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HEALTH TRANSVERSALITY AND POLICY INTEGRATION: EFFECTIVENESS, GOVERNANCE AND DEVELOPMENT.

TRANSVERSALIDADE DA SAÚDE E INTEGRAÇÃO DE POLÍTICAS: EFETIVIDADE, GOVERNANÇA E DESENVOLVIMENTO.

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Abstract: The contemporary challenges for the survival of the next generations involve the confrontation of social problems by the State, which directly affect the development process in the world, as well as having an impact on people's lives. This article analyzes how the transversality of health policy can contribute to the process of integrating policies considering the State's performance, as a strategic actor, under the cooperative point of view, in the construction of collective solutions with society for development. The methodological construct is initially anchored in the integrative review method, in the light of Ganong's teachings, the results being guided by the content analysis of Triviños and supported by the theory of Granoveter ties, in view of the existing correlations among different policies contained in the scientific productions during the period of 2015 and 2020. The evidenced results point to the following characteristics of health policy: 1. High degree of policy integration, from the perspective of its transversality; and 2. Contribution to the policy design process, in the sense of greater policy effectiveness, given the possibility of increasing precision in the targeting and hitting process. The health transversality was presented as an approach capable of contributing to governance processes, starting from the generation of inputs to subsidize *ex-ante* decision making, helping to reduce uncertainties for the dimensioning of solutions, considering life as a human condition as focus of policy formulation for development.

Keywords: transversality of health; policy integration; policy effectiveness; governance; development.

Resumo: Os desafios contemporâneos para a sobrevivência das próximas gerações perpassam pelo enfrentamento de problemas sociais pelo Estado, os quais afetam diretamente o processo de desenvolvimento no mundo, assim como acarreta impactos à vida das pessoas. Este artigo analisa como a transversalidade da política de saúde pode contribuir com o processo de integração de políticas considerando a atuação do Estado, como ator estratégico, sob o ponto de vista cooperativo, em construções de soluções coletivas junto à sociedade para o desenvolvimento. O construto metodológico se ancora inicialmente no método da revisão integrativa, à luz dos ensinamentos de Ganong, sendo os resultados guiados pela análise de conteúdo de Triviños e sustentados pela teoria dos laços de Granoveter, tendo em vista as correlações existentes entre distintas políticas contidas nas

produções científicas durante o período de 2015 e 2020. Os resultados evidenciados apontam para as seguintes características da política de saúde: 1. Alto grau de integração de políticas, sob a perspectiva de sua transversalidade; e 2. Contribuição com o processo de *policy design*, no sentido de maior efetividade das políticas, diante da possibilidade de elevação da precisão no processo de mira e acerto (targeting and hitting). A transversalidade da saúde se apresentou como uma abordagem capaz de contribuir com processos de governança, a partir da geração de insumos para subsidiar tomadas de decisões ex-ante, auxiliando na redução de incertezas para o dimensionamento de soluções, considerando a vida como condição humana como foco das formulações de políticas para o desenvolvimento.

Palavras-chave: transversalidade da saúde; integração de políticas; efetividade de políticas; governança; desenvolvimento.

1. INTRODUCTION

One of the major challenges facing all governments is providing coordinated and integrated service to their citizens, considering that much of government policymaking is done within individual policy domains, and is done with little regard for its effects in other areas of government activity (Peters, 2015). Therefore, finding means of improving levels of coherence among policies is likely to contribute to their overall effectiveness, and to the legitimacy of governments.

This study argues that the health perspective can function as an integrator of policies for the effectiveness of this process, through cooperative approaches based on its transversality to promote such an approach. Creating transversality in health depends on working with the community and the large number of actors needed to build complex political solutions (Brugué, 2008; Peters, 2017). To understand the logic of the transversality of health policy, in a systemic way, we use the 2030 Agenda of the United Nations (UN), as an empirical outline capable of shedding light on this issue.

In this study, we rely on Peters (2013) to inform us that the process of policy integration (PI) is one of the components of governance that portrays how decision makers formulate policies that can work with others across the board.

Promoting PI and coordination processes can be considered vital today, in view of the complexity, the interactions involving plurality of actors in deliberative processes and the possible fragmentation of existing knowledge about phenomena (Fleury, 2003; Peters, 2013; Morin, 2001). Thus, the understanding of PI can contribute to the

construction of collective solutions, as recommended by Underdal (1980), whose concept developed by the author means “(...) joining the parts in a whole (...)” (Underdal, 1980, p. 159).

PI refers to the thought about how constitutive elements can be aggregated or brought together in order to promote a unique conception to deal with phenomena (Underdal, 1980). Such conception allows us to understand the need to promote interconnections linked to the formulation of policies by decision-makers to obtain better results for the benefit of society and in the reach of development.

For this purpose, the approach of health transversality (HT) can emerge as a connecting element for governance mechanisms, in the sense of contributing to the interactive, dynamic and complex processes required in contemporary times, in order to promote PI in more cooperative actions that allow the protagonism of society in the performance for the collective construction of public solutions (Peters, 2015).

In this context, the integration of policies becomes fundamental for such a collective construction, as defended by Underdal (1980), in view of the combination of phenomenon (s) components to reach the systemic vision, in order to promote aggregating thoughts capable of overcoming contemporary challenges (Morin, 2001). Such challenges include understanding the existing correlations amid policies in order to contribute to the design of the policy to be formulated.

