Health System) towards more comprehensive, equitable practices sensitive to the social determinants of health. The existence of programs such as the Health Academy demonstrates the system's capacity to translate guidelines into concrete actions with strong potential for national reach, although implementation is uneven due to disparities in funding, management, and local planning. These advances indicate a consolidated conceptual guideline aligned with international trends in health promotion^{3,8}.

However, the contradictions identified highlight deep tensions in the way the SUS (Brazilian Unified Health System) organizes its practices. The coexistence between a broad discourse of promotion and a care practice still centered on the curative biomedical model constitutes one of the main obstacles to the materialization of the expanded paradigm advocated by the PNPS (National Policy for Health Promotion)^{4,5}. In many territories, actions remain restricted to educational interventions based on individual lifestyles, often anchored in moralizing and blame-placing narratives. By ignoring the macro-social determinants that shape behaviors and living conditions, such practices not only prove insufficient but also reinforce historical inequalities by

demanding resources and conditions from individuals that they do not possess.

The challenges in overcoming these contradictions are enormous, and insufficient funding appears as the most recurring obstacle in the literature⁹. Without adequate, continuous, and targeted resources for health promotion, actions become sporadic, fragmented, and dependent on the political will of local managers. This weakness compromises the sustainability of initiatives, limits monitoring and evaluation capacity, and prevents the consolidation of long-term projects capable of producing significant transformations in the territories.

Furthermore, intersectorality, considered one of the conceptual pillars of Health Promotion, remains more of a desired principle than a consolidated practice in the daily routine of services¹⁰. The fragmentation of public policies, coupled with the sector-based and bureaucratic logic of state administration, hinders coordination between health, education, social assistance, culture, transportation, and urban planning. Similarly, social participation, although guaranteed by legal frameworks and institutional spaces, faces obstacles to becoming a real instrument of democratization and transformation. Often, councils and conferences operate in a formalized manner, with low representativeness or limited influence on strategic decisions².

Another critical element relates to professional training, which still reproduces biomedical and fragmented rationalities. Even with some advances in certain



institutions, health education remains far from meeting the needs of a model based on social determinants and interdisciplinarity. The absence of content that discusses public policies, social justice, equity, territory, and the evaluation of complex interventions compromises the ability of professionals to act as agents of change. Training professionals for Health Promotion implies developing competencies that go beyond technical knowledge, including skills in intersectoral articulation, critical reading of contexts, and advocacy for rights.

In addition to training, the literature highlights the absence of robust monitoring and evaluation systems as a factor hindering the consolidation of Health Promotion as a strategic policy. The indicators used still focus on traditional clinical outcomes, failing to capture social and structural changes that are, in essence, the objective of promotion. The lack of evaluative instruments sensitive to the social, territorial, and relational impacts of actions hinders the visibility of results and, consequently, the justification for allocating new resources.

Another aspect that emerges from the analyses is the influence of political circumstances on the sustainability of health promotion actions. The alternation of governments and the oscillation in political priorities result in programmatic discontinuities, weakening long-term initiatives and compromising strategies that depend on intersectoral and territorial agreements. Health promotion requires institutional stability and a strategic vision, conditions that are difficult to maintain in a political scenario marked by instability, ideological disputes, and a reduction in social investments.

Despite these limitations, the studies analyzed also point to significant potential. In different regions of the country, innovative experiences demonstrate that, when accompanied by adequate funding, qualified management, and effective social participation, promotional actions can produce significant impacts on improving quality of life, reducing inequalities, and strengthening community leadership. These experiences reinforce that, although the path is fraught with challenges, there is potential within the SUS (Brazilian Unified Health System) to advance towards a truly expanded paradigm of care.

Conclusion

Health Promotion in Brazil develops within a context marked by historical tensions, project disputes, and structural challenges that shape the organization of care in the Unified Health System (SUS). Despite the existence of a consistent political-normative framework, consolidated especially from the National Health Promotion Policy (PNPS), and successful local experiences that demonstrate the transformative potential of this paradigm, its full implementation still faces significant obstacles. The persistence of a hegemonic biomedical model, centered on disease, procedures, and immediate responses, limits the incorporation of practices guided by the social determinants of health. Added to this is the chronic underfunding of the SUS, the fragility of intersectorality, and social participation frequently reduced to formal processes, which compromises the construction of collective, integrated, and territorially sensitive responses. The findings of this study show that the consolidation of Health Promotion requires more than normative guidelines: it demands political, material, and institutional conditions that support a change in rationality in the production of care. This change implies recognizing that health is a socially determined phenomenon and that health promotion policies are only effective when linked to actions that address historical inequalities, expand rights, and strengthen the protagonism of individuals and communities. Strengthening critical and interdisciplinary professional training, valuing innovative practices in Primary Health Care, and adopting governance mechanisms that guarantee policy continuity and effective social participation emerge as strategic dimensions.

Advancing Health Promotion in Brazil, therefore, requires reaffirming the political commitment to the SUS (Unified Health System) as a civilizing project, focused on social justice, equity, and the democratization of access. It also requires continuous investment, consistent intersectoral agreements, and recognition that actions addressing social determinants cannot occupy a peripheral position but must constitute the structuring core of health practices. Only in this way can Health Promotion transcend the discursive level and materialize as a robust paradigm capable of transforming realities, expanding freedoms, and producing truly comprehensive and emancipatory care.

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