Cadernos Ibero-Americanos de Direito Sanitário
Cuadernos Iberoamericanos de Derecho Sanitario
ISSN: 2358-1824

Article

Challenges and perspectives of law in the National Policy of Integral Attention to Child Health: an integrative review

Desafios e perspectivas do direito na Política Nacional de Atenção Integral à Saúde da Criança: uma revisão integrativa

Desafíos y perspectivas del derecho en la Política Nacional de Atención Integral a la Salud Infantil: una revisión integrativa

Thaliane Barbosa de Oliveira[1]
Fundação Oswaldo Cruz, Brasília, DF.
https://orcid.org/0000-0003-0895-2164
thalibarbosa.2016@gmail.com

Maria Inez Montagner[2]
Universidade de Brasília, Brasília, DF.
https://orcid.org/0000-0003-0871-7826
inezmontagner@hotmail.com

Caroliny Victoria dos Santos Silva[3]
Hospital da Criança de Brasília José de Alencar, Brasília, DF.
https://orcid.org/0000-0001-9714-3398
carolsilvaa603@gmail.com

Thaís Barbosa de Oliveira[4]
Ministério da Saúde, Brasília, DF.
https://orcid.org/0000-0002-8461-4186
thaispbe@gmail.com

Submitted on: 01/17/25
Revision on: 08/12/25
Approved on: 08/14/25

Abstract

Objective: To analyze the challenges and perspectives of the National Policy for Comprehensive Child Health Care, of 2015, in ensuring the right to child health in Brazil. **Methodology:** An integrative literature review was conducted, with a qualitative and descriptive approach. The research was carried out with specific descriptors, and the search strategies were conducted in the databases of the Virtual Health Library of Brazil and the Scientific Electronic Library Online, in the period between 2014 and 2024, in Portuguese. The search resulted in 214 articles, of which 9 met the inclusion criteria. **Results:** The analysis of the selected studies revealed the need to improve intersectoral coordination processes and monitoring of the National Policy for Comprehensive Child Health Care, as well as investment in professional training. As one of the advances, the integration of prenatal, childbirth, and birth services in reducing infant mortality was verified. **Conclusion:** It is necessary to overcome these problems and consolidate the advances already

[1] Graduate in Public Health, Universidade de Brasília, Brasília, DF, Brazil.
[2] Ph.D in Public Health, Universidade Estadual de Campinas, Campinas, SP, Brazil. Professor, Universidade de Brasília, Brasília, DF, Brazil.
[3] Master's Degree in Nursing, Universidade de Brasília, Brasília, DF, Brazil. Research Nurse, Hospital da Criança de Brasília José de Alencar, Brasília, DF, Brazil.
[4] Master's Degree in Biostatistics, Universidade Estadual de Maringá, Maringá, PR, Brazil. Institutional Technical Advisor, Ministério da Saúde, Brasília, DF, Brazil.

achieved so that the National Policy for Comprehensive Child Health Care fully fulfills its role in ensuring the right to child health.
Keywords: Child health; Health policy; Health law.

Resumo

Objetivo: Analisar os desafios e perspectivas da Política Nacional de Atenção Integral à Saúde da Criança, de 2015, na garantia do direito à saúde da criança no Brasil. **Metodologia:** Realizou-se uma revisão integrativa da literatura, com abordagem qualitativa e descritiva. A pesquisa foi conduzida com descritores específicos e as estratégias de busca foram realizadas nas bases de dados da Biblioteca Virtual em Saúde do Brasil e da *Scientific Electronic Library Online*, no período entre 2014 e 2024, no idioma português. A busca resultou em 214 artigos e, destes, 9 atenderam aos critérios de inclusão. **Resultados:** A análise dos estudos selecionados revelou a necessidade de aprimoramento dos processos de articulação intersetorial e monitoramento da Política, bem como do investimento em qualificação profissional. Como um dos avanços, verificou-se a integração dos serviços de pré-natal, parto e nascimento na redução da mortalidade infantil. **Conclusão:** Faz-se necessária a superação desses problemas e a consolidação dos avanços já alcançados para que a Política Nacional de Atenção Integral à Saúde da Criança cumpra plenamente sua função na garantia do direito à saúde da criança.
Palavras-chave: Saúde da criança; Política de Saúde; Direito Sanitário.

Resumen

Objetivo: Analizar los desafíos y perspectivas de la Política Nacional de Atención Integral a la Salud de la Niñez, de 2015, en la garantía del derecho a la salud de la niñez en Brasil. **Metodología:** Se realizó una revisión integrativa de la literatura, con enfoque cualitativo y descriptivo. La investigación fue conducida con descriptores específicos y las estrategias de búsqueda fueron realizadas en las bases de datos de la Biblioteca Virtual en Salud de Brasil y de la *Scientific Electronic Library Online*, en el período entre 2014 y 2024, en idioma portugués. La búsqueda resultó en 214 artículos y, de estos, 9 cumplieron con los criterios de inclusión. **Resultados:** El análisis de los estudios seleccionados reveló la necesidad de mejorar los procesos de articulación intersectorial y monitoreo de la Política Nacional de Atención Integral a la Salud de la Niñez, así como de la inversión en capacitación profesional. Como uno de los avances, se verificó la integración de los servicios de prenatal, parto y nacimiento en la reducción de la mortalidad infantil. **Conclusión:** Es necesaria la superación de estos problemas y la consolidación de los avances ya alcanzados para que la Política Nacional de Atención Integral a la Salud de la Niñez cumpla plenamente su función en la garantía del derecho a la salud de la niñez.
Palabras clave: Salud de la niñez; Política de salud; Derecho Sanitario.