In many countries, public health problems must be addressed through understanding systemic relations existing among policies. For example, in the USA, the survey of House (2015) demonstrates the importance of housing policy in improving e living conditions in society, and for a better quality of health for the population, Inn Mexico, the study by León-Cortés, Leal Fernández and Sánchez-Pérez (2019) points out health problems resulting from a scarcity of resources and an increase in the number of people living in poverty; and in Brazil, the study by Souza et al. (2019) point out the need to integrate elements that have direct impacts on the health policy and the living conditions of its population.

In view of the exhibitions and the intention to deepen the discussion of health with life in the face of the State's need for more incisive action to deal with contemporary complex phenomena, the question arises: would health policy be able to integrate other public policies? In this sense, this article intends to highlight and discuss characteristics of health policy, from the perspective of transversality, as well

as the relevance for policy design, based on analyzes related to scientific publications and the 2030 Agenda, using the Integrative Review method, based on Ganong (1987), as the study's guide.

In this domain, transversality, seen as an important conductor that can contribute to the policy integration process given its dynamic and interdisciplinary characteristics of interactive dialogues among actors, emerges an element that contributes to coordination amid governmental processes, promotes association amid public institutions and assists in interactions of stakeholders (Brugué, Canal & Paya, 2015).

Thus, transversality and PI theoretically allow direct and constructive dialogues to search for collective solutions that may overcome current challenges in complex environments (Brugué, Canal & Paya, 2015). In the current context of humanity, the biggest challenges are related to the concern with the survival of the next generations, the achievement of a higher quality of life, and the fight against social problems that affect the development process (UN, 2015).

Human life, as perceived by Sen (2018), is understood as a connecting element for development, which aims to overcome social problems that impacting the human condition, in view of the limitations on the capacities of individuals. This coping challenge of Sen (2018) finds support in the 1988 Brazilian Federal Constitution (BFC/1988), in view of its Article 3 which deals with fundamental objectives, such as combating poverty and reducing social inequalities (Brazil, 1988).

Such social problems, understood as externalities driven by capitalism and the current context of exacerbated consumption, are factors that impact individual capacities and human conditions, culminating in the health conditions of individuals (Leach, 2016; Sen, 2018). In this sense, the human condition for existence depends on the individual being able to survive, and with sufficient health to be able to contribute to development.

Human life is a vital element for the development process, as people have a right to life, an affirmation defended since the publication of the Universal Declaration of Human Rights (UDHR), in 1948 (UN, 1948). It becomes necessary to explain that life has an inseparable characteristic with health, in view of being the most precious asset of any human being, being a policy that even received “(...) State protective

guardianship (...)" (Ordacgy, 2009, p. 16), as expressed in article 196 of BFC/1988 (Brazil, 1988).

Thus, deepening studies in health transversality (HT), understood here as an element that connects several policies - such as education, security, sanitation, economics and others - and that allows to stimulate interactions among actors, can be fundamental for governance mechanisms. This connection will make it possible to broaden the vision of complex phenomena, being able to build more effective policy designs that strengthen national, inclusive and sustainable development, giving rise to governance mechanisms through more effective arrangements for the full life of current and future generations.

2. FOR A FULL LIFE

To explore the characteristics of health policy, it is important to understand initially the relationship between health and its importance for a full life, in the midst of the development process that has been taking place in the world since the middle of the 20th century and, later, the way how HT relates to PI in this context.

Article 196 of CF/1988 brings the following content: "(...) health is everyone's right and duty of the State, guaranteed through social and economic policies aimed at reducing the risk of disease (...)" (Brazil, 1988, art. 196, without page, our translation). Thus, the responsibility to protect the population is considered by the State, as well as the formulation of policies and measures necessary for people to be healthy, an important component for the productive population, with the purpose being economic development.

The World Health Organization (WHO), in 1946, considered health as a fundamental right in its founding document, understanding it as "(...) a state of complete physical, mental and social well-being and not it consists merely in the absence of disease or illness (...)" (WHO, 1946, p. 1). The scope of understanding health here is expanded, becoming linked to physical, social and mental issues, in relation to the environment and the situation in which individuals live.

This WHO's position becomes important to understand the relationship of health policy with life, concerns since the establishment of the UN, in 1948, when published

Resolution 217 which expanded the concept of health as a universal protective form in life guarantee, materialized by the UDHR when: "(...) they decided to promote social progress and better living conditions in a broader freedom (...)" (UN, 1948, p. 3, emphasis added).

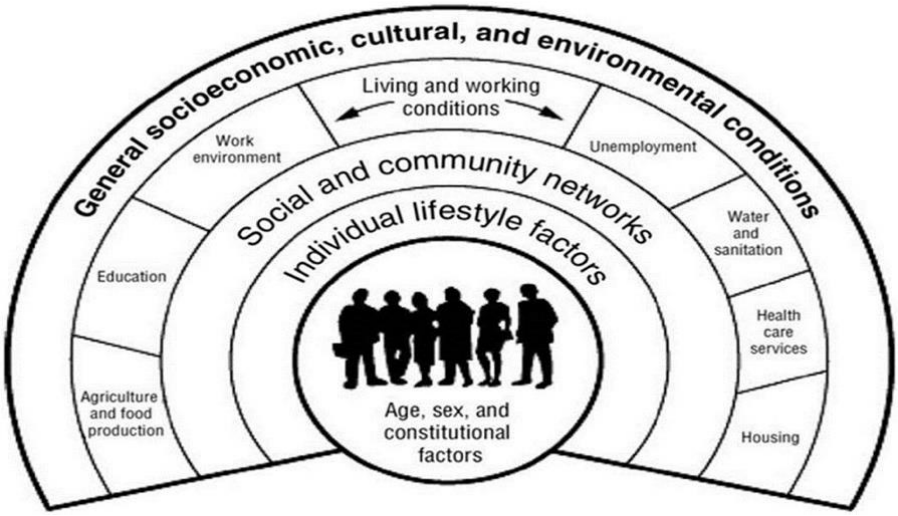
The historical evolution of the relationship of health policy with other policies and human life should be considered, including studies by Lalonde (1974), which presented its results for the Canadian government linking social, environmental and lifestyle, considered as determinants for health, with unhealthy individual behaviors.

