

Coloniality of Life and Care: Decolonial Horizons in the Health Sciences Through an Integrative Review

Colonialidade da Vida e do Cuidado: Horizontes Decoloniais nas Ciências da Saúde em Revisão Integrativa
Colonialidad de la Vida y del Cuidado: Horizontes Decoloniales en las Ciencias de la Salud en Revisión Integrativa

RESUMO

A constituição das ciências da saúde está profundamente vinculada à expansão colonial, à racialização de populações e à hegemonia biomédica como regime de verdade. Apesar do avanço recente das discussões sobre colonialidade e decolonialidade, o campo permanece fragmentado, com abordagens teóricas e metodológicas dispersas. Este estudo sintetiza a produção científica de 2015 a 2025 por meio de uma revisão integrativa sistematizada realizada em SciELO, PubMed, Web of Science, Scopus, BVS, PsycINFO e Google Scholar. Após triagem e avaliação crítica, 48 estudos compuseram a análise, organizada em cinco eixos: fundamentos históricos da colonialidade; dimensões epistemológicas do cuidado; ontologias corporais; racionalidades políticas e necropolítica; e perspectivas de decolonialidade e reconstrução do campo. A síntese evidencia que a colonialidade segue estruturando práticas, epistemes e políticas de saúde, enquanto projetos de decolonialidade apontam caminhos éticos e epistêmicos para transformar o cuidado e fortalecer justiça social e cognitiva.

DESCRIPTORIOS: Saúde Pública; Racismo; Desigualdades em Saúde; Epistemologia; Revisão.

ABSTRACT

The formation of the health sciences is deeply intertwined with colonial expansion, the racialization of populations, and the consolidation of biomedicine as a dominant regime of truth. Despite the recent growth of debates on coloniality and decoloniality, the field remains fragmented, marked by dispersed theoretical and methodological approaches. This study synthesizes scientific production from 2015 to 2025 through a systematized integrative review conducted in SciELO, PubMed, Web of Science, Scopus, BVS, PsycINFO, and Google Scholar. After screening and critical appraisal, 48 studies were included in the analysis, organized into five axes: historical foundations of coloniality; epistemological dimensions of care; bodily ontologies; political rationalities and necropolitics; and decolonial perspectives and pathways for reconstructing the field. The synthesis shows that coloniality continues to shape health practices, epistemes, and policies, while decolonial projects offer ethical and epistemic directions for transforming care and advancing social and cognitive justice.

DESCRIPTORS: Public Health; Racism; Health Inequalities; Epistemology; Review.

RESUMEN

La constitución de las ciencias de la salud está profundamente vinculada a la expansión colonial, a la racialización de las poblaciones y a la hegemonía biomédica como régimen de verdad. A pesar del reciente avance de los debates sobre colonialidad y decolonialidad, el campo sigue fragmentado, con enfoques teóricos y metodológicos dispersos. Este estudio sintetiza la producción científica de 2015 a 2025 mediante una revisión integrativa sistematizada realizada en SciELO, PubMed, Web of Science, Scopus, BVS, PsycINFO y Google Scholar. Tras la selección y la evaluación crítica, 48 estudios conformaron el análisis, organizado en cinco ejes: fundamentos históricos de la colonialidad; dimensiones epistemológicas del cuidado; ontologías corporales; racionalidades políticas y necropolítica; y perspectivas de decolonialidad y reconstrucción del campo. La síntesis evidencia que la colonialidad continúa estructurando prácticas, epistemes y políticas de salud, mientras que los proyectos de decolonialidad señalan caminos éticos y epistémicos para transformar el cuidado y fortalecer la justicia social y cognitiva.

DESCRIPTORIOS: Salud Pública; Racismo; Desigualdades en Salud; Epistemología; Revisión.

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INTRODUCTION

The constitution of health sciences is deeply linked to processes of colonial expansion, the formation of modern states, and the consolidation of biomedical rationality as the hegemonic regime of truth^{1,2,3}. In this process, the body, disease, and cure were subjected to a universalizing logic that elevated European knowledge to the status of scientific reference, marginalizing other forms of knowledge.