Introduction

The right to health is a milestone in equity and autonomy that encompasses individual and collective aspects of health care[1]. At the international level, the Universal Declaration of Human Rights, adopted in 1948, recognized health as a fundamental human right for the physical, mental, and social well-being of individuals[2]. In Brazil, the Federal Constitution of 1988 consolidated health as a right for all and a duty of the State, guaranteeing access to health services and the implementation of social policies that promote equality in health practices, in addition to reducing the risk of diseases and health conditions[3]. In this context, the Unified Health System (SUS) was established with the aim of ensuring that this right is exercised universally, equitably, and comprehensively, without discrimination[4].

With regard to children's health, the right to health takes on an even more complex and priority dimension. Although intrinsically related to the broader concept of health, the right to health of

children has specificities that seek to meet the unique needs of this population group. Thus, the Convention on the Rights of the Child, adopted by the United Nations General Assembly in 1989, promoted the right to child health by emphasizing the need for specific measures to ensure the full physical and mental development of children[5].

Corroborating this scenario, the Statute of the Child and Adolescent (ECA), enacted in 1990, reinforced this protection by giving children and adolescents absolute priority in access to health services, with an emphasis on disease prevention and the promotion of integral development[6]. This involves creating conditions conducive to health, such as adequate nutrition, basic sanitation, vaccination, and access to quality health services. Thus, the ECA determines that it is the responsibility of the family, the community, and the government to ensure, as a priority, the realization of rights related to life and health in childhood[6].

The protection of children's health is indicative of the commitment of the State and society, since factors such as infant mortality and morbidity are directly associated with the quality of health services and the living conditions of the community. Therefore, actions aimed at early childhood, such as childbirth assistance, neonatal care, and vaccination, are crucial for reducing infant mortality rates, which, despite recognized advances, still pose considerable challenges in Brazil and worldwide[7].

In this context, the National Policy for Comprehensive Child Health Care (PNAISC), established in 2015, represented significant progress in consolidating the right to child health in Brazil, with actions aimed at health promotion, disease prevention, and comprehensive care, especially for children in vulnerable situations. Its strategies, perinatal care, care for children with chronic diseases, and surveillance of infant mortality stand out.

The PNAISC aims to promote effective integration between different levels of health care to ensure continuous and humane care. This premise points to the importance of the policy for the realization of children's right to health, as well as its contribution to healthy child development and the construction of a more equitable health system[8].

The development of integrated and coordinated policies is essential for structuring actions that promote health, prevent diseases, and offer qualified care. Since 2015, Brazil has consolidated significant advances through the implementation of initiatives that not only seek to overcome historical gaps but also establish a model of comprehensive child health care, promoting coordination between different levels of care and ensuring equity in access to health services[9].

Although efforts aimed at child health are integrated into a global agenda for health promotion and combating inequalities, maintaining and expanding these advances depends on continuous evaluation and review of the policies implemented, allowing for adjustments that consider regional disparities and the impacts of recent economic and health crises[9]. Therefore, the present study aimed to understand what scientific production presents regarding the challenges and perspectives of PNAISC in guaranteeing the right to health for children in Brazil.

Methodology

This article presents an integrative review (IR) of the literature, using a qualitative and descriptive approach, which allowed for the synthesis of evidence from multiple studies with different methodological approaches on the topic under study[10].

This process, as proposed by Ganong in 1987, is structured in six stages: (1) identification of the problem and formulation of the research question; (2) establishment of inclusion and exclusion criteria,

