

The concept of equity in scientific production in health: a review¹

O conceito de equidade na produção científica em saúde: uma revisão

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Abstract

This study aims to identify how the principle of equity is employed in health studies in Brazil. It features a review of the scientific production of four databases using the Health Sciences Descriptors “equity” and “health” in all of them. Thirty-four articles addressing the topic of health in Brazil were reviewed. Results show that equity is understood in most articles as an essential factor for social justice, considering the context of social inequalities in which the Brazilian Unified Health System operates. There was a prevalence of the concept of equity proposed by the World Health Organization, which emphasizes the moral and ethical dimension of the term. The restriction of the discussion on equity to the level of access suggests a narrow understanding of the term, which can be explained by the difficulty in applying it, since a social principle is an abstract value.

Keywords: Equity; Health Equity; Brazilian Unified Health System; Health Management.

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Resumo

Este ensaio tem como objetivo identificar como o princípio da equidade é empregado nos estudos brasileiros que versam sobre saúde. Foi realizada uma revisão da produção científica de quatro bases de dados utilizando os Descritores em Ciências da Saúde “equidade” e “saúde” em todos os índices. Foram revisados 34 artigos que abordavam o tema da saúde no Brasil. Como resultado, percebe-se que a equidade é entendida na maioria dos artigos como um fator essencial para a justiça social, considerando o contexto de desigualdades sociais no qual o Sistema Único de Saúde se encontra inserido. Houve a predominância do conceito de equidade proposto pela Organização Mundial da Saúde que destaca a dimensão moral e ética do termo. A concentração da discussão da equidade apenas no nível do acesso indica uma compreensão restrita do termo, que pode ser explicada pela dificuldade em operacionalizá-lo, uma vez que um princípio social se trata de um valor abstrato.

Palavras-chave: Equidade; Equidade em Saúde; Sistema Único de Saúde; Gestão em Saúde.

Introduction

The concept of health equity was first debated by the World Health Organization (WHO) in 1986, featuring in the Ottawa Charter - the concluding document of the First International Conference on Health Promotion - as one of eight prerequisites for health (WHO, 1986). The term gained prominence in subsequent conferences, leading WHO to request the elaboration of a document aimed at refining a definition of health equity. Whitehead (1990) states that there is no definition per se, but makes an important contribution by including the moral and ethical dimension as one of the main reference points of the theme. This document was later published in the International Journal of Health Services (Whitehead, 1992).

In discussing equity and health, Whitehead (1992) starts out from two assumptions: less favored groups have lower chances of survival and there are major differences in people's experiences of illness. Given the differences in health profile between nations and between groups within a same nation, inequity refers to a specific difference: that which is unnecessary, avoidable and unfair. The term is imbued with a moral and ethical perspective as socioeconomic and environmental factors become protagonists in this scenario, although biological factors and the effects of sick people moving down the social ladder are partly responsible for differences in health.

The issue of injustice relates to the degree of choice involved: there are people who have little or no choice regarding their living and working conditions, resulting in disparities in health. For Whitehead (1992), equity requires, ideally, that people have fair opportunities to attain their full health potential, and that no one be less fortunate in reaching that potential if such a situation can be avoided. Policies should reduce or eliminate differences in health resulting from factors considered avoidable and unfair.

In Brazil, equity is one of the doctrinal principles of the Brazilian Unified Health System (SUS), although the term does not appear in the main legal provisions that govern it: the Federal Constitution of 1988 (Brasil, 1988) and Law

No. 8,080 of 1990 (Brasil, 1990). When equity appears for the first time after the creation of SUS in a Brazilian Ministry of Health booklet (Brasil, 1990), its concept is related to the equality of citizens regarding SUS actions and services. The influence of Whitehead's contributions (1992) appears in the following decade: gradually the focus on citizens' equality is replaced by an emphasis on reducing existing social and regional disparities in Brazil (Brasil, 2000).

