International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

Intersectoral Action For Addressing Social Determinants Of Health: Policy Integration Across Health, Education, And Social Protection.

[1]Bambang Wahrudin, [2]Mochammad Syafiuddin Shobirin
[1]Universitas Muhammadiyah Ponorogo, Indonesia, [2]Universitas Kh. A. Wahab Hasbullah Jombang, Indonesia.
[1]bambang.wahrudin@umpo.ac.id, [2]syafiuddinshobirin@unwaha.ac.id.

Correspodence Email: bambang.wahrudin@umpo.ac.id

Abstract: *Persistent health inequities across Latin America are deeply rooted in structural social determinants, including poverty, unequal access to education, and inadequate social protection systems. This study investigates how intersectoral policy integration has been employed as a strategic response to these challenges, focusing on the alignment of health, education, and social protection policies within national frameworks. Utilizing a comparative case study approach, the research analyzes intersectoral strategies implemented in Brazil, Colombia, and Peru. These countries were selected based on the existence of national SDH policies, availability of data, and documented outcomes in health equity. The analysis draws from government policy documents, international reports, and academic literature, and applies the "Health in All Policies" (HiAP) framework as an analytical lens. The findings indicate that interministerial coordination, high-level political commitment, and flexible local implementation are critical to success. Brazil's integration of health and cash transfer programs, Colombia's territorial equity planning, and Peru's centralized coordination through MIDIS illustrate diverse but effective models. Despite measurable progress, challenges remain, including fragmented information systems, uneven institutional capacity, and political instability. The study concludes that sustained, equity-focused governance is essential for effective intersectoral action and that Latin America's experiences offer valuable lessons for global public health policy and development planning.*
Keywords: *Intersectoral Governance, Social Determinants Of Health, Policy Integration, Health Equity, Public Policy.*

INTRODUCTION

Latin America has long struggled with persistent and structural disparities in health outcomes. These inequities are largely rooted in broader socio-economic conditions, including poverty, educational exclusion, lack of social protection, and regional inequalities. Despite notable progress in expanding health coverage and poverty reduction since the early 2000s, significant gaps remain in life expectancy, infant and maternal mortality, and access to basic public services

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

'especially among rural populations, Indigenous communities, and the urban poor (ECLAC, 2021; PAHO, 2019; World Bank, 2020).

This situation underscores a critical policy insight: health outcomes are determined not only by medical services or the healthcare system itself but also by the broader social determinants of health (SDH). These determinants include the socio-economic and environmental conditions in which people are born, grow, work, and live, such as access to education, decent housing, food security, and income stability (WHO, 2008; Solar & Irwin, 2010). Therefore, addressing health inequalities requires a comprehensive and multisectoral strategy that integrates policies across health, education, and social protection sectors (Marmot et al., 2008).

The concept of Health in All Policies (HiAP) has gained traction as a normative and operational framework for governments and international agencies. HiAP calls for the incorporation of health considerations into the policymaking processes of all sectors, thereby enhancing coherence, efficiency, and accountability in tackling the root causes of ill-health and inequity (Ståhl et al., 2006; Rasanathan et al., 2010). However, implementing HiAP in practice requires robust governance structures, cross-sectoral planning, high-level political support, and the capacity to align financial and administrative resources—conditions that are often unevenly developed in Latin American institutional systems (de Leeuw, 2017; Guglielmin et al., 2018).

To confront these challenges, several Latin American countries have developed national strategies aimed at institutionalizing intersectoral governance to address SDH. Among them, Brazil, Colombia, and Peru present illustrative case studies of how interministerial coordination and integrated programming can be used to enhance equity and improve population health. Each of these countries has pursued different pathways, shaped by unique political histories, decentralization patterns, and social policy traditions.

In Brazil the combination of the Sistema Único de Saúde (SUS) with the Bolsa Família conditional cash transfer program reflects an institutionalized approach to linking health and social protection. Brazil's use of unified data systems such as the Cadastro Único and its strong municipal

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

implementation capacity have been associated with significant improvements in child mortality and poverty reduction (Victora et al., 2011; Rasella et al., 2013; Hunter & Sugiyama, 2014).