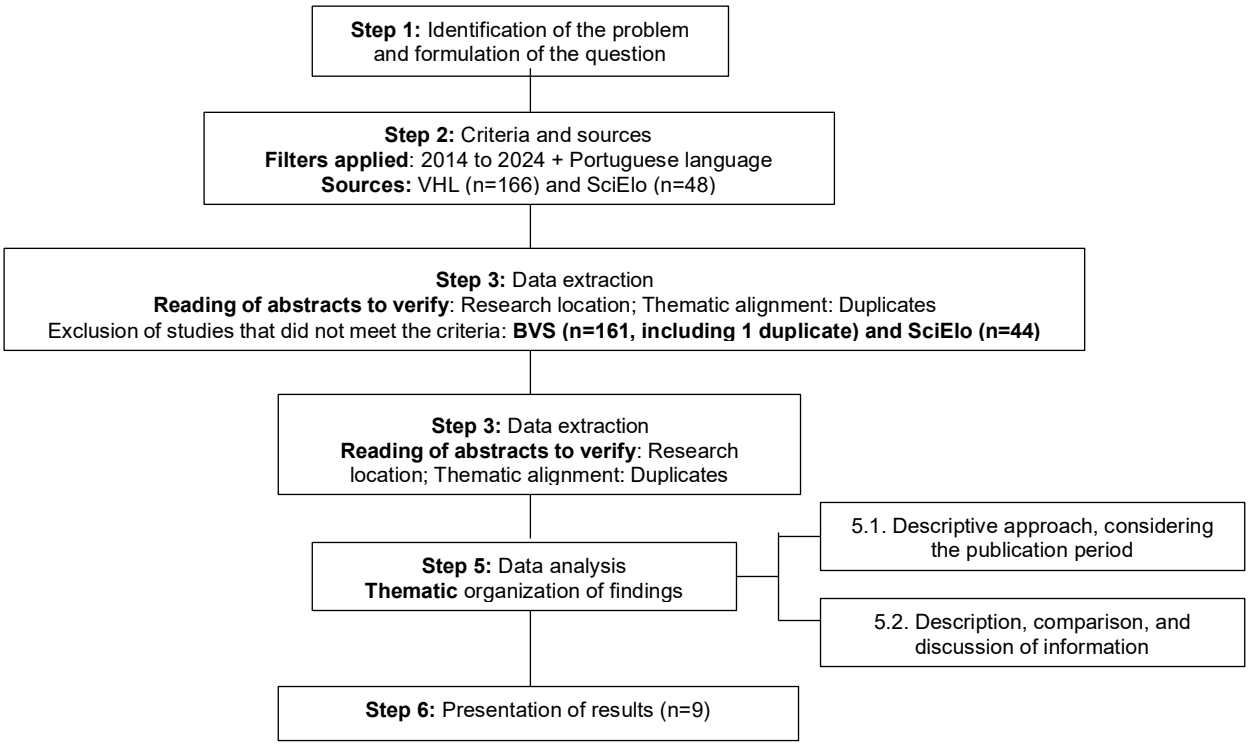
as well as definition of information sources and search strategies; (3) extraction of relevant data from the selected studies; (4) critical evaluation of the methodological quality of the included studies; (5) analysis and synthesis of data, seeking to identify patterns, relationships, and gaps in knowledge; and (6) presentation of results in a clear and structured manner, with discussions that integrate the findings and their implications for practice and future research.

The articles were collected by searching the Biblioteca Virtual em Saúde (BVS) database and the Scientific Electronic Library Online (SciElo) electronic library between September 17 and 24, 2024, in Portuguese. The descriptors of interest appropriate to the research purpose were: Child health, Children, and Health policy.

The inclusion criteria were: articles published in Brazil and in Portuguese, obtained in full and free of charge, and in the time frame from 2014 to 2024. The exclusion criteria were duplicate articles, editorials, reviews, and those that did not address the PNAISC.

The initial sample totaled 166 articles in the BVS and 48 in SciElo. However, with the application of the exclusion criteria, the search was reduced to 5 articles in the VHL and 4 in SciElo (Figure 1). Thus, the final sample included 9 studies that fit the theme, with the highest frequency of publication in 2016 (n=5).

Figure 1. Flowchart of the selection of articles from the VHL and SciElo, 2014 to 2024, based on the stages of the Integrative Review proposed by Ganong[11]



Source: Prepared by the author.

The categories were defined after reading and interpreting the studies. Thus, the analysis of the data collected in the articles was carried out in two stages: the first consisted of a descriptive approach, taking into account the period of publication of the articles; the second stage was characterized by the description, comparison, and discussion of the information extracted from the articles that met the inclusion criteria for the sample of this study, with the aim of guiding the answers to the central question of IR[12].

Because it is based on secondary data in the public domain and publishable, this study was not submitted to the Research Ethics Committee.

Results and discussion

Categorization of selected articles

Nine studies were included, most of which were published in 2016. We believe that the increase in the number of articles published this year may be associated with factors such as the implementation of the PNAISC in 2015 and the greater visibility of issues related to child health in public and academic debates[13]. The PNAISC brought more integrative guidelines for child health care, which may have generated greater interest from the academic community in assessing its initial impacts, gaps, and opportunities for improvement.

Box 1 describes the articles with their respective years, titles, objectives, and keywords.