Such results were important to support the Declaration of Alma-Ata, a document resulting from the International Conference on Primary Health Care, in 1978, demonstrating that health would be vehement for economic and social developments (WHO, 1978). A few years later, Rose and Marmot (1981) published their study that associated risk factors to human life with ways of living, which culminated in greater risks of death, considering social issues and the way of production.

In 1991, Dahlgren and Whitehead (1991) published the study on the Social Determinants of Health (SDH), a model for understanding how health could be affected by different s performance levels, according to figure 1.

The concept of SDH by WHO is understood as: “(...) the conditions, in which people are born, grow, work, live and age, and the broader set of forces and systems that shape the conditions of everyday life (...)” (SDH, 2020, no page). It should be noted that as the decades passed, the increased relationship of health policy with other policies was being deployed to understand the impact on human life.

Figure 1: *Social Determinants of Health Model (SDH) - 1991*



Source: *Dahlgren and Whitehead (1991).*

After the publication of the DSS in 1991, environmental policy emerges as an element of discussion about the health concern with social and economic development and the due impacts on human life during the United Nations International Conference, known as ECO-92, in 1992, resulting in the creation of Agenda 21, a global letter of intent that related life in the midst of politics (Novaes, 1992).

In 2015, the Sustainable Development Summit was held, in which 193 Member States were able to analyze the MDG proposals, created in 2000 during the Millennium Summit, and renegotiate new challenges, in the search for balance in development (UN, 2015). The 2030 Agenda and the 17 Sustainable Development Goals (SDGs), as shown in figure 2, contemplated the scope of objectives and goals for the pursuit of sustainability in the world (UN, 2015).

Figure 2*: 2030 Agenda and the 17 Sustainable Development Goals (SDG)*

Source: *United Nations (2020).*

In view of all the effort made by international organizations, since the mid-twentieth century to the present day, as way of pointing the relationship health with life, it is necessary to understand how are the correlations in policy, in view of the involved complexity in related phenomena, with emphasis on transversality of health policy in this context.

3. THE RELATIONSHIP AMONG POLICIES AND TRANSVERSALITY

In the 2000s, the theme of transversality emerged as a response to the bureaucratic inability of organizations to promote responses to complex situations, because of the domination of sectorial policies (Silva, 2011). Thus, transversality presents important elements for the interaction between the State and society, mainly in view of the specialization of the public sectors (Serra, 2004).

Contemporary challenges demand increased cooperation in government action for the PI, with a focus to create opportunities for individuals, for capacity building, and to improve human conditions through dynamic and systemic ways. (Brugué, Canal, & Paya, 2015; Serra, 2004).

Limitations by State are not restricted only to budgets and structure, but also possible overlap of program objectives or government projects that reduce coherence of actions among agencies, often providing little service to citizens (Peters, 2005). Still, under the macro perspective, the transversal linked to sectoral policies can be found in a dual position—at once political and involved with program implementation and simultaneously in a power struggles against interest groups linked to political parties that oppose collective interests and support individual interests, with negative effects for society (Neto & Borges, p. 211, 2019).

The difficulties in integrating policies and promoting cooperation between government and society are not recent, for example, the Brundtland Report (1987) of the UN already reflected this concern in the face of the relationship between health and life: “(...) we can see and study the Earth as an organism whose health depends on the health of all its parts (...)” (UN, 1987, p. 11). When analyzing the report, it is possible to note the extensive list of policies to be integrated as action proposals, as shown in table 1 (Lanzalaco, 2010).

Table 1: *Policy Relationships in Brundtland Report (1987)*

Types of Policy Relationships	Report Location
Agriculture and development	p. 18
Production and conservation of natural resources	p. 34
Environment and development	p. 33
Populations, health, education, facing poverty and social and economic developments	p. 45
Economic and social implications and sustainable development	p. 48
Economic and ecological factors in laws and decision-making systems	p. 50
Commerce, environment and development policies	p. 64
Factors of social, family, gender, labor, educational, health and rural development policy	p. 78
Environment, health, food production, water; sanitation and industry	p. 79
Environment and education in rural areas	p. 81
Inclusive policy for integrating vulnerable communities into social and economic structures	p. 82
Environment and agriculture	p. 97
Economic, labor and rural development	p. 101
Industry, climate, health and environmental	p. 125
Health and environmental	p. 126
Water, consumer and industry policies	p. 149
Science and technology and industry policies	p. 145
Waste, biotechnology and industry policies	p. 151
Environment, water, energy, industry, consumer and economic	p. 152
Cooperation, marine, environment, coast, and fisheries policy	p. 181
Coast, environment, economic and development policy	p. 182
Trade, environment, economic, energy policy and sector programs	p. 215
Environment, rural development, environment, energy and facing poverty	p. 226

Source: *Brundtland Report (1987).*

Thus, from the understanding of the proposals for cooperative actions among policies, a noticeable relationship can be established between PI and transversality, in view of the common elements contained in the policies that allow greater understanding. These can unify policy action act in the process of interactive coordination among diffuse participating actors (Morin, 2000). Such an understanding can contribute to obtaining systemic vision needed to complexity, and that health policy could be potential driver to promote interconnections, from the correlations amid policies, considering its characteristic inseparable this about life.

The theoretical arguments now exposed, both about the relationship between health and life and the perspective of transversality that permeates policies, were essential elements for the construction of the method, considering the characteristics that allowed the most appropriate design for investigation.

4. METHODOLOGICAL ROUTE

In order to face the challenge proposed in the objective of this article, the methodological construct is here concerned with the systemic and complex analysis of the relationship between health and quality of life, from the point of view of health transversality (HT), policy integration (PI) and governance, considering correlations that may occur among policies in multidimensional environments and with a plurality of actors (Geyer; 2011).

For this purpose, this intention led us to choose the qualitative method, considering a better understanding of trends (Minayo & Sanches, 1993), using Ganong's integrative review method (1987) as a reference, considering its ordered structure for the elaboration of the construct and for the systematization of information, in order to contribute to the analysis proposed by this study.

The integrative review allows an empirical and theoretical combination, generating a panorama that can be understood in the face of concepts considered complex (Ercole, Melo & Alcoforado, 2014). We used secondary data sources, bibliographic production (2015-2020) and, aiming at greater theoretical and methodological rigor, we used the content analysis of Triviños (1987).

The initial strategy was to find as many articles as possible that expressed correlations amid policies. Thus, the search was focused on publications related to systematic reviews, as they are research processes in the health field that involve rigorous selection criteria with evidence to support arguments (Ercole, Melo & Alcoforado, 2014).

From the guiding question of this study, and in order to explore the widest possible range of articles, the terms “HEALTH” and “PUBLIC POLICY” in English, were defined as descriptors. Thus, we searched for precise terms and a combination with keywords based on the textual meanings contained in

the descriptions of the 17 SDG of the 2030 Agenda and/or in the respective targets, without using cognate terms, during the last 5 years; and with possibility for downloading the publication for analysis. The data bases used were PUBMED NCBI and HEALTH SYSTEMS EVIDENCE (HES). The results are shown in table 2

Table 2: *Search for terms in the PUBMED NCBI and HES databases*

TERMS FOR SEARCH	NCBI	HES
HEALTH and ("PUBLIC POLICY" and POVERTY) OR ("PUBLIC POLICY" and VULNERABILITY)	10	3
HEALTH and ("PUBLIC POLICY" and HUNGER) OR ("PUBLIC POLICY" and NUTRITION)	9	5
HEALTH and ("PUBLIC POLICY" and WELL-BEING)	6	8
HEALTH and ("PUBLIC POLICY" and EDUCATION) OR ("PUBLIC POLICY" and OPPORTUNITY)	28	127
HEALTH and ("PUBLIC POLICY" and GENDER) OR ("PUBLIC POLICY" and WOMEN)	21	9
HEALTH and ("PUBLIC POLICY" and WATER) OR ("PUBLIC POLICY" and SANITATION)	3	0
HEALTH and ("PUBLIC POLICY" and ENERGY) OR ("PUBLIC POLICY" and ACCESS)	36	0
HEALTH and ("PUBLIC POLICY" and EMPLOYMENT) OR ("PUBLIC POLICY" and "ECONOMIC GROWTH")	6	0
HEALTH and ("PUBLIC POLICY" and INFRASTRUCTURE OR ("PUBLIC POLICY" and TECHNOLOGY)	16	5
HEALTH and ("PUBLIC POLICY" and INEQUALITY) OR ("PUBLIC POLICY" and DEVELOPMENT)	35	0
HEALTH and ("PUBLIC POLICY" and CITY) OR ("PUBLIC POLICY" and DISASTERS)	7	0
HEALTH and ("PUBLIC POLICY" and CONSUMPTION) OR ("PUBLIC POLICY" and PRODUCTION)	14	0
HEALTH and ("PUBLIC POLICY" and CLIMATE) OR ("PUBLIC POLICY" and MITIGATION)	6	0
HEALTH and ("PUBLIC POLICY" and OCEAN) OR ("PUBLIC POLICY" and FISHING)	0	0
HEALTH and ("PUBLIC POLICY" and ECOSYSTEM) OR ("PUBLIC POLICY" and BIODIVERSITY)	1	0
HEALTH and ("PUBLIC POLICY" and VIOLENCE) OR ("PUBLIC POLICY" and PARTICIPATION)	15	0
HEALTH and ("PUBLIC POLICY" and PARTNERSHIP) OR ("PUBLIC POLICY" and DATA)	36	5
	249	162

Source: *own elaboration.*

In view of the gaps in publication for certain thematic areas in both bases, we decided to carry out a new search in the NCBI base, however, this time, only the previous keywords were used for the search, and the entire list of publications were downloaded. After getting the publications, the database was cleaned, considering exclusion criteria regarding: access (online reading or "pdf" extension); and relevance

after reading the title, abstract and/or the full text. After eliminating articles related to scope reviews on certain specific diseases or to medical clinical practices, 79 articles remained for consideration.

The look on the final output, hence, took place in an investigative way in order to identify correlations. The theoretical basis of understanding of the correlations with respect to the argument of Becker and Ragin (2009), advocating the search for the list of variables that can influence in a particular event, given the existing complexity, a position that differs from the linear reasoning contained in the causality. Thus, the investigation sought to identify factors that presented themselves as motivators (*a priori* factors), reflecting the production of new factors as consequences (*a posteriori* factors), in a dynamic and systemic way.

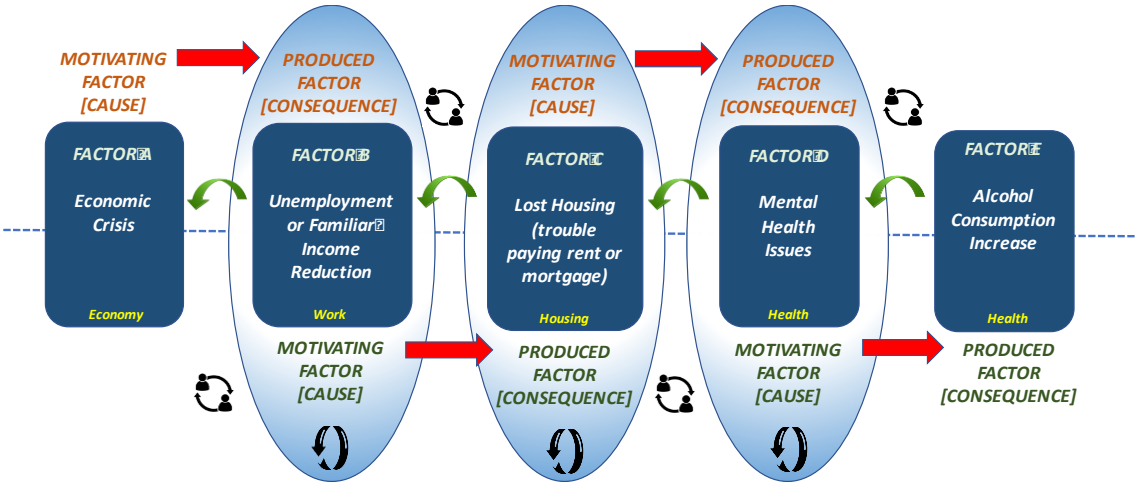
To facilitate understanding of the correlations, we use as an example the review study of Goeij et al. (2015), who carried out an investigative process about the impacts on the increase of alcohol consumption in populations facing economic crises. The authors pointed out studies that correlated different policies, such as mental health problems in individuals with frequent and excessive consumption of beverages to minimize the negative effects, as found in the following studies: Mulia et al. (2014), which presented effects of economic losses that culminated in psychological stresses, such as loss of jobs or reduction in family income, with consequent difficulties in maintaining mortgage or rent commitments and increased alcohol consumption, culminating in dependency; and Zemore et al. (2013), which presented effects of budget restrictions with consequent psychological suffering, such as impacts on family income in the face of job losses, with loss of homes and a consequent increase in alcohol consumption, generating alcohol dependence.

Applying the cases in the studies evidenced from the point of view of formulation of policies and the action of the State, it is possible to understand the chain of correlations existing among the involved policies, as well as the importance of feedback cycles by society to better understand the phenomenon (Ashby, 1957; Geyer, 2011), in the sense of generating knowledge for policy makers, from the unfolding of certain factors and the respective impacts, as shown in figure 3.

This way, it is possible to check the existing dynamics in the correlations, being that a given factor can present itself as a motivator (cause) of a certain phenomenon, as well as it can present itself as the result of the action (consequence). In this context,

the dynamics of a given factor in taking on one or more roles as seen in events B, C and D stands out: factor D was produced by factor C; this being produced by factor B; whose initial action was factor A.

Figure 3: *Diagram of correlations among policies in De Goeij et al. (2015)*



Source: *own elaboration.*

It is noticeable, in this case, the dynamic construction process of the chain of correlations among four different policies (economic, work, housing and health) and the importance of understanding, in a systemic way, the set of correlations linked to the phenomena for detecting facts or factors that culminated in negative results for society, in view of the existing multidimensionality (MORIN, 2000; 2003).

Based on the dynamics of the correlations, it was possible to look at the final output of the 79 articles and interrogate them, being possible to define *a posteriori* analysis category, to search for readings that would trigger the exposed concerns here considering the inductive theoretical application (Aranalde, 2009; Bardin, 2011).

This category emerged in the data treatment phase, and it was realized that the 2030 Agenda itself could contribute to the search for the answer, from the identification of the correlations with the 169 targets, in a precise or approximate way. Thus, we rely on an evidence-based model, through the identified correlations with the corresponding representation of the respective targets contained in 2030 Agenda along with the listed production, analyzed in an integrated manner.

5. RESULTS AND DISCUSSION

It was possible to identify factors related to policies that were able to establish correlations, with the caveat that the need to adapt the integrative review, considering the state of the art regarding the content of the articles. Thus, 671 correlations among health policy and other policies were confirmed by scientific studies in the reviews. For each publication, it was possible to list information such as: bibliographic reference, review objective, year, language, place of production and access.

The number of articles published per year was as follows: 13 articles in 2015; 19 articles published in 2016; 23 articles published in 2017; 12 articles published in 2018; 13 articles published in 2019 and 0 articles published in 2020 (eliminated in the filtering).

Table 3 shows the number of articles found in: the production linked to the 2030Agenda's targets; the coverage of the total goals of Agenda 2030; and the list with the evidenced articles. The highest average of goals per article was found in SDG 1, with 3.4 articles, and the lowest scientific production was found in SDG 12 and 17, with an average of 1.5 goal per article contemplated.

It was possible to link 123 goals out of 169 (73%), making it possible to find all the goals of SDGs 1, 3, 5, 7 and 11 (100%) and to detect a low number of goals achieved in SDGs 9, 14 and 17 (in red).

All the analyzed production and the identification of the existing correlations with the goals of the 2030 Agenda's SDG of are shown in table 4, it is important to highlight that the goal 1.3 (SDG 1) corresponded to the highest presence of correlations (33).

Another important point is the detection of the low perception of the academy in relation to the 2030 Agenda or its 17 SDG, considering that only 7.59% of the production contained in the NCBI there was textual mention in the articles on this theme, a fact that expresses the low degree relationship or possible knowledge by the academy (on the basis in question) of an international agenda that had been published within the period of this study. After due explanations, the integrated analysis will be detailed.

Table 3: *Production analysis: number of articles and links to targets*

SDG	ARTICLES PER SDG	IDENTIFICATION OF GOALS PER SDG IN PRODUCTION	AVERAGE OF GOALS PER ARTICLES IN PRODUCTION	NUMBER OF GOALS IN 2030 AGENDA	REPRESENTATION OF GOALS IN ARTICLES	%
1	37	124	3,4	7	7	100
2	30	57	1,9	8	6	75
3	79	167	2,1	13	13	100
4	26	70	2,7	10	8	80
5	16	53	3,3	9	9	100
6	14	34	2,4	8	6	75
7	5	11	2,2	5	5	100
8	30	66	2,2	12	9	75
9	4	7	1,8	8	3	37,5
10	47	135	2,9	10	8	80
11	27	56	2,1	10	10	100
12	13	20	1,5	11	7	63,6
13	12	27	2,3	5	4	80
14	3	8	2,7	10	4	40
15	5	14	2,8	12	7	58,3
16	32	58	1,8	12	9	75
17	13	20	1,5	19	8	42,1

Source: *own elaboration.*

In order to understand the latent content contained in the identified correlations (Triviños, 1987), it was possible to carry out a survey of shared themes, based on Granoveter's ties theory (1973), for analyzing the cohesion of the correlations in the results, in order to ascertain the degree of relationship through the connections among policies contained in the articles and in the identification of the SDGs through matrices.

The elaboration of such matrices, therefore, aimed to demonstrate the relations among the 2030 Agenda's SDG existing in the articles selected in the integrative review, from the understanding of the transactional content, in the sense of sharing elements among actors of a given network (Tichy, Tushman & Fombrun, 1979). In summary, two important definitions stand out: the first concerns the logic used to identify which articles had themes shared among each pair of SDGs; and the second is that the number of articles found that share each pair of SDGs was defined as representing the weight of the loop of each pair for the network constitution.

Table 4: *Number of items found in the production with representation of the respective number of targets in the 2030 Agenda*

GOALS 2030 AGENDA	SDG 1	SDG 2	SDG 3	SDG 4	SDG 5	SDG 6	SDG 7	SDG 8	SDG 9	SDG 10	SDG 11	SDG 12	SDG 13	SDG 14	SDG 15	SDG 16	SDG 17
1	22 (17.7)	26 (45.6)	4 (2.4)	13 (18.6)	10 (18.9)	11 (32.4)	3 (27.3)	3 (4.5)	3 (42.9)	19 (14.1)	11 (19.6)	0 (0.0)	8 (29.6)	2 (25.0)	3 (21.4)	26 (44.8)	0 (0.0)
2	25 (20.2)	16 (28.1)	5 (3.0)	12 (17.1)	10 (18.9)	5 (14.7)	3 (27.3)	3 (4.5)	1 (14.3)	33 (24.4)	10 (17.9)	3 (15.0)	8 (29.6)	2 (25.0)	3 (21.4)	8 (13.8)	0 (0.0)
3	33 (26.6)	6 (10.5)	18 (10.8)	6 (8.6)	6 (11.3)	6 (17.6)	2 (18.2)	13 (19.7)	0 (0.0)	34 (25.2)	7 (12.5)	0 (0.0)	7 (25.9)	3 (37.5)	2 (14.3)	7 (12.1)	0 (0.0)
4	26 (21.0)	7 (12.3)	49 (29.3)	6 (8.6)	8 (15.1)	6 (17.6)	-	4 (6.1)	3 (42.9)	31 (23.0)	1 (1.8)	7 (35.0)	-	0 (0.0)	1 (7.1)	0 (0.0)	0 (0.0)
5	4 (3.2)	0 (0.0)	8 (4.8)	10 (14.3)	3 (5.7)	0 (0.0)	-	21 (31.8)	0 (0.0)	0 (0.0)	6 (10.7)	3 (15.0)	-	0 (0.0)	2 (14.3)	0 (0.0)	0 (0.0)
6	-	-	6 (3.6)	9 (12.9)	5 (9.4)	5 (14.7)	-	7 (10.6)	-	2 (1.5)	8 (14.3)	1 (5.0)	-	0 (0.0)	0 (0.0)	1 (1.7)	1 (5.0)
7	-	-	5 (3.0)	10 (14.3)	-	-	-	4 (6.1)	-	13 (9.6)	3 (5.4)	0 (0.0)	-	0 (0.0)	0 (0.0)	7 (12.1)	0 (0.0)
8	-	-	41 (24.6)	-	-	-	-	10 (15.2)	-	-	-	3 (15.0)	-	-	0 (0.0)	0 (0.0)	0 (0.0)
9	-	-	16 (9.6)	-	-	-	-	1 (1.5)	-	-	-	-	-	-	2 (14.3)	1 (1.7)	0 (0.0)
10	-	-	-	-	-	-	-	0 (0.0)	-	-	-	-	-	-	-	2 (3.4)	1 (5.0)
11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 (5.0)
12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2 (10.0)
13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0 (0.0)
14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2 (10.0)
15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1 (5.0)
16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10 (50.0)
17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2 (10.0)
18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0 (0.0)
19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0 (0.0)
a	3 (2.4)	1 (1.8)	4 (2.4)	4 (5.7)	1 (1.9)	0 (0.0)	2 (18.2)	0 (0.0)	0 (0.0)	0 (0.0)	4 (7.1)	2 (10.0)	0 (0.0)	0 (0.0)	1 (7.1)	4 (6.9)	-
b	11 (8.9)	0 (0.0)	2 (1.2)	0 (0.0)	1 (1.9)	1 (2.9)	1 (9.1)	0 (0.0)	0 (0.0)	1 (0.7)	5 (8.9)	0 (0.0)	4 (14.8)	0 (0.0)	0 (0.0)	2 (3.4)	-
ç	-	1 (1.8)	2 (1.2)	0 (0.0)	9 (17.0)	-	-	-	0 (0.0)	2 (1.5)	1 (1.8)	1 (5.0)	-	1 (12.5)	0 (0.0)	-	-
d	-	-	7 (4.2)	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Source: *own elaboration.*

After understanding the quantitative part, it is worth highlighting the integrated analysis that was performed from the 123 correlated targets in the production.

In order to understand the latent content contained in the identified correlations (Triviños, 1987), a survey of shared themes, based on the theory of ties by Granoveter (1973) was conducted, in view of the cohesion analysis of the correlations in the results, in order to verify the degree of relationship through the connections among policies contained in articles and in identification of the SDG based on matrices.

The elaboration of relationships matrices, therefore, intended to demonstrate the relations among 2030 Agenda's SDG of existing in the articles selected in the integrative review, from the understanding of the transactional content, in the sense of sharing elements amid actors of a given network (Tichy, Tushman & Fombrun, 1979). Thus, two important definitions: the first is that the logic used was the identification of which articles had themes shared between each pair of SDG; and the second is that the number of articles found that share each pair of SDG was defined as representing the weight of the loop of each pair of SDG in the network.

The distribution patterns of the number of ties between the SDG were used to define the weight of the relationships amid the SDG pairs, aiming to establish the best cutoff criterion to support the analysis of the cohesion degrees of the correlations, considering that there is no consensus on parameters for distinguishing net measurements for the weight of ties (Borgatti & Everett, 2006).

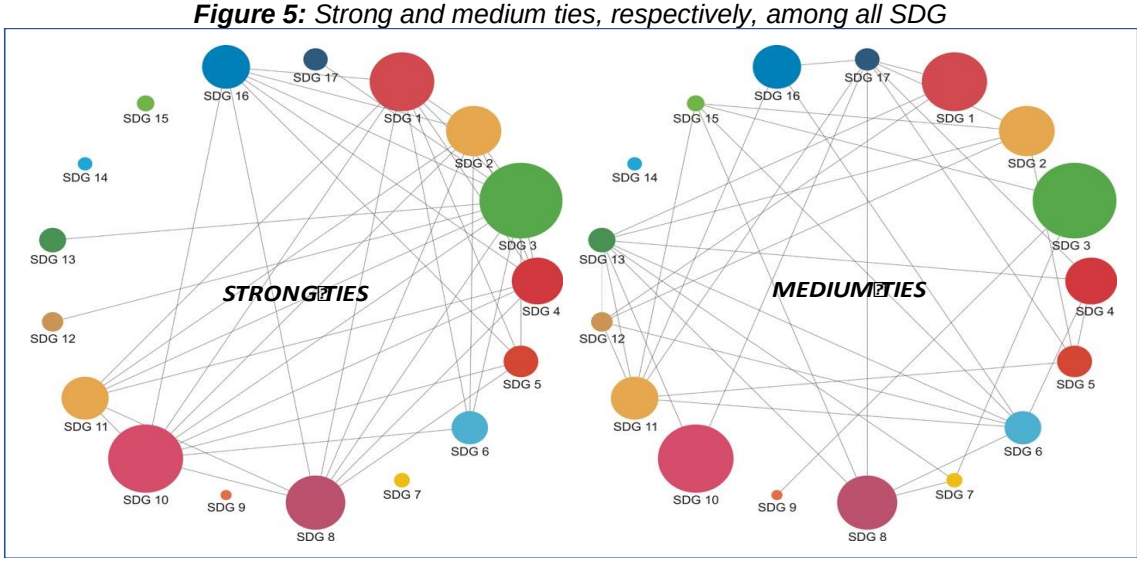
This way, quartiles were used as cut-off criteria defining medium and strong ties, being the choice justified by the number of network's ties following a non-parametric distribution (Field, Miles & Field, 2012). The definition of the weights considered the number of existing ties in SDG pairs, being possible to verify the existence of: ties with average weights, considering their values between the 2nd and 3rd Quartile (figure 5); and the strong ties, considering values above of the 3rd Quartile (figure 6).

In order to provide a better analysis and understand if the health policy would be relevant for the network, it was possible to elaborate two sharing

matrices, one being complete (table 5) and the other without considering SDG 3 (table 6).

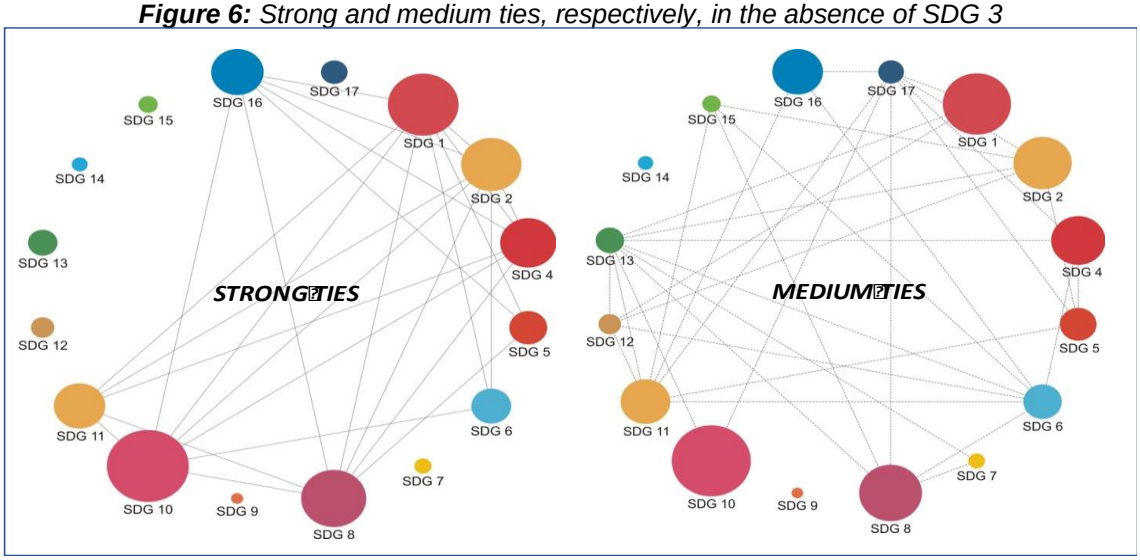
The result of this analysis, based on the theory of ties, demonstrated that all SDG were interconnected, which means that all SDG had at least one shared article, configuring a network (Granoveter, 1973). Health is central in these interconnections among SDGs. When health (SDG-3) is removed from the analysis the other SDGs are significantly less connected, and these policy priorities are less cohesive (see Kaufman, 2012).

Figure 5: *Strong and medium ties, respectively, among all SDG*



Source: *own elaboration.*

Figure 6: *Strong and medium ties, respectively, in the absence of SDG 3*



Source: *own elaboration.*

Over the results, it was possible to understand that health policy showed a high degree of policy integration, expressed through its pervasive that passes by other policies, being evidenced by sharing bonds that did not have

empty cases.

Table 5: *Sharing matrix without mirroring for all SDG.*

	SDG 1	SDG 2	SDG 3	SDG 4	SDG 5	SDG 6	SDG 7	SDG 8	SDG 9	SDG 10	SDG 11	SDG 12	SDG 13	SDG 14	SDG 15	SDG 16
SDG 2	16															
SDG 3	37	30														
SDG 4	17	13	26													
SDG 5	9	5	16	8												
SDG 6	10	9	14	6	3											
SDG 7	2	3	5	1	2	3										
SDG 8	16	13	30	14	10	8	4									
SDG 9	1	2	4	2	2	2	2	3								
SDG 10	30	19	47	20	13	9	3	21	1							
SDG 11	15	9	27	10	5	7	3	12	1	17						
SDG 12	4	6	13	2	2	6	3	3	3	3	6					
SDG 13	5	6	12	4	2	7	4	7	3	7	6	4				
SDG 14	3	3	3	2	2	3	2	3	1	3	3	2	2			
SDG 15	3	5	5	2	2	4	2	4	1	3	4	3	2	3		
SDG 16	14	12	32	13	11	5	2	14	1	19	8	2	3	1	2	
SDG 17	6	8	13	6	5	3	1	7	1	7	4	1	1	1	1	5

Source: *own elaboration.*

Table 6: *Sharing matrix without mirroring excluding SDG 3.*

	SDG 1	SDG 2	SDG 4	SDG 5	SDG 6	SDG 7	SDG 8	SDG 9	SDG 10	SDG 11	SDG 12	SDG 13	SDG 14	SDG 15	SDG 16
SDG 2	16														
SDG 4	17	13													
SDG 5	9	5	8												
SDG 6	10	9	6	3											
SDG 7	2	3	1	2	3										
SDG 8	16	13	14	10	8	4									
SDG 9	1	2	2	2	2	2	3								
SDG 10	30	19	20	13	9	3	21	1							
SDG 11	15	9	10	5	7	3	12	1	17						
SDG 12	4	6	2	2	6	3	3	3	3	6					
SDG 13	5	6	4	2	7	4	7	3	7	6	4				
SDG 14	3	3	2	2	3	2	3	1	3	3	2	2			
SDG 15	3	5	2	2	4	2	4	1	3	4	3	2	3		
SDG 16	14	12	13	11	5	2	14	1	19	8	2	3	1	2	
SDG 17	6	8	6	5	3	1	7	1	7	4	1	1	1	1	5

Source: *own elaboration.*

When analyzing this result according to Underdal (1980), it is possible to verify that health transversality (HT) presents the requirements of the policy integration (PI): ability to comprehension, when generating knowledge with the panorama of evidenced correlations, considering the time, the space and the actors involved in a certain phenomenon, even allowing the anticipation of the future in planning by the State (Sørensen, 2006); aggregation, through evidenced interconnections that allow guiding decision-makers in face of the complexity and multidimensionality of perverse problems (Peters, 2017; Morin, 2000); and consistency, an element that allows the generation of inputs aimed at understanding the phenomenon chain, especially the “black box” existing in the correlations (Ashby, 1957; Geyer, 2011), for delivering results with equity to society.

Another important element to be considered for PI is the dynamics present in the HT, when investigating the relationships, in the sense that it was possible to verify that a given factor, depending on its behavior, assumed different positions, assuming a motivating factor and so as a produced factor, in order to generate actions and reactions, featuring a way of understanding and identifying existing behavior patterns to contribute to decision-making processes, from the perspective of Bayes (Wagner & Gill, 2005).

Bayes becomes important for the HT, based on his theorem over a likelihood calculation of certain event considering a prior knowledge (or *a priori*). The logic contained in Bayes' theorem, as a mathematical formula that allows the generation of calculations linked to conditional likelihoods, contributes to the reduction of uncertainties for the decision maker, generally applied to epistemological fields characterized by subjectivity, from the