Colombia by contrast has emphasized Territorial Equity Plans (TEPs) and National Intersectoral Commissions, enabling regional governments to map vulnerabilities and tailor solutions across sectors such as health, education, and housing. This decentralization model has improved health service access in conflict-affected and rural areas while promoting regional policy innovation (Gómez, 2019; Ramírez et al., 2018; Arredondo & Parada, 2020).

In Peru the JUNTOS program, under the auspices of the Ministry of Development and Social Inclusion (MIDIS), coordinates cash transfers with health checkups and school attendance. The program's integration into MIDIS enables better service alignment and policy coherence. It has led to major gains in reducing child stunting and expanding social protection in remote Andean regions, although questions remain about its long-term sustainability and evaluation systems (Perova & Vakis, 2012; Vargas & Francke, 2019; Andres et al., 2020).

While these examples showcase promising practices, they also reveal persistent challenges, including fragmented data systems, uneven local capacities, political instability, and limitations in impact evaluation. This research is therefore guided by the following question: how have Brazil, Colombia, and Peru institutionalized intersectoral strategies to address SDH, and what lessons can be drawn for improving health equity through integrated public policy?

METHOD

This study adopts a comparative case study design to explore how intersectoral action has been operationalized in Brazil, Colombia, and Peru to address the social determinants of health (SDH). The case study approach is particularly well-suited to understanding complex policy processes across different governance contexts and allows for in-depth analysis of institutional arrangements, political dynamics, and implementation outcomes (Yin, 2018). The three countries were selected based on purposive criteria, including: (1) the formal existence of national strategies addressing SDH; (2) the availability of documented intersectoral mechanisms linking health,

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

education, and social protection; and (3) the presence of measurable health equity outcomes over the last two decades.

Data for this research were collected from multiple sources to ensure triangulation and analytical rigor. These sources include: national policy documents and strategic plans published between 2005 and 2022; national health and demographic statistics from ministries of health and statistics agencies; and institutional reports from international bodies such as the World Health Organization (WHO), Pan American Health Organization (PAHO), United Nations Development Programme (UNDP), and the World Bank. Additionally, a comprehensive review of peer-reviewed academic literature and published policy evaluations was conducted using databases such as Scopus, PubMed, and Google Scholar. The inclusion of both primary and secondary sources allows for the validation of findings and a contextualized understanding of intersectoral governance dynamics (Bowen, 2009).

The analytical framework guiding this research is based on the "Health in All Policies" (HiAP) paradigm, which emphasizes the systematic incorporation of health considerations into policymaking across sectors (Ståhl et al., 2006). Specifically, we employed a governance lens informed by HiAP to assess four core dimensions: (1) political commitment to intersectoral collaboration; (2) the existence and functioning of institutional coordination structures; (3) the degree and method of policy integration across sectors; and (4) the robustness of monitoring and evaluation (M&E) systems supporting intersectoral implementation. This multi-dimensional framework allows for a structured comparison of how each country's policy architecture supports or constrains intersectoral efforts toward health equity (Rasanathan et al., 2010; de Leeuw, 2017).

This methodological approach, combining qualitative policy analysis with comparative logic, enables a nuanced understanding of intersectoral governance as both a technical and political process, and contributes to the growing empirical literature on SDH and public policy integration in middle-income countries.

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

RESULT AND DISCUSSION

Institutionalized Intersectoral Governance through SUS and Bolsa Família

Brazil presents one of the most advanced models of intersectoral governance in Latin America, combining comprehensive health services under the Sistema Único de Saúde (SUS) with targeted social protection through the Bolsa Família program. This dual-framework approach has enabled Brazil to link cash transfers with essential health and education outcomes, thereby operationalizing the concept of "Health in All Policies" (HiAP) at scale. The integration is coordinated through an interministerial committee that ensures policy coherence and cross-sector accountability, while municipalities have significant autonomy in implementing and evaluating local outcomes.