Box 1. Characterization of articles selected between 2014 and 2024, in alphabetical order according to author name, year, title, objective, and category of analysis, in ascending order of year of publication

Authors	Year	Title	Objective	Categories of analysis
Pinto CAG, Paraguay NLBB, Ferrer AL, Emerich BF, Gigante RL, Oliveira MMD.	2016	Introduction to the evaluative research on the formulation and implementation process of the National Policy for Comprehensive Child Health Care (PNAISC) [9]	To provide a comprehensive overview of the changes taking place in child health in Brazil.	Perspectives and advances of the PNAISC
Pinto CAG, Paraguay NLBB, Pereira JDO.	2016	Study of epidemiological indicators of child health in the Stor Network[14]	Compose the context for the formulation and implementation of PNAISC.	Prospects and advances of the PNAISC

Pinto CAG, Oliveira MMD, Gigante RL, Paraguay NLBB, Ferrer AL, Emerich BF, ... Trapé TL.	2016	Study of the perception of child health coordinators in states and capitals on the themes of the National Policy for Comprehensive Child Health Care (PNAISC[15]	Identify the different structural and organizational factors structural and organizational factors related to the coordination of PNAISC.	Perspectives and advances of the PNAISC
Ferrer AL, Emerich BF, Figueiredo MD, Trapé TL, Paraguay NLBB, Pinto CAG, ... Moraes MH.	2016	Weaving the history of the development of the National Policy for Comprehensive Child Health Care (PNAISC) from the perspective of those involved: a qualitative research design using the focus group technique[16]	To evaluate the process of formulating and implementing the PNAISC, verifying the contributions of the various actors involved, considering them as subjects rather than objects of research: professionals from the child health coordination departments of the Ministry of Health, states, and capitals; state child health consultants national consultants, and tutors.	Challenges in implementing the PNAISC
Pinto CAG, Gigante RL, Paraguay NLBB, Oliveira MMD, Ferrer AL, Emerich BF, ... Zepeda JES.	2016	Study of the traditions that inform the National Policy for Comprehensive Child Health Care (PNAISC) [17]	To examine different aspects of the process of formulating and implementing the PNAISC: the traditions that inform its formulation, the unfolding of the formulation and implementation process, and the context in the various territories. implementation process, and the context in diferente territories.	Perspectives and advances of the PNAISC
Souza, R.R. de, Vieira, M.G., Lima, C.J.F.	2019	The comprehensive child health care network in the Federal District, Brazil[18]	Report on the development of child health care in the Federal District, within the axes proposed by PNAISC and based on the guiding principles of the Unified Health System.	Challenges in implementing PNAISC

Tafarello EC, Silva IA, Venancio SI, Scalco N.	2023	Child health and Covid-19: direct and indirect effects[19]	Analyze how the Covid-19 pandemic has affected children directly and indirectly in a medium-sized municipality in the metropolitan region of São Paulo, in order to contribute to the improvement of care strategies aimed at comprehensive care for children.	Challenges in implementing the PNAISC
Gonçalves LD, Bahia SHA.	2023	Multicampi Child Health: extension contributions to medical training in Northern Brazil[20]	Strengthening the National Policy for Comprehensive Child Health Care, teaching-service integration, continuing education, and professional training qualifications for graduates of ten health courses at the Universidade Federal do Pará ( ).	Challenges in implementing the PNAISC
Dos Santos DSS, De Camargo CL.	2023	Child care in the prison context: perceptions of health professionals[21]	Analyze the care provided by health professionals to children in the prison context.	Challenges in implementing the PNAISC

Source: Prepared by the author.

Mapping of journals

The publications were in national journals, with two journals publishing the most articles on the topic: Divulgação em Saúde para Debate (n=5) and Saúde em Debate (n=2). The other two journals published only one, as shown in Table 1.

Table 1. Distribution of selected articles by journal, by absolute value and percentage, in the period from 2014 to 2024

Journals	Nº of Articles	%
Health Disclosure for Debate	5	56
Health in Debate	2	22
Science & Collective Health	1	11
Collective Health Magazine	1	11
Total	**9**	**100**

Source: Own elaboration.

Mapping of authors and citations

The selected articles were analyzed for mapping according to the number of authors and the volume of citations received, according to data obtained from Google Scholar. The counting of citations is a relevant criterion, as it helps to identify the scientific impact and influence of each publication within the investigated subject area. Based on this, it was found that all articles have more than one author in their publications, as shown in Table 2.

Table 2. Articles according to the number of citations received and authors, in the period from 2014 to 2024