The decolonial perspective allows us to understand this dynamic through the notion of "coloniality of power," a structure that articulates race, authority, and modes of knowing². In the field of health, this matrix produced hierarchies that instituted white and Europeanized subjects as the normative measure of the human⁴ and promoted the erasure of indigenous, Afro-descendant, and community epistemologies³. This process constitutes what Santos⁵ defines as epistemicide, evidenced in clinical practices that delegitimize ancestral knowledge and racialized experiences.

Contemporary literature highlights how racial inequalities structure health-care practices: the pain and demands of black women are often disregarded⁶, obstetric racism constitutes a specific form of violence⁽⁷⁾, and clinics operate through racialized listening that silences black bodily suffering⁸. These processes express biomedical hegemony as a technical and

political rationality that legitimizes certain lives and epistemes.

This dynamic is linked to the concept of necropolitics, through which states and health systems differentially distribute possibilities for living and dying⁹. In Public Health, evidence shows that racial, territorial, and socioeconomic inequalities shape risks, illnesses, and access to care^{10,11}, a phenomenon that has been accentuated during the COVID-19 pandemic¹².

Despite the growth in scientific production on coloniality and health between 2015 and 2025, the field remains fragmented, with scattered theoretical and methodological approaches. Although convergent in denouncing epistemicide, the racialization of clinical practice, and health necropolitics, studies diverge in terms of references, methods, and proposals for change, revealing the absence of syntheses capable of systematizing the main axes of the debate.

Given this scenario, this study conducts a systematic Integrative Review with the aim of mapping how coloniality has been problematized in the health sciences and identifying the proposed horizons of decoloniality. The review combines methodological rigor and critical analysis, allowing us to organize a diverse corpus and document theoretical contributions, methodological choices, and political implications that shape the contemporary debate.

METHOD

This study is a systematic integrative review, based on the guidelines of Whittemore and Knaff¹³ and updates by Souza, Silva, and Carvalho¹⁴, appropriate for synthesizing theoretical, empirical, and methodological evidence on complex and epistemologically heterogeneous phenomena, such as coloniality in health¹⁵. The review followed six steps: definition of the theme and research question; eligibility criteria; search strategies; selection and critical evaluation of studies; categorization of findings; and interpretive synthesis. The guiding question was: How has contemporary literature problematized coloniality in health sciences and what paths of decoloniality are proposed between 2015 and 2025?

Search strategies and information sources

The search was conducted between January and February 2025 in the Scielo, PubMed/MEDLINE, Web of Science, Scopus, Virtual Health Library (VHL), PsycINFO, and Google Scholar databases. These sources were selected to reflect the interdisciplinary nature of the topic, covering public health, social sciences, global health, medical anthropology, and decolonial studies. DeCS descriptors and freely indexed terms in Portuguese, English, and Spanish were used, combining: coloniality; decoloniality; epistemologies of the South; race and

health; racism in health; health inequalities; epistemicide; decolonizing global health; critical race theory + health; indigenous health + epistemology.

Inclusion and exclusion criteria

Articles published between 2015 and 2025 were included, whether theoretical, empirical, essayistic, or methodological, that addressed coloniality, decoloniality, structural racism, or counter-hegemonic epistemologies in the field of health, available in full and peer-reviewed. Duplicates, editorials without a theoretical basis, reviews, opinion pieces, works focused exclusively on historical colonialism disconnected from health, and studies on indigenous health or racial inequalities without explicit articulation with coloniality were excluded.

Selection and critical evaluation procedures

The search identified 1,284 studies; after removing duplicates, 943 were screened. Reading the titles and abstracts excluded 802 records, leaving 141 articles for full reading. Of these, 93 were excluded for not meeting the criteria or for theoretical-methodological insufficiency. Thus, 48 studies comprised the final synthesis. The critical evaluation considered conceptual coherence, alignment with the research question, analytical density, and contribution to the field^{13,16}.

Categorization, analysis, and synthesis of findings

The qualitative analysis followed the principles of integrative thematic synthesis, identifying patterns, convergences, tensions, and gaps between studies. Analytical matrices were developed involving: historical perspectives, epistemological and ontological dimensions, political-institutional rationalities, hermeneutic approaches, and implications for Health Sciences.

The synthesis sought to integrate diverse intellectual traditions and construct an interpretive matrix capable of highlighting theoretical and political

movements in the contemporary debate, avoiding fragmented descriptions. Thus, the analysis took on a critical and reconstructive character, revealing both the continuities of coloniality and the plural emergencies of decolonial practices and epistemologies that guide the discussion examined in this study.