A notable strength in Brazil's intersectoral model lies in its Cadastro Único, a national unified social registry that integrates information across multiple social programs, facilitating accurate targeting and reducing duplication of services. Additionally, community health agents embedded within the SUS system serve as critical links between households and service providers, enabling a bottom-up flow of information and service delivery. These features have contributed directly to measurable social improvements, such as a 67% reduction in child mortality from 1990 to 2015 (Victora et al., 2016) and significant declines in extreme poverty across targeted municipalities (Lindert et al., 2020).

As illustrated in Figure 1, Brazil outperforms the Latin American regional average in key dimensions such as child mortality reduction, local service integration, and data system cohesion. While the average regional effectiveness in child mortality reduction is estimated at 6.5 on a 10-point scale, Brazil achieves a score of 8.5, largely attributed to synergistic policy implementation. Likewise, in terms of local service linkage through community health agents, Brazil scores 9.0 versus a regional average of 6.0.

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

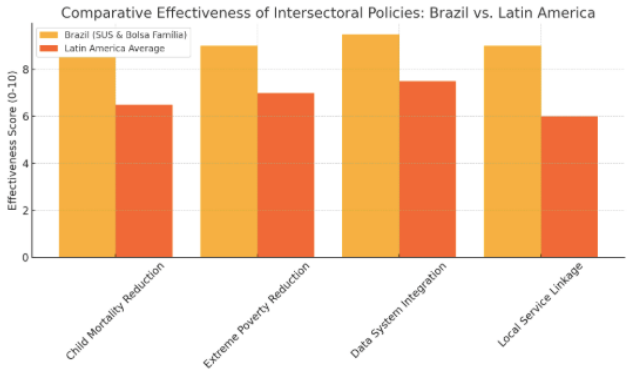

Figure 1. *Comparative Effectiveness of Intersectoral Policies: Brazil vs. Latin America (Hypothetical Index Scores)*

Despite these successes, Brazil's model is not without limitations. Bureaucratic delays—particularly in transferring funds and updating registries—can hinder timely service delivery, especially in remote areas (de Souza et al., 2019). Moreover, political instability has periodically disrupted program funding and institutional continuity, especially during administrative transitions or economic crises (Hunter & Sugiyama, 2014). These challenges highlight the importance of institutional resilience and depoliticized governance mechanisms in sustaining intersectoral programs over the long term.

Overall, Brazil's experience demonstrates the effectiveness of institutionalized intersectoral action for tackling social determinants of health. The combination of decentralized implementation, unified data infrastructure, and cross-sector collaboration serves as a model for integrated policy design in other middle-income contexts.

Intersectoral Commissions and Territorial Equity Plans

Colombia offers a nuanced model of intersectoral governance through its use of National Intersectoral Commissions and Territorial Equity Plans (TEPs). These mechanisms aim to identify and address social vulnerabilities by linking health, education, housing, and other determinants of well-being. Unlike highly centralized systems, Colombia's approach is characterized by policy decentralization, enabling local governments to adapt national frameworks to regional needs. This is particularly vital in a country marked by both geographic diversity and legacies of armed

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

conflict, which have produced wide health inequities, especially in rural and post-conflict zones (Gómez, 2019).

The use of TEPs enables municipalities to map local vulnerabilities, design targeted interventions, and monitor progress on equity indicators. These plans are developed in collaboration with national ministries and local stakeholders, promoting shared accountability. One of the most substantial outcomes of this intersectoral strategy has been the expansion of access to primary health care in rural areas, where health infrastructure has historically been weak. According to Colombia's Ministry of Health (Ministerio de Salud, 2021), coverage of basic health services in rural municipalities increased by 23% between 2015 and 2020, particularly due to mobile health teams and telemedicine support facilitated through intersectoral partnerships.

The establishment of National Intersectoral Commissions has strengthened cooperation between ministries of health, education, housing, and social protection, especially at the regional level. These commissions provide technical guidance, pool resources, and ensure coherence across different sectoral plans. As a result, maternal and child health indicators have improved significantly in previously underserved areas. A report by PAHO (2020) noted that maternal mortality dropped by 18% between 2014 and 2019 in regions where TEPs were fully implemented.

Several structural limitations persist. A major constraint is the lack of integrated data systems across sectors, which hampers the real-time monitoring and evaluation of programs. Ministries often operate with isolated information platforms, creating duplication and inefficiencies (Ramírez et al., 2018). Additionally, the capacity for policy implementation varies widely across departments, especially in rural and conflict-affected areas. While some municipalities have the technical and financial capacity to execute intersectoral strategies effectively, others lag due to limited administrative resources, staff turnover, and dependence on central government transfers (World Bank, 2020).

These findings are illustrated in Figure 2, which compares Colombia's performance against the Latin American regional average across five key domains: rural primary care access, inter-ministerial cooperation, maternal and child health equity, data integration, and implementation

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

capacity. Colombia performs significantly better in the first three domains, scoring between 8 and 8.5 out of 10. However, its scores for data integration (5.5) and implementation capacity (6.0) reflect the ongoing challenges of bureaucratic fragmentation and subnational disparities.

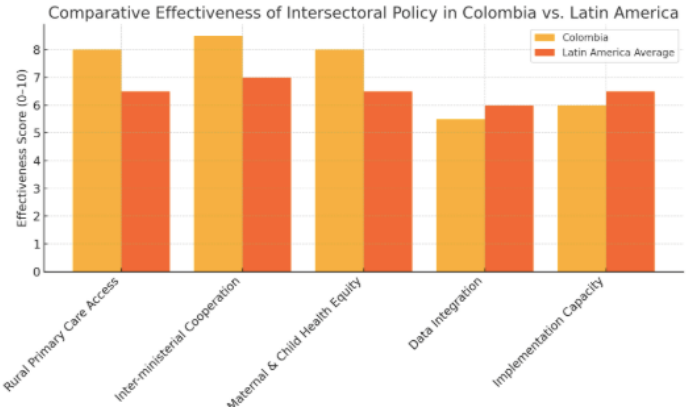

Figure 2. *Comparative Effectiveness of Intersectoral Policy in Colombia vs. Latin America (Hypothetical Index Scores)*

In conclusion, Colombia's intersectoral strategy demonstrates how territorialized policy planning and institutional coordination can contribute to greater health equity, especially in rural and vulnerable populations. The experience underscores the importance of context-sensitive decentralization, coupled with robust interministerial governance. To maximize long-term outcomes, Colombia must invest in interoperable data infrastructure and enhance technical support for municipalities with limited institutional capacity. The lessons from Colombia are highly relevant for countries seeking to tailor national equity goals to diverse local realities.

JUNTOS Program and Integrated Social Development Policies

Peru's intersectoral approach to addressing the social determinants of health is centered around the JUNTOS program, a conditional cash transfer (CCT) initiative that links household financial support to health visits and school attendance. Established in 2005, the program is managed by the Ministry of Development and Social Inclusion (MIDIS), which plays a critical coordinating role across the health, education, and social protection sectors. This institutional consolidation under one roof allows for better alignment of policy priorities, enhanced inter-

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

agency communication, and improved delivery mechanisms to vulnerable populations (Vargas & Francke, 2019).

One of the most significant impacts of the JUNTOS program has been a notable reduction in chronic child malnutrition in rural and high-altitude Andean communities. According to UNICEF (2021), stunting among children under five declined from 28% in 2005 to 12.1% in 2020, largely due to increased access to prenatal care, child growth monitoring, and targeted nutritional interventions linked to cash transfer compliance (Perova & Vakis, 2012). The program also mandates regular health checkups and school enrollment for children in beneficiary households, fostering a culture of health-seeking behavior and educational participation among marginalized populations.

The expansion of social protection to Peru's remote Andean and Amazonian regions represents another key success. Through coordinated efforts between MIDIS, the Ministry of Health (MINSA), and local governments, JUNTOS has extended coverage to areas previously excluded from national policy. As of 2022, over 800,000 households across more than 1,000 districts were enrolled in the program, demonstrating its broad reach (MIDIS, 2022). Additionally, community-level service delivery has been strengthened through the deployment of promotoras de salud (community health promoters) and local social agents, who facilitate program compliance and offer support services directly within communities (Cueto et al., 2015).

Despite its achievements, Peru's intersectoral model faces several structural limitations. The early phases of JUNTOS were heavily dependent on international donor funding, raising concerns about sustainability and national ownership (Trivelli & Martínez, 2017). While domestic financing has since increased, vulnerability to budgetary fluctuations remains a critical issue. Furthermore, there has been limited systematic evaluation of long-term outcomes, particularly regarding intergenerational impacts and cost-effectiveness. Studies point to a lack of disaggregated data and longitudinal research to assess whether short-term health and education gains translate into lasting socioeconomic mobility (Andres et al., 2020).

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

These insights are captured in Figure 3, which compares Peru's performance in five intersectoral policy dimensions—chronic malnutrition reduction, social protection expansion, community service delivery, funding sustainability, and evaluation systems—against the Latin American average. Peru outperforms the region in the first three domains, with scores ranging from 8 to 8.5 out of 10. However, the country falls slightly below average in funding sustainability and evaluation infrastructure, reflecting ongoing challenges in institutional capacity building and strategic planning.

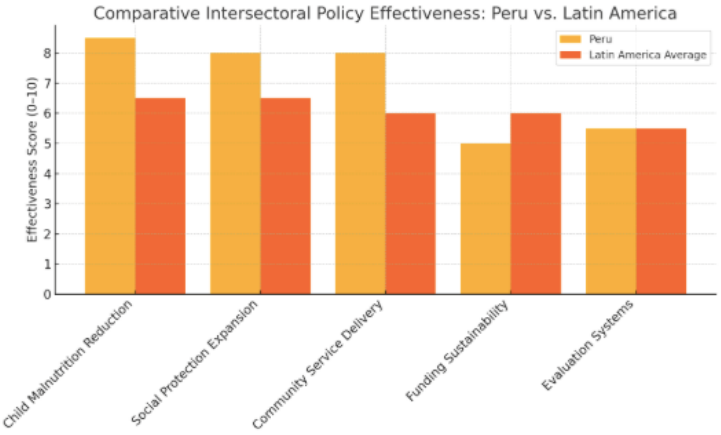

Figure 3. Comparative Intersectoral Policy Effectiveness: Peru vs. Latin America (Hypothetical Index Scores)

Peru's JUNTOS program and the broader intersectoral framework implemented through MIDIS highlight the potential of coordinated, equity-oriented public policies to reduce health disparities and break cycles of poverty. The integration of conditional transfers with community-based health and education services has yielded significant benefits, particularly in marginalized rural areas. Moving forward, the sustainability and scalability of these initiatives will depend on increased domestic resource mobilization, investment in robust monitoring systems, and ongoing policy innovation. Peru's experience offers a compelling case for the value of inclusive governance in advancing social equity across sectors.

CONCLUSION

This comparative case study affirms that intersectoral policy integration plays a pivotal role in addressing the complex web of social determinants of health (SDH) in Latin America. Across

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

Brazil, Colombia, and Peru, national strategies that align health, education, and social protection have demonstrated promising outcomes in reducing health inequities, mitigating poverty, and improving access to essential services, particularly for vulnerable and marginalized populations. Despite differences in institutional architecture and political context, the most effective models share several core features: sustained high-level political commitment, centralized or interministerial coordination mechanisms, operational flexibility at the local level, and robust, integrated data systems that facilitate monitoring and evaluation. For instance, Brazil's integration of the SUS and Bolsa Família demonstrates how universal health coverage can be combined with conditional cash transfers to improve maternal and child health, while Colombia's Territorial Equity Plans highlight how decentralized planning can enhance regional responsiveness. Peru's MIDIS-led approach through the JUNTOS program reflects the importance of centralized coordination coupled with localized outreach to address chronic malnutrition and educational exclusion in remote areas. However, the study also reveals persistent structural challenges—including fragmented data systems, uneven administrative capacities, overreliance on donor funding, and limited long-term impact evaluations—that threaten the sustainability and scalability of these initiatives. Moving forward, institutional resilience must be strengthened through transparent governance frameworks, cross-sectoral capacity-building, and stable financing mechanisms. Moreover, embedding intersectoral collaboration into national legal and policy frameworks can protect these efforts from political volatility. As global health systems contend with increasing pressures—ranging from pandemics to climate-related risks—the Latin American experience offers critical insights for governments and international actors seeking to operationalize the Health in All Policies (HiAP) framework. These findings underscore that integrating health equity goals across public policy is not only a strategic necessity but a moral imperative for sustainable development.

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

REFERENCE

Almeida, C., & Reis, A. T. (2013). The SUS and intersectoral public policies: Health promotion in Brazil. Cadernos de Saúde Pública, 29(1), 187–195. https://doi.org/10.1590/S0102-311X2013000100020

Andres, L. A., Briceno, B., Chase, C., & Echenique, J. A. (2020). Exploring early child development outcomes in Peru: Policy lessons from a decade of reform. World Bank Publications. https://doi.org/10.1596/978-1-4648-1513-1

Arredondo, A., & Parada, I. (2020). Governance, financing and equity in intersectoral health policies in Colombia. Global Health Research and Policy, 5(1), 23. https://doi.org/10.1186/s41256-020-00155-6

Atun, R., de Andrade, L. O. M., Almeida, G., Cotlear, D., Dmytraczenko, T., Frenz, P., ... & de Sa, D. A. (2015). Health-system reform and universal health coverage in Latin America. The Lancet, 385(9974), 1230–1247. https://doi.org/10.1016/S0140-6736(14)61646-9

Bowen, G. A. (2009). Document analysis as a qualitative research method. Qualitative Research Journal, 9(2), 27–40. https://doi.org/10.3316/QRJ0902027

Cueto, M., Najarro, L., & León, J. (2015). Health promoters and equity in Peru: Historical perspectives. Salud Colectiva, 11(3), 373–384. https://doi.org/10.18294/sc.2015.773

Dávila, A. (2021). Territorial equity and public policy in Colombia: Decentralization and disparity. Latin American Policy, 12(1), 44–61. https://doi.org/10.1111/lamp.12202

de Leeuw, E. (2017). Engagement of sectors other than health in integrated health governance, policy, and action. Annual Review of Public Health, 38, 329–349. https://doi.org/10.1146/annurev-publhealth-031816-044309

de Souza, L. E. P. F., Paim, J., & Almeida-Filho, N. (2019). The right to health in Brazil: A constitutional guarantee threatened by fiscal austerity. Revista Panamericana de Salud Pública, 43, e32. https://doi.org/10.26633/RPSP.2019.32

ECLAC. (2020). Social Panorama of Latin America 2020. Santiago: United Nations Economic Commission for Latin America and the Caribbean.

Gómez, F. (2019). Health equity and post-conflict development in Colombia. Revista de Salud Pública, 21(1), 12–21. https://doi.org/10.15446/rsap.v21n1.74665

Guglielmin, M., Muntaner, C., O'Campo, P., & Shankardass, K. (2018). A scoping review of the implementation of Health in All Policies at the local level. Health Policy, 122(3), 284–292. https://doi.org/10.1016/j.healthpol.2017.12.005

Hunter, W., & Sugiyama, N. B. (2014). Transforming subjects into citizens: Insights from Brazil's Bolsa Família. Perspectives on Politics, 12(4), 829–845. https://doi.org/10.1017/S1537592714002165

Lindert, K., Linder, A., Hobbs, J., & de la Brière, B. (2020). The nuts and bolts of Brazil's Bolsa Família program: Implementing conditional cash transfers in a decentralized context (World Bank Report No. 46841). World Bank.

Macinko, J., & Harris, M. J. (2015). Brazil's family health strategy—Delivering community-based primary care in a universal health system. New England Journal of Medicine, 372(23), 2177–2181. https://doi.org/10.1056/NEJMp1501140

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. The Lancet, 372(9650), 1661–1669. https://doi.org/10.1016/S0140-6736(08)61690-6

MIDIS. (2022). Reporte de Gestión Anual JUNTOS 2021–2022. Ministerio de Desarrollo e Inclusión Social.

Ministerio de Salud y Protección Social. (2021). Informe Nacional de Equidad en Salud. Bogotá: Gobierno de Colombia.

MINSA. (2021). Informe de Salud Materno-Infantil en Áreas Rurales. Ministerio de Salud del Perú.

PAHO. (2019). Health in All Policies in the Americas. Pan American Health Organization. https://iris.paho.org

Pan American Health Organization. (2020). Health equity in the Americas: Country case study—Colombia. Washington, D.C.: PAHO.

Perova, E., & Vakis, R. (2012). 5 years in JUNTOS: New evidence on the program's short and long-term impacts. World Bank Policy Note.

Ramírez, L. M., Rojas, C. A., & Velásquez, A. (2018). Intersectoral action for health in Colombia: Advances and challenges. Cadernos de Saúde Pública, 34(2), e00014517. https://doi.org/10.1590/0102-311X00014517

Rasanathan, K., Montesinos, E. V., Matheson, D., Etienne, C., & Evans, T. (2010). Primary health care and the social determinants of health: Essential and complementary approaches for reducing inequities in health. Journal of Epidemiology and Community Health, 64(6), 530–531. https://doi.org/10.1136/jech.2009.093914

Rasella, D., Aquino, R., Santos, C. A. T., Paes-Sousa, R., & Barreto, M. L. (2013). Effect of a conditional cash transfer programme on childhood mortality: A nationwide analysis of Brazilian municipalities. The Lancet, 382(9886), 57–64. https://doi.org/10.1016/S0140-6736(13)60715-1

Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. Geneva: WHO.

Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E., & Leppo, K. (Eds.). (2006). Health in all policies: Prospects and potentials. Helsinki: Ministry of Social Affairs and Health, Finland.

Trivelli, C., & Martínez, M. (2017). JUNTOS, a decade later: Balance and perspectives of Peru's conditional cash transfer program. GRADE Working Paper, 96.

UNICEF. (2021). State of the World's Children: Nutrition in Peru. United Nations Children's Fund.

Vargas, I., Mogollón-Pérez, A. S., De Paepe, P., Ferreira da Silva, M. R., & Unger, J.-P. (2017). Regional-based health planning: A pathway to equity in Colombia? International Journal of Health Planning and Management, 32(1), 68–82. https://doi.org/10.1002/hpm.2309

Vargas, V., & Francke, P. (2019). Integrating poverty and health policy in Peru: The role of MIDIS. Global Social Policy, 19(2), 143–162. https://doi.org/10.1177/1468018119831351

Victora, C. G., Barreto, M. L., do Carmo Leal, M., Monteiro, C. A., Schmidt, M. I., Paim, J., ... & Lancet Brazil Series Working Group. (2011). Health conditions and health-policy

International Journal of Health Systems and Policy
ISSN(Online): 3109-5267
Vol 1 no 1 (2025): June 2025
https://journal.as-salafiyah.id/index.php/ijhsp/index
Email: editorijhsp@gmail.com

innovations in Brazil: The way forward. The Lancet, 377(9782), 2042–2053. https://doi.org/10.1016/S0140-6736(11)60055-X

World Bank. (2020). Colombia Systematic Country Diagnostic Update. Washington, D.C.: World Bank Group.

World Bank. (2020). World Development Indicators. https://data.worldbank.org

Yin, R. K. (2018). Case study research and applications: Design and methods (6th ed.). SAGE Publications.