Articles	Nº Citations	Nº Authors
1. Pinto, Carlos Alberto Gama; Paraguay, Nestor Luiz Bruzzi Bezerra; Ferrer, Ana Luiza; Emerich, Bruno Ferrari; Gigante, Renata Lúcia; Oliveira, Mônica Martins de; Figueiredo, Mariana Dorsa; Trapé, Thiago Lavras; Zepeda, Jorge Ernesto Sérgio; Moraes, Mirella Hermsdorff; Pereira, Juliana de Oliveira. Introdução à pesquisa avaliativa do processo de formulação e implantação da Política Nacional de Atenção Integral à Saúde da Criança (PNAISC). Divulg. saúde debate, 18-30.(9)	0	11
2. Pinto, Carlos Alberto Gama; Paraguay, Nestor Luiz Bruzzi Bezerra; Pereira, Juliana de Oliveira. (2016). Estudo dos indicadores epidemiológicos de saúde da criança na Rede Cegonha. Divulg. saúde debate, 172-216.(14)	3	3
3. Pinto, Carlos Alberto Gama; Oliveira, Mônica Martins; Gigante, Renata Lúcia; Paraguay, Nestor Luiz Bruzzi Bezerra; Ferrer, Ana Luiza; Emerich, Bruno Ferrari; Figueiredo, Mariana Dorsa; Trapé, Thiago Lavras. (2016). Estudo da percepção dos coordenadores de saúde da criança dos estados e das capitais sobre os temas da Política Nacional de Atenção Integral à Saúde da Criança (PNAISC). Divulg. saúde debate, 118-171.(15)	0	8
4. Ferrer, Ana Luiza; Emerich, Bruno Ferrari; Figueiredo, Mariana Dorsa; Trapé, Thiago Lavras; Paraguay, Nestor Luiz Bruzzi Bezerra; Pinto, Carlos Alberto Gama; Gigante, Renata Lúcia; Oliveira, Mônica Martins de; Zepeda, Jorge Ernesto Sérgio; Moraes, Mirella Hermsdorff. (2016). Tecendo a história da construção da Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) na visão dos sujeitos envolvidos: o desenho qualitativo da pesquisa com utilização da técnica de grupo focal. Divulg. saúde debate, 84-117.(16)	3	10

5. Pinto, Carlos Alberto Gama; Gigante, Renata Lúcia; Paraguay, Nestor Luiz Bruzzi Bezerra; Oliveira, Mônica Martins de; Ferrer, Ana Luiza; Emerich, Bruno Ferrari; Figueiredo, Mariana Dorsa; Trapé, Thiago Lavras; Zepeda, Jorge Ernesto Sérgio. (2016). Estudo das tradições que informam a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC). Divulg. saúde debate, 49-83.[17]	0	9
6. Souza, Renilson Rehem; Vieira, Martha Gonçalves; Lima, Cláudio José Ferreira Júnior. A rede de atenção integral à saúde da criança no Distrito Federal, Brasil. Ciênc saúde coletiva [Internet]. 2019 Jun; 24(6):2075–84.[18]	20	3
7. Tafarello, Emanuelly Camargo; Silva, Isabelle Andrade; Venancio, Sonia Isoyama; Scalco, Nayara (2023). Saúde da criança e Covid-19: efeitos diretos e indiretos. Physis: Revista de Saúde Coletiva, 33, e 33058.[19]	0	4
8. Gonçalves, Lídia Dias; Bahia, Silvia Helena Arias. Multicampi Saúde da Criança: contribuições extensionistas na formação médica no Norte do Brasil. Saúde debate [Internet]. 2022Dec;46(spe5):260–9.[20]	2	2
9. Santos, Denise Santana Silva dos; Camargo, Climane Laura de. O cuidado à criança no contexto prisional: percepções dos profissionais de saúde. Saúde debate [Internet]. 2022Dec;46(spe5):221–35.[21]	4	2
Total	**32**	**52**

Source: Own elaboration.

The article with the highest number of citations, published in 2019, was authored by Souza et al., entitled "The comprehensive child health care network in the Federal District, Brazil"[18] . The study has 20 citations and was written by three authors. The second most cited article is from 2023, entitled "Child care in the prison context: perceptions of health professionals"[21] written by two authors and cited four times. It was observed that most of the main authors (56%, n=5) are men. However, most co-authors (58%, n=25) are women. This phenomenon can be attributed to several reasons related to social and cultural structures[22]. One of the main factors is the influence of the social construction of gender roles, which permeates various spheres of life, including academia[23].

Categories developed

Reading the texts interpreted in this article enabled the classification and grouping of findings into two categories: (i) Challenges in the implementation of the PNAISC and (ii) Perspectives and advances of the PNAISC, developed according to the concepts and content of the articles. That said, the thematic category "Challenges in implementing the PNAISC" was the most prevalent (56% n=5), while the category "Prospects and advances of the PNAISC" accounted for 44% (n=4).

Challenges in implementing the PNAISC

The articles in this category discuss the obstacles to the implementation and effectiveness of the PNAISC. Among the main challenges is the fragmentation of health services, as identified by Souza, Vieira, and Lima[18] who, through an analysis of the child health care network in the Federal District (DF), pointed out the lack of coordination between the different levels of health care and its impact on the continuity of orderly and integrated care. In addition, issues such as lack of resources and inadequate infrastructure in vulnerable regions compromise universal and equitable access to child health services, which limits the effective implementation of the policy[18].

From this perspective, Pinto et al.[16] state that one of the major challenges is the complexity of intersectoral and interinstitutional integration, as the PNAISC depends on coordinated articulation between different spheres of government and sectors of health, education, and social assistance to achieve its objectives, but obstacles in communication and the organization of collaboration hinder this cooperation and, consequently, fragmentation between sectors creates barriers to the development of comprehensive and continuous care.