RESULTS

The analysis of the 48 studies included allowed us to identify five central analytical axes that structure the contemporary debate on coloniality and decoloniality in the field of health: (1) historical foundations of coloniality in health; (2) epistemological and epistemic dimensions of care; (3) bodily ontologies and regimes of truth; (4) political rationalities, inequalities, and health necropolitics; and (5) perspectives of decoloniality, resistance, and reconstruction of the field. These axes emerged from a cross-sectional reading of the material, allowing us to understand not only conceptual convergences but also tensions, gaps, and horizons for further exploration.

The detailed findings of this mapping, including characterization of the studies, analytical matrices, and expanded thematic syntheses, are available in the appendix as supplementary material. We chose not to present this content in its entirety in the body of the text due to the journal's length restrictions and to preserve the argumentative fluidity of the analytical section, without compromising methodological rigor.

Historical foundations of coloniality in health

The studies that make up this axis converge in demonstrating that the constitution of the field of health in modernity remains intertwined with colonial processes of domination, racialization, and hierarchization of knowledge. Authors such as Quijano², Stepan⁽¹⁷⁾ and Mignolo³ highlight how the colonial project produced biological, racial, and moral classifications that organized the administration

of bodies, defining standards of normality and pathologization. Several articles analyzed highlight the formation of tropical medicine, eugenics policies, and colonial health practices as milestones responsible for the implementation of epistemologies that naturalized the inferiorization of indigenous peoples, Africans, and impoverished populations.

Among quilombola and indigenous populations, it is common for public health managers and professionals to delegitimize traditional healing practices, treating them as beliefs or backwardness in relation to the biomedical model, which compromises the provision of culturally appropriate care. Similar dynamics occur with homeless populations and peripheral populations, often reduced to moralizing categories and prescriptive and protocol-based medical recommendations that do not meet their real needs. Homeless people are treated almost exclusively from the perspective of "drug addiction," without a comprehensive assessment of chronic conditions, psychological distress, or social vulnerabilities. In peripheral territories, discourses about "lack of hygiene" or "neglect" blame residents for their illnesses, concealing the structural absence of basic sanitation, treated water, decent housing, adequate food, and other essential elements of health, which are reinterpreted as individual failures rather than expressions of inequality.

In general, studies in this area affirm that coloniality has operated as a structuring axis in the field of health for centuries, reproducing mechanisms of control and silencing that continue to this day. This historicity underpins contemporary diagnoses of racial, ethnic, and territorial inequalities, demonstrating that the present is marked by the persistence of technologies of power that emerged during colonialism.

Epistemological and epistemic dimensions of care

The second axis brings together studies that discuss coloniality as a model of knowledge production. These works

argue that biomedical hegemony has consolidated an epistemic regime that privileges Eurocentric rationalities and marginalizes indigenous, Afro-descendant, and community knowledge^{5,18,19}. The notion of "epistemicide," discussed in several articles, appears as a process of systematic erasure, disqualification, and delegitimization of non-Western forms of knowledge production.

Studies also highlight how contemporary clinical practice incorporates selective listening and epistemic racism. Authors such as Carneiro⁶, Davis⁽⁷⁾ and Boschetti⁸ describe mechanisms by which the pain, bodily experiences, and epistemologies of black women and racialized peoples are invalidated or ignored in the provision of care. This production demonstrates that epistemicide materializes in the daily routine of health services, biomedical training, and scientific research, reinforcing inequalities and exclusions.

This axis also reveals a fundamental aspect: the recognition that community knowledge, such as Afro-indigenous healing practices, blessings, traditional midwives, and spiritualities, have their own rationalities that, despite being historically disqualified, produce therapeutic effects, bonds, and ways of life that challenge the biomedical monopoly. These are systems of knowledge that organize experiences of health, suffering, and the world, sustaining forms of care that integrate body, territory, and community.

However, even in the face of regulatory advances that guide the National Indigenous Health Policy²⁰ and the preliminary version of the National Quilombola Population Health Policy²¹ (currently under public consultation), which seek to recognize, value, and incorporate these traditional practices into the logic of the SUS as a legitimate part of care provision, there is a significant gap between regulation and the reality of services.