Occasionally, as in Whitehead's discourse (1992), the concept of equity is linked to the discussion on social justice. Two authors deserve attention in this debate for presenting views with different assumptions: John Rawls and Amartya Sen.

Rawls (1997) proposes a theory of justice based on equity, starting out from a hypothetical situation in which there is a position of equality among all individuals, ignoring knowledge on contingencies that result in disparities between men, such as social status, class position and natural attributes and abilities. Rawls (2003) calls this state of affairs "veil of ignorance" and ensures that all participants are in the same situation, preventing individuals from being guided by their prejudices and establishing principles that benefit their private situation. To this end, institutions (specified by the author as political constitution and main economic and social agreements) play a fundamental role, since they constitute the basic structure of society and can cause profound inequalities by favoring certain circumstances (such as different social positions) that are not justified by merit or value. In Rawls's theory (2003, p. 14), the basic structure is the primary subject of justice, because its effects on the goals, aspirations and opportunities of citizens "are profound and present from the start." Once the situation of equality has been established, a set of principles would be consensually accepted. The author proposes two principles that could be admitted under this hypothetical situation: that certain rules that define the basic liberties allow each person the most extensive liberties compatible with similar liberties for all; and that economic and social inequalities be distributed in a way that they are both to the greatest benefit

of the least advantaged persons and attached to offices and positions open to all under conditions of equality of opportunities.

The principles are sequential, so that the basic liberties (of the first principle) cannot be justified or compensated for by economic and social issues (of the second principle). In the first principle, liberties can only be limited when they conflict with other liberties, being adjusted to form a single system. The second principle is known as the principle of difference and defines that if there is no distribution that improves the situation of the least advantaged and the most advantaged persons, an equal distribution is preferable. This ensures that changes in the expectations of those who are better off will only be a fair situation if they also increase the perspectives of those who are in a lower situation.

Sen (2011) starts out from the criticism of Rawls's work to present an approach whose principles of justice are not solely defined with regards to institutions (which are the primary subject of Rawls's theory of justice), but centers on the life and liberty of the people involved. Sen's (2011, p. 48) main criticism of Rawls focuses on the understanding that justice should not be limited to the choice of institutions and the definition of ideal social arrangements, but also depends on human achievements and "includes the lives that people are able - or not - to live." Given that institutions are neither manifestations of justice nor inviolable, the influence of the behavior patterns of people associated with the search for institutions that promote justice must be jointly analyzed in pursuing justice. Sen presents the theory of social choice as a counterpoint to Rawls's proposal, concentrating on the rational basis of social judgments and on public decisions to choose between social alternatives.

In Sen's (2001) view of promotion of justice, individuals play a key role as they have different capabilities to pursue their goals. Reducing inequalities means acknowledging the diversity of internal (age, gender, propensity to disease, etc.) and external (available assets, social environments, etc.) characteristics that interfere with individuals' capability to perform functions (states

and actions) which, in turn, constitute their liberty to achieve goals that they consider valuable.

In this sense, health plays a role in social justice in several different ways, since it is a fundamental component of human possibilities. Health equity, therefore, should focus on how health relates to other characteristics through the distribution of resources and social arrangements. As a multidimensional concept, health equity includes: aspects that relate to achieving good health and the possibility of achieving good health (and not merely the distribution of health care); promotion of justice in processes by giving attention to the absence of discrimination in the provision of health care; integration between health considerations and the broader issues of social justice and global equity (Sen, 2002).

Given the different meanings that can be attributed to the term equity, this review aims to identify how the principle of equity is employed in health studies in Brazil.

Material e methods

The data were collected in the months of June and July 2015, in the following reference databases: Latin American and Caribbean Health Sciences Literature (Lilacs), Spanish Bibliographical Index on Health Sciences (Ibecs), International Literature on Health Sciences (Medline), Cochrane Library and Scientific Electronic Library Online (SciELO).