Another relevant challenge is the shortage of qualified professionals and the lack of training opportunities for comprehensive care[21]. Thus, the lack of professional training focused on children's health needs often results in inadequate or insufficient care in terms of number and qualification, which directly impacts the quality of services offered[20].

This lack of adequate training prevents the full implementation of the PNAISC guidelines and axes, as well as restricting the ability of health professionals to carry out preventive and educational interventions, especially in contexts of social vulnerability, such as the prison environment, as discussed by Santos and Camargo[21]. In addition, the fragmentation of the system and the need for specific qualification and training of health professionals corroborate the need for adaptive and regionalized approaches, i.e., approaches that consider the culture and sociodemographic and economic disparities in the regions of Brazil[19].

Structural challenges, such as scarce resources, limitations in professional training, and difficulty in accessing reliable epidemiological data, hinder the effectiveness of the policy. These limitations are particularly evident in the most vulnerable regions, such as the north of the country, where infrastructure conditions and a lack of health professionals hinder the uniform and equitable implementation of the PNAISC[20].

It is known that the COVID-19 pandemic has brought new challenges to the PNAISC. The health crisis has increased demand for health services and resulted in significant interruptions in child health monitoring programs, such as immunization, development and growth monitoring, and the treatment of chronic diseases. These implications, reported by Tafarello *et al.*[19] reveal the need for greater planning of health practices aimed at the child public , considering the confrontation of future crises, without compromising the principles and objectives of the PNAISC.

Through the situations presented, it is noted that these challenges highlight the importance of improving communication and monitoring processes in the PNAISC, in addition to investing in training and intersectoral alignment, so that the policy fully achieves its purpose of promoting and protecting children's health. Therefore, the analysis of the articles shows that the challenges faced by the PNAISC reflect not only operational weaknesses but also broader structural issues, expressed in the social determinants of health, which directly impact the realization of the right to health as advocated by the Federal Constitution of 1988 and the ECA[2,6]. The lack of intersectoral coordination

and the fragmentation of health services reveal the gap between the ideal model of comprehensive care and the reality of public management, especially in contexts marked by regional inequalities[19].These aspects reaffirm the importance of understanding child health as a fundamental right in order to strengthen a political and ethical commitment to promoting social justice and reducing health inequalities[16].

Perspectives and advances of the PNAISC

In the texts analyzed, the progress and evaluations of PNAISC are determined by the effects of the policy and future possibilities for improvements in the country's child health. The study of the epidemiological indicators of Rede Cegonha, conducted by Pinto, Paraguay, and Pereira[14], reveals significant improvements in the early detection of health conditions that influence infant mortality rates. Epidemiological monitoring has the potential to strengthen perinatal monitoring and care, which is one of the pillars of PNAISC, contributing to the longitudinality of child development. In addition, by promoting continuous surveillance of health indicators, the strategy enables more timely interventions aligned with local needs, promoting a more effective response by health services to regional and population challenges.

For Pinto et al.[15], the implementation of the PNAISC played a crucial role in promoting and consolidating comprehensive care networks. The coordination of care between different levels of health care, such as prenatal care, childbirth, and postpartum follow-up, has been a positive point, since, according to the authors, this action encourages continuity of care and reduces the fragmentation of services directed at these individuals. This model of coordinated service delivery reinforces the logic of integrated lines of care, in which the child and their family are monitored in a continuous and organized flow, which contributes to reducing inequalities and improving health outcomes. Such advances point to the effectiveness of the policy in operationalizing the principles of the SUS, especially with regard to comprehensive care.

Another advance mentioned by Pinto *et al.*[9] is the role of PNAISC in promoting intersectorality and the integration of knowledge between different areas of health. The intersectoral approach has been identified as a solid basis for developing new approaches and public policies. Cooperation between sectors such as education, social assistance, and health strengthens the understanding of the health-disease process in childhood in a broader and more contextualized way, allowing for the development of more comprehensive strategies for health promotion and disease prevention. This intersectorality is especially relevant when considering the complexity of the social determinants of health, which require responses that transcend the limits of a single sector. Therefore, the PNAISC is distinguished by its ability to continuously adapt to regional needs, incorporating scientific and technological advances into comprehensive child health care[9].

In view of this, the PNAISC aligns itself with the principles of the SUS, seeking to ensure equity, comprehensiveness, and universality, recognizing them as fundamental factors for continuous progress in child health and for strengthening preventive practices, fulfilling its commitment to comprehensive and humanized care through its approach[17]. This commitment not only represents a normative guideline but also constitutes a concrete strategy for improving health actions aimed at children. By valuing qualified listening, the bond with families, and the territorialization of actions, the PNAISC reaffirms the centrality of children as subjects of rights and strengthens the perspective of networked care, based on equity and respect for individual differences.

Final considerations

The integrative review of articles on the PNAISC reveals the advances and challenges in achieving the fundamental objective of the policy, namely the right to child health in Brazil. The advances identified were epidemiological monitoring in strengthening perinatal monitoring and care, as well as the integration of prenatal, delivery, and birth services in reducing infant mortality, added to the possibilities of incorporating scientific and technological advances.