In practice, the implementation of these guidelines is limited by insufficient infrastructure, chronic underfunding, and a lack of ongoing professional train-

ing, hindering effective coordination between traditional knowledge and health-care networks. As a result, the potential of these practices remains underutilized, while institutional gaps persist that prevent the consolidation of truly intercultural and comprehensive care.

Body ontologies and regimes of truth

The third axis brings together studies that discuss coloniality as an ontological dispute over the body, life, and health. Articles inspired by Coradin and Oliveira²², Lugones⁴, and Mbembe⁹ argue that different traditions conceive of the body not only as a biological entity, but also as territory, ancestry, spirituality, and relationship. Indigenous and Afro-diasporic ontologies, analyzed in several studies, challenge the biomedical paradigm, which separates body, mind, spirit, and territory.

The works also highlight that regimes of truth sustained by biomedicine define which ontologies are recognized as valid. Ontological coloniality appears as the imposition of a universal model of the human body, which disregards cosmological diversity and plural forms of existence⁵.

This axis highlights that ancestral healing practices, spiritualities, and cosmopolitics are not just "cultures" attached to care, but complete ontological systems that dispute definitions of health and disease.

Political rationalities, structural racism, and health necropolitics

The fourth axis brings together studies that discuss coloniality as a political rationality inscribed in institutions, care systems, and public policies. Inspired by Mbembe, Santos et al, Lopes, Soares, Borlototo and Horton¹², the works demonstrate how the unequal administration of life and death is expressed in: maternal mortality among black women; lack of healthcare in peripheral, quilombola, and indigenous territories; disproportionate impacts of COVID-19; surveillance policies that reinforce racial inequalities and,

in general, in the precariousness of historically vulnerable populations.

The studies analyzed converge on the thesis that the Brazilian state operates necropolitical rationalities in health, especially when it combines omission, institutional violence, and structural racism in the management of health crises, environmental emergencies, and essential services.

Most of these studies highlight that colonial policies of life remain alive in the structuring of care systems, producing "sacrifice zones" and vulnerabilities distributed in a racialized and territorialized manner.

Perspectives on decoloniality, resistance, and reconstruction of the field

The last axis brings together studies that propose paths to decoloniality in health, articulating epistemologies of the South, critical pedagogies, participatory research, and pluriversal care practices. Articles inspired by Santos⁵, Tuhiwai Smith⁽¹⁹⁾ and Walsh¹⁸ advocate the need to: recognize and engage in horizontal dialogue with ancestral and community knowledge; restructure health training curricula; decentralize hegemonic epistemologies; strengthen critical intercultural practices; and promote research with, rather than on, racialized populations.

Other authors highlight that experiences of resistance, such as the revival of Afro-indigenous healing practices, black women's movements, decolonial feminist epistemologies, and community pedagogies, comprise essential repertoires for an anti-colonial transformation of the field.

This axis highlights that decoloniality is not only a critique of the past, but also a project for the future: the ethical, epistemic, and political reconstruction of health sciences.

DISCUSSION

The results of this integrative review show that the contemporary debate on coloniality and decoloniality in the field of health is structured around interdependent analytical axes—historical, epis-

temological, ontological, political, and hermeneutic—that illuminate the persistence of colonial rationalities and the emergence of plural perspectives of transformation. The articulation of these axes reveals that coloniality in health is not a historical residue, but an active regime of inequality production, affecting ways of knowing, forms of existence, and life policies.

The first relevant finding concerns the historical continuity of coloniality. The studies analyzed demonstrate that colonial health practices, eugenic policies, tropical medicine, and racial classifications formed the epistemological framework that still sustains the unequal administration of bodies today^{2,17}. This continuity challenges interpretations that treat contemporary inequalities as isolated dysfunctions. On the contrary, the findings reinforce the analyses of Mignolo³ and Lugones⁴, according to which coloniality is a structural logic that shapes institutions, categories, and ways of knowing. Thus, health cannot be understood only as a technical field, but as a geopolitical and epistemic territory traversed by historical disputes.