The guiding question of the survey was: “How is the principle of equity employed in health studies in Brazil?” As a research strategy, the Health Sciences Descriptors (DeCS) “equity” and “health” were used

in all databases (title, author and subject). There were no time period restrictions and the following inclusion criterion was defined: addressing the topic of health in Brazil. Thus, 788 records were found (1985-2015). The following were excluded: repeated records (n=260), occurrences that were not original articles, but comments, editorial material and reviews (n=10), articles that did not relate to Brazil (n=86) and those that did not address the topic of health (n=10). This step resulted in 422 records.

Alongside the reading of titles, abstracts and keywords of the articles, a text search of the term “equity” was performed. Occurrences were classified in relation to the term equity: merely cite the term (n=336), dedicate a paragraph to the term, but do not discuss it (n=2), and discuss the term (n=34). During the full reading of the articles that discuss the term equity, a summary table was prepared with the following information: year of publication, authors, title, objective and concepts on equity. In the end, 34 studies were reviewed. In order not to extend the discussion, the articles were numbered and are shown in Table 1.

It should be noted that there was no need to refer the research project to the ethics and research committee on human beings, since the articles reviewed are available in public access databases.

Results and discussion

Of the 34 studies reviewed, 25 were published between 2000 and 2009, 10 were published between 2010 and 2015, and only one was published previously, in 1993 (Table 1). No prevalence of specific authors was observed in these time periods.

Table 1 – Production indexed in the selected Health Virtual Library, according to authors, title, year of publication, objective, concepts on equity and main excerpts, 1993-2015

Article number	Author and year of publication	Title	Objective	Concepts on equity sobre equidade
1	Fortes (2015)	Reflecting on Ethical Values in Global Health	To reflect on ethical values involved in global health: social justice, equity and solidarity.	Equity seeks to reduce avoidable and unnecessary social and health inequalities, treating unequally those that are unequal, according to their needs. The article relates equity to social justice.
2	Carvalho et al. (2014)	In Search of Equity in the Brazilian Health System: The case of sickle-cell disease	To acknowledge the Brazilian National Newborn Screening Program (PNTN) for sickle-cell disease as an initiative that respects the principle of equity in the Brazilian health system.	Equity is the principle of social equality with justice as a judgment criterion. The article relates equity to social justice.
3	Bagrichevsky et al. (2013)	Social Inequalities in Health and Bodily Practices: A singular analysis exercise	To propose an analysis relating the theme of social inequalities to the issue of bodily practices and their institutionalization in the public sector.	Equity consists of considering different life contexts that require state action for the eradication of inequalities.
4	Lima et al. (2012)	Social Inequality in Peter Singer: Building an interface with the Brazilian Unified Health System	To analyze the issue of social inequality in Peter Singer and compare and contrast it with the guiding principles of the Brazilian Unified Health System (SUS).	Equity corresponds to equal opportunities in access to SUS, respecting different health needs.
5	Sanchez and Ciconelli (2012)	Concepts of Health Access	To describe the dimensions of health access, correlating them to their indicators and commenting on the complexity of the concept of access.	The authors present the following concepts: horizontal and vertical equity, elimination of disadvantages related to factors beyond individual control, differences related to individual choices would not be inequalities. The article discusses access in terms of social justice and equity.
6	Albuquerque et al. (2011)	Equity and Inclusion of Social Groups in Health Policy: The case of Recife, Brazil	To analyze the concept and application of the principle of equity in the recognition of the needs of social groups by the Municipal Health Department (SMS) of Recife in 2001-2008.	The article features several concepts of equity. It relates equity to social justice and distinguishes between vertical and horizontal equity.

Article number	Author and year of publication	Title	Objective	Concepts on equity sobre equidade
7	Coelho (2010)	Democracy without Equity: An Examination of the Health Reform and the Nineteen Years of operation of the Unified Health System in Brazil	To evaluate the nineteen years of operation of the Unified Health System (SUS) in Brazil from the viewpoint of equity.	Equity means unequal treatment in favor of the neediest individuals. The article distinguishes between health equity and access equity. It relates democracy to equity, and social justice to equity. It emphasizes the state's role in redistributing resources.
8	Fortes (2010)	Equity in the Health System in the View of Brazilian Bioethicists	To understand the meaning given by Brazilian bioethicists to equity in the health system.	The article focuses on the relationship between equity and social justice. It does not present a concept, but analyzes the ideas of bioethicists, who present five main views: treating unequally those who are unequal according to their needs; equity and compensated inequalities; equity and maximized benefits; equity and social merit; and equity and rights.
9	Oblitas et al. (2010)	The role of Nursing in Tuberculosis Control: A discussion from the perspective of equity	To analyze the role of nursing professionals in the control of tuberculosis, from the perspective of equity, in countries of Latin America.	Equity implies that all have fair opportunities to develop their potential. The article addresses access.
10	Silva, Ferreira and Silva (2010)	The Right to Health: The perspective of users of a basic health unit	To understand the perspective regarding the right to health of users of a public health service located in the city of Valença, state of Rio de Janeiro.	Equity considers that individuals have different needs and an equal distribution of resources would not necessarily meet such needs. Equity is associated with equality to result in the right to health.
11	Egry (2009)	CIPESEC and Equity: Reflections on the International Classification of Nursing Practices in Collective Health	To reflect on how equity can be achieved by using the International Classification of Nursing Practices in Collective Health – CIPESEC.	The article features several definitions of equity. It uses the concept of chances in life rather than the concept of risk for the application of the concept of equity. It relates equity to social justice.

Article number	Author and year of publication	Title	Objective	Concepts on equity sobre equidade
12	Vieira-da-Silva and Almeida Filho (2009)	Health Equity: A critical analysis of concepts	To critically analyze the concepts of diversity, difference, inequality, inequity, the distinctions in the production of health-disease-care in social groups and their possible relations with a social theory of health.	Equity is an instrument of concrete justice created to resolve the contradictions between formulas of formal justice. The article relates equity to social justice. It distinguishes between vertical and horizontal equity.
13	Andreazzi, Sicsú and Holguin (2008)	Tax Expenditures Related to the Use of Private Health Care	To gather evidence on the relation of this tax break with the demand for private health insurance and services, quantify it based on data from the Brazilian federal revenue service, and relate it to private household expenditures and public health expenditures.	The article features several concepts of equity, but focuses on the discussion of equity in funding health. It relates equity to social justice. It distinguishes between vertical and horizontal equity.
14	Fortes (2008)	Bioethical Reflection on the Prioritization and Rationing of Health Care: Between social utility and equity	To discuss ethical alternatives to the prioritization and rationing of health care, focusing on the principles of equity and social utility.	Equity is inequality with the compensating role of prioritizing the less favored. The article compares equity with social utility.
15	Sisson (2007)	Reflections on the Brazilian Family Health Program and the Policy for Promotion of Greater Health Equity	To develop a reflection on equity and the Family Health Program care model, through a review based on authors who discuss the theme.	Equity refers to differences considered unfair, unnecessary and avoidable. The article focuses on reducing inequalities through resources. It relates equity to social justice.
16	Costa and Lionço (2006)	Democracy and Participatory Management: A strategy for health equity?	To analyze the potential of the Technical Committees for the Promotion of Equity, adopted by the Brazilian Ministry of Health since 2003, in implementing initiatives aimed at increasing equity in health care.	Equity is the provision of services to meet the specific needs of groups or individuals. The article relates equity to social justice.
17	Hossne and Zaher (2006)	Bioethics and Rehabilitation	To discuss the importance of several bioethical reference points when focusing on rehabilitation.	Equity implies addressing and treating inequalities unequally in order to achieve equality.
18	Paim (2006)	Equity and Reform in Health Care Systems: The case of SUS	To answer the following question: is SUS a public policy for the promotion of equity?	The article distinguishes between equity and equality from the points of view of economics and justice. Economics: equity is to seek a more efficient distribution of resources. Justice: equity seeks to redress that which is affected by equality. It relates equity to social justice.

Article number	Author and year of publication	Title	Objective	Concepts on equity sobre equidade
19	Fonseca (2005)	Gender and Health Equity in Women	To carry out a gender analysis of the health situation in women and examine to what extent it reflects the inequities arising from the social inequality to which they are subjected.	Health equity: overcoming avoidable and unjust inequalities that imply that different needs of the population should be met through government action. Justice is a pillar on which equity is founded.
20	Luiz (2005)	Rights and Equity: Ethical principles for health	To briefly systematize the ideas of human rights and equity in Western history through a bibliographical review and interdisciplinary synthesis.	The article features the different meanings of equity throughout history. It relates equity to equality, social justice, morality and human rights.
21	Pelegri, Castro and Drachler (2005)	Equity in the Allocation of Health Resources: The experience of the state of Rio Grande do Sul, Brazil	To analyze whether the use of criteria to guarantee greater equity in the distribution of financial resources proposed by the Policy for Solidary Municipalization in Rio Grande do Sul does indeed have redistributive capacity and a positive effect on the inequalities pointed out by the Municipal Human Development Index (MHDI).	Equity means that individuals are different from each other and deserve differentiated treatment that reduces inequalities. The article relates equity to fair distribution of health resources.
22	Pinheiro, Westphal and Akerman (2005)	Health Equity in Reports of Brazilian National Health Conferences after the 1988 Brazilian Federal Constitution	To discuss the meaning given to the use of the term equity or its variations in the reports of the IX, X and XI Brazilian National Health Conferences.	The article features several concepts of equity. It relates equity to social justice.
23	Machado, Fortes and Somarriba (2004)	Effects of the Introduction of Minimum Basic Health Care Funding on the Distribution of Resources and Provision of Services: The case of Minas Gerais	To analyze the effects of the introduction of Minimum Basic Health Care Funding on the distribution of resources and provision of services in basic health among cities in the state of Minas Gerais.	An equitable situation implies that similar cases are treated in a similar way and different cases are treated differently. The article relates equity to justice. It distinguishes between vertical and horizontal equity.
24	Ribeiro and Schramm (2004)	The Necessary Frugality of Older Adults	To reflect on the pertinence and moral legitimacy of basing the allocation of public resources for health on the variable age, considered from the point of view of the theory of justice as equity, formulated by John Rawls.	Equity means to compensate for the abstraction of formal equality, benefiting the less favored persons in society. The article relates equity to social justice. It discusses the allocation of public resources, contrasting targeting and universalization.

Article number	Author and year of publication	Title	Objective	Concepts on equity sobre equidade
25	Lucchese (2003)	Equity in the Decentralized Management of SUS: Challenges for the reduction of health inequalities	To systematize some of the challenges and questions related to equity-oriented public health management in the Federative Republic of Brazil, based on an interpretation of the concept of equity specific to the decentralized management of the Brazilian Unified Health System, on updated proposals for social management being discussed in the international debate on development, and on the review of the theoretical contribution of some authors on state action in this heterogeneous and contradictory environment of large-scale mutations.	Equity requires that all have the opportunity to achieve their full health potential, with different people having access to sufficient health resources for their health needs. The article explores Sen's "capability approach" to understand the inequality situation in Brazil.
26	Sícoli and Nascimento (2003)	Health Promotion: Concepts, principles and implementation	To describe the possible implementation of the seven principles of health promotion defined by WHO, based on five experiences of public management of different areas sourced from the Public Management and Citizenship Program database (EAPSP/FGV).	Equity means to eliminate unjust and avoidable differences, drawing on the ethical and moral dimension.
27	Viana, Fausto and Lima (2003)	Health Policy and Equity	To analyze the inclusion of the issue of equity in health, especially in health policies.	The article features several concepts of equity. It addresses the issue of equity within inequality and the distribution of resources to reduce inequalities. It distinguished between vertical and horizontal equity.
28	Almeida (2002)	Equity and Sectorial Reform in Latin America: A necessary debate	To contribute to the debate on health reform and equity.	In its origin, the term equity is linked to the notions of equality and freedom, relating to the justice of the rights and duties of the citizen and the state. The article relates equity to social justice.
29	Elias (2002)	For a Macropolitical Refounding of SUS: Management for equity in daily services	To analyze the issue of equity and management from a theoretical framework to support services planning.	Equity remedies what is affected by equality and what justice should realize. The article relates equity to social justice.

Article number	Author and year of publication	Title	Objective	Concepts on equity sobre equidade
30	Lima et al. (2002)	Inequality in Access to and Use of Health Services in Brazil	To present, based on the 1998 Brazilian National Household Sample Survey database, some indicators of inequality in access to and use of health services in Brazil.	Health equity relates to health needs that are socially determined.
31	Ramos (2002)	Social Support and Health among Older Adults	To address the relationship between the health of older adults and social relationships, as well to interpret and understand this problem from two theoretical viewpoints: a macro approach, based on Emile Durkheim's Theory of Social Integration, and a micro approach, based on Peter Blau's Exchange Theory, with emphasis on the Equity Theory.	The article focus on the approach to equity that argues that mismatches in the exchange of resources in a relationship have powerful psychological consequences.
32	Senna (2002)	Equity and Health Policy: Reflections on the Brazilian Family Health Program	To contribute a few elements to the debate on social public policies regarding the promotion of distributive justice.	The article features different concepts of equity. It relates equity to social justice and discusses targeting versus universalization.
33	Duarte (2000)	Equity in Legislation: A principle of the Brazilian health system?	To outline the concept inherent to Brazilian legislation and point out possible consequences of the sector's reform proposed by the current government.	The article discusses four types of equity: ontological, of opportunity, of conditions and of outcomes. It relates equity to social justice.
34	Jardanovski and Guimarães (1993)	The Challenge of Equity in the Health Sector	To discuss the issue of equity and to present the essential characteristics of the British systems and their refutation in the problematic of equity, aiming to provide elements for the Brazilian reality.	The article presents six definitions of health equity, all of which refer to equality related to some item: per capita expenditure, inputs, inputs by equal needs, access by equal needs, use by equal needs, and marginal need. It distinguished between vertical and horizontal equity.

Whitehead's concept was the most mentioned, featuring in eighteen studies (articles 6, 9, 11-15, 18-20, 22, 23, 25-28, 32, 33). The importance of this work is comprehensible, since it was the first and persists as the main document of the World Health Organization to discuss health equity, making a fundamental contribution: in considering that differences in health are, in addition to unnecessary and avoidable, incorrect and unjust, the author adds a moral and ethical dimension of the term.

Rawls was the second most cited author, his theory relating equity to social justice featuring in eight studies (articles 1, 7, 8, 12, 14, 15, 24, 27). While most authors refer to Rawls's theory emphasizing the compensatory benefits that should be given to the underprivileged (articles 1, 12, 14, 15, 24 and 27), two articles stress the importance of the state in this process through the redistribution of resources. Coelho (2010) resorts to Rawls's work to suggest that the state should be more incisive when intervening

in social problems or the distribution of income. Fortes (2010), in turn, identifies Rawls's proposal in the discourse of Brazilian bioethicists regarding the importance of the state in distributive justice:

There seems to be an agreement between part of the discourses of bioethicists and Rawls's proposition, admitting that it would be fair for the democratic state to guide the distribution of resources to result in unequal consequences for the various stakeholders, but benefiting the "least favored" in society, "the poorest," "the most vulnerable individuals," those unable to meet their health needs through liberal market models, the fair occurrence of "positive discrimination" (Fortes, 2010, p. 49).

Although the author's contribution is decisive for the inclusion of equity as a benchmark in promoting social justice, only one article states that Rawls proposes, as a pillar of his theory, a hypothetical situation in which all individuals occupy a position of equality, preventing them from establishing principles that might benefit their private situation (Fortes, 2015). In applying this theory to reality without such a proviso, one ignores the influence of people's individual liberties and standards, assigning the responsibility for the promotion of justice solely to institutions. This is one of Sen's main criticisms of Rawls, and only Lucchese (2003) explores Sen's "capability approach" to identify priority tasks for reducing health inequalities in Brazil.

Social justice is linked to equity in 21 studies, since it is understood that inequalities must be overcome with the equity benchmark in the quest for social justice (articles 1, 2, 5-8, 11-13, 15, 16, 18-20, 22-24, 28, 29, 32, 33). The logic of the allocation of public resources in health gains prominence in this discussion, with the purpose of eliminating inequities. In this context, two studies refer to the discussion of targeting versus universalization, highlighting the challenge of promoting equity with scarce resources without neglecting to prioritize groups that suffer unjust and avoidable inequalities (articles 23 and 24). Two other studies cite targeting as a way to promote positive discrimination or inclusiveness (articles 15 and 32). As Senna concludes (2002):

This article sought to highlight the complexity surrounding the theme of equity and social justice within the sphere of the PSF (Family Health Program). Such complexity increases in the face of the great regional, social, economic, political and administrative heterogeneities that mark Brazilian history. In this sense, targeting relates to the inclusion of large portions of the population traditionally deprived of access to minimum social guarantees (Senna, 2002, p. 210).

As a value, equity is related to the principles of justice and democracy in two studies in different ways (articles 7 and 16). Coelho (2010) affirms that democratization does not necessarily lead to health equity, since, for example, scarce resources may lead to an overlapping of the principles of universality and integrality (article 7). Costa and Lionço (2006), in turn, understand that equity can only be promoted in a democratic environment where subjects have the power and autonomy to state their desires and needs (article 16): "Health equity, understood as the provision of services for the specific needs of groups or individuals, requires subjects and collectivities with power and autonomy to state their desires and needs" (Costa, Lionço, 2006, 47).

The distinction between vertical and horizontal equity features in eight articles, considering the similar demands among similar individuals (horizontal equity) and unequal treatment for unequal individuals (articles: 3, 5, 6, 12, 13, 23, 27, 34). These concepts were used by the authors of three articles to refer to access to health services and actions (3, 5, 6). In this sense, Sanchez and Ciconelli (2012) describe the four dimensions of access to health and conclude that the issue of equity is inseparable: "The definition of access, based on four main elements, called availability, acceptability, capacity to pay and information, each increasingly mixed up with the concept of health equity" (Sanchez; Ciconelli, 2012, p. 267).

Final remarks

It is seen that most articles view equity as an essential factor for social justice, considering the context of social inequalities in which the Brazil-

ian Unified Health System operates. Although few studies relate equity to democracy, it can be understood that the search for health equity is a way of guaranteeing a social right - health - thus strengthening individuals as protagonists in a democratic system.

The concepts of equity identified are strongly influenced by Whitehead's assumptions and Rawls's theory, insofar as they relate different health situations to the issue of justice, equity being a means to diminish or eliminate such disparities. On the other hand, when compared to Sen's multidimensional concept, their understanding seems restricted, referring only to access to the health system of individuals subject to unjust and avoidable inequalities. The limitation of the concept of equity is comprehensible given the difficulty to apply it, since a social principle is an abstract value, linked to ethical and moral aspects.

The discussion on equity should be intensified in the Brazilian context, considering that the Brazilian Unified Health System deals with a limited budget and great demand, which sometimes ends up overriding the principles of universality, integrality and equity. The debate should not be restricted to access to health actions and services, but also address equity in the process, which should be based on the perspective of inclusion, lest individuals have access but feel excluded from participation in the health system. The challenge is to discuss a way to apply equity addressing the scarcity of resources, and doing so on a continuous basis so that the principle is not lost throughout the process, making individuals feel they are being discriminated against in health care.

As a limitation of the study, it should be emphasized that this is a research that, through a sample of articles, aimed to identify the concept of equity and its main uses in Brazilian studies on health, reason why in-depth reformulations of the term were not deemed necessary.

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