The challenges mentioned were: lack of coordination between different levels of health care, insufficient public resources and inadequate infrastructure in vulnerable regions, lack of intersectoral and interinstitutional integration, lack of qualifications for comprehensive care, and lack of planning strategies in the face of health crises, which compromises the effectiveness of child health care in contexts of greater vulnerability.

Thus, this research points out that, in order for the PNAISC to fully fulfill its function and guarantee children's right to health, it is necessary to overcome these problems and consolidate the advances already achieved.

Strengthening intersectoral coordination, investing in infrastructure and professional training, and adapting programs and strategies to regional needs are essential to ensuring universal and comprehensive health rights, promoting lasting improvements in the quality of life of Brazilian children. Therefore, the assistance needed to guarantee child health care goes beyond the fragmentation of health services and requires a connection with the availability of human, material, and infrastructure resources to address the challenges that still persist.

Conflict of interest

The authors declare that there is no conflict of interest.

Authors' contributions

De Oliveira TB contributed to the conception/design of the article, analysis and interpretation of data, writing of the article, and critical review of its content. Montagner MI contributed to the analysis and interpretation of data, critical review of its content, and approval of the final version. Silva CVS contributed to the writing of the article and critical review of its content. De Oliveira TB contributed to the writing of the article, critical review of its content, and approval of the final version of the article.

Editorial team

Scientific editor: Alves SMC
Assistant editors: Cunha JRA, Lemos ANLE
Associate editors: Lamy M, Ramos E
Executive editor: Teles G
Editorial assistants: Mendes DSGJ, Rocha DSS, Rodrigues MESN
Proofreader: Barcelos M
Translator: Câmara DEC

References

1. Dallari SG. O direito à saúde. Rev Saúde Pública [Internet]. Fev. 1988 [cited Oct. 7, 2024]; 22(1):57–63. Available from: https://doi.org/10.1590/S0034-89101988000100008

2. Brasil. Constituição da República Federativa do Brasil de 1988. [Internet]. Brasília: Presidência da República [Internet]; 2024 [cited Oct. 8, 2024]. Available from: http://www.planalto.gov.br/ccivil_03/Constituicao/Constituicao.htm

3. Barbosa J. Enfrentar “novos riscos” e resgatar a cidadania perdida: práticas de Serviço Social no seio das políticas de redução de danos. Rev Toxicodependências [Internet]. 2011 [cited Oct. 8, 2024]; 17(1):71-84. Available from: https://www.researchgate.net/profile/Jorge-Barbosa-5/publication/262502281_Enfrentar_novos_riscos_e_resgatar_a_cidadania_perdida_praticas_de_Servico_Social_no_seio_das_politicas_de_reducao_de_danos/links/5b9e68a245851574f7d0276b/Enfrentar-novos-riscos-e-

resgatar-a-cidadania-perdida-praticas-de-Servico-Social-no-seio-das-politicas-de-reducao-de-danos.pdf

4. Brasil. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Brasília: Presidência da República [Internet]; 1990. [cited Oct. 8, 2024]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l8080.htm

5. UNICEF. Convenção sobre os Direitos da Criança. Comentário Geral n.º 25 (2021) sobre os direitos das crianças em relação ao ambiente digital. Nações Unidas: Nova York; 1989 [Internet]. [cited Oct. 8, 2024]. Available from: https://gfcjivd.ministeriopublico.pt//sites/default/files/documentos/pdf/crc-cg25-pt.pdf

6. Brasil. Lei nº 8.069, de 13 de julho de 1990. Estatuto da Criança e do Adolescente. Brasília: Presidência da República. [Internet]; 16 jul. 1990. [cited Oct. 8, 2024]. Available from: https://www.planalto.gov.br/ccivil_03/leis/l8069.htm

7. Schmidt SDQ. Saúde da criança no estado de Santa Catarina: perspectiva de quem vivenciou a história (1984-2020) [dissertação]. Florianópolis: Universidade Federal de Santa Catarina; 2022 [cited Oct. 8, 2024]. Available from: https://repositorio.ufsc.br/handle/123456789/243755

8. Brasil. Ministério da Saúde. Portaria nº 1.130, de 5 de agosto de 2015. Institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). Biblioteca Virtual em Saúde [Internet]; 6 ago. 2015 [cited Oct. 8, 2024]. Available from: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2015/prt1130_05_08_2015.html

9. Pinto CAG, Paraguay NLBB, Ferrer AL, Emerich BF, Gigante RL, Oliveira MMD. Introdução à pesquisa avaliativa do processo de formulação e implantação da Politica Nacional de Atenção Integral à Saúde da Criança (PNAISC). Divulg saúde debate [Internet]. 2016 [cited Oct. 8, 2024]. Available from:

16. Ferrer AL, Emerich BF, Figueiredo MD, Trapé TL, Paraguay NLBB, Pinto CAG, et al. Tecendo a história da construção da Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) na visão dos sujeitos envolvidos: o desenho qualitativo da pesquisa com utilização da técnica de grupo focal. Divulg saúde debate [Internet]. 2016 [cited Oct. 11, 2024]. Available from: https://cebes.org.br/site/wp-content/uploads/2016/04/DIVULGACAO_55-WEB-FINAL.pdf

17. Pinto CAG, Gigante RL, Paraguay NLBB, Oliveira MMD, Ferrer AL, Emerich BF, et al. Estudo das tradições que informam a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC). Divulg saúde debate [Internet]. 2016 [cited Oct. 11, 2024]. Available from:: https://cebes.org.br/site/wp-

https://pesquisa.bvsalud.org/portal/resource/pt/biblio-996810

10. Mendes KDS, Silveira RCDCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm [Internet]. 2008 [cited Oct. 9, 2024]. Available from: https://doi.org/10.1590/S0104-07072008000400018

11. Ganong LH. Integrative reviews of nursing research. Res Nurs Health. 1987 [cited Oct. 9, 2024]. Available from: https://onlinelibrary.wiley.com/doi/10.1002/nur.4770100103

12. Sonaglio RG, Lumertz JS, Melo RC, Rocha CMF. Promoção da saúde: revisão integrativa sobre conceitos e experiências no Brasil. J Nurs Health [Internet]. 2019 [cited Oct. 9, 2024]. Available from: https://periodicos.ufpel.edu.br/index.php/enfermagem/article/view/11122

13. Marôpo L, Pacheco L, organizers. Infância, juventude e mídia: olhares luso-brasileiros. Fortaleza: Editora da UECE; 2015. Available from: https://storage.brammd.com/documents/c3827dd54b6d255db176f183668b6f38e491a287.pdf

14. Pinto CAG, Paraguay NLBB, Pereira JDO. Estudo dos indicadores epidemiológicos de saúde da criança na Rede Cegonha. Divulg saúde debate [Internet]. 2016 [cited Oct. 11, 2024]. Available from: https://cebes.org.br/site/wp-content/uploads/2016/04/DIVULGACAO_55-WEB-FINAL.pdf

15. Pinto CAG, Oliveira MMD, Gigante RL, Paraguay NLBB, Ferrer AL, Emerich BF, et al. Estudo da percepção dos coordenadores de saúde da criança dos estados e das capitais sobre os temas da Política Nacional de Atenção Integral à Saúde da Criança (PNAISC). Divulg saúde debate [Internet]. [cited Oct. 11, 2024]. Available from: https://cebes.org.br/site/wp-content/uploads/2016/04/DIVULGACAO_55-WEB-FINAL.pdf

content/uploads/2016/04/DIVULGACAO_55-WEB-FINAL.pdf

18. Souza RR, Vieira MG, Lima CJF. A rede de atenção integral à saúde da criança no Distrito Federal, Brasil. Ciênc saúde coletiva [Internet]. Jun. 2019 [cited Oct. 11, 2024]. Available from: https://doi.org/10.1590/1413-81232018246.09512019

19. Tafarello EC, Silva IA, Venancio SI, Scalco N. Saúde da criança e Covid-19: efeitos diretos e indiretos. Physis [Internet]. 2023 [cited Oct. 15, 2024]. Available from: https://www.scielosp.org/pdf/physis/2023.v33/e33058/pt

20. Gonçalves LD, Bahia SHA. Multicampi Saúde da Criança: contribuições extensionistas na formação médica no Norte do Brasil. Saúde debate [Internet]. Dez. 2022 [cited Oct. 15, 2024]. Available from: https://doi.org/10.1590/0103-11042022E521

21. Santos DSS, Camargo CL. O cuidado à criança no contexto prisional: percepções dos profissionais de saúde. Saúde debate [Internet]. Dez. 2022 [cited Oct. 15, 2024]; 46(esp5):221-35. Available from: https://doi.org/10.1590/0103-11042022E518

22. Rodrigues JG, Guimarães MCS. A Fundação Oswaldo Cruz e a ciência no feminino: a participação feminina na prática e na gestão da pesquisa em uma instituição de ensino e pesquisa. Cad Pagu [Internet]. 2016 [cited Oct. 18, 2024]. Available from: https://doi.org/10.1590/18094449201600460197

23. Ohayon P, Leta J, Carisey M, Séchet P. As mulheres na pesquisa, no desenvolvimento tecnológico e na inovação: uma comparação Brasil/França. Rev Serv Público [Internet]. 2006 [cited Oct. 18, 2024]. Available from: https://doi.org/10.21874/rsp.v57i4.210

How to cite

De Oliveira TB, Montagner MI, Silva CVS, de Oliveira TB. Challenges and perspectives of law in the National Policy of Integral Attention to Child Health: an integrative review. Cadernos Ibero-Americanos de Direito Sanitário. 2025 oct./dec.;14(4):111-124
https://doi.org/10.17566/ciads.v14i4.1326