A second point concerns epistemicide and biomedical hegemony, which are widely documented in the studies reviewed. Santos⁵ and Tuhiwai Smith¹⁹ had already demonstrated that modern science operates on the basis of hierarchization and exclusion of knowledge; however, this review shows that, in the field of health, this process is concretely expressed in the delegitimization of Afro-indigenous spiritualities, community healing practices, and plural bodily epistemologies. Empirical studies on clinical practice and care^{7,8} indicate that mechanisms of selective listening, epistemic racism, and institutional mistrust are not exceptional, but structural. These findings indicate that epistemic coloniality is renewed on a daily basis, both in healthcare and in professional training.

The third interpretative axis reveals ontological disputes about the body, health, and life. The studies analyzed demon-

strate that Afro-indigenous ontologies conceive of the body as territory, memory, ancestry, and relationship²², which contrasts with the biomedical model of body-biology. This divergence confirms the thesis that coloniality is also ontological, as it imposes a single model of existence and marginalizes cosmopolitics that support ancestral or popular healing practices⁴. The review shows that recognizing these ontologies is not a cultural gesture, but a political and epistemic action that reconfigures the very definition of health.

The fourth axis, relating to political rationalities, inequalities, and necropolitics, demonstrates that coloniality operates not only as a logic of knowledge, but as a matrix of governance of life. Studies inspired by Mbembe⁹ and Santos et al.¹⁰ point out that public policies, surveillance systems, access to essential services, and health responses to environmental and epidemiological crises distribute vulnerability in a racialized and territorialized manner. The COVID-19 pandemic, highlighted by Horton¹², has made this pattern explicit by disproportionately affecting black, indigenous, riverine, and peripheral populations. The review shows that health necropolitics is not an extraordinary phenomenon, but a contemporary expression of coloniality in health management.

Finally, the fifth axis highlights that decoloniality presents itself as an ethical-political and epistemological horizon, not as a mere critical counterpoint. The studies reviewed converge in affirming that decoloniality requires the reconstruction of the formative bases of health, critical intercultural practices, and participatory methodologies that reposition racialized subjects as legitimate producers of knowledge^{10,18,19}. The review indicates that there is a growing movement of resistance and creation, led by black women, indigenous collectives, quilombola communities, traditional healers, peripheral community-based movements, and critical researchers who not only denounce coloniality but also build pluriversal alternatives for care.

Taken together, the findings reveal that coloniality operates simultaneously at the structural, epistemic, and ontological levels, creating persistent patterns of exclusion and violence. However, the analyzed production points to a field in transformation, in which perspectives of decoloniality emerge as ways to reconfigure practices, policies, and epistemologies in health. The synthesis presented in this review demonstrates that the contemporary dispute is not only for resources or recognition, but for regimes of truth, ways of existing, and projects for the future.

CONCLUSION

The purpose of this study was to critically synthesize recent production on coloniality and decoloniality in the field of health, articulating different theoretical and methodological references published between 2015 and 2025. The integrative review allowed us to identify that coloniality remains the structuring logic of health practices, policies, and epistemologies, manifesting itself in an interdependent manner in the historical, epistemic, ontological, and political-institutional dimensions. The studies analyzed show that racial inequalities, epistemicides, ontological disputes, and necropolitical rationalities continue to permeate contemporary healthcare provision, professional training, and health agendas.

By identifying these axes, the review shows that decoloniality is not only a critique but also an ethical, epistemological, and political horizon for rebuilding the field of health. The perspectives analyzed point to the need to recognize the plurality of knowledge, value ancestral and community practices, reformulate training curricula, and strengthen participatory and intercultural methodologies. Such paths allow us to challenge biomedical hegemony and open space for more horizontal, contextualized care practices committed to social and epistemic justice.

Despite significant progress on this issue over the last decade, important gaps remain, especially with regard to the sys-

tematization of concrete experiences of decoloniality in care, the evaluation of the impact of these practices, and the consistent incorporation of non-Eurocentric epistemologies in scientific production. Future research can contribute to deepening these dimensions, expanding the dialogue between public health, anthro-

pology, education, decolonial studies, and social movements.

Thus, this study reaffirms that addressing coloniality in health is a scientific, political, and ethical imperative. Moving toward decolonial practices and policies implies transforming the epistemological foundations of the field, rethinking

modes of knowledge production, and strengthening care projects that value the diversity of existences, knowledge, and ways of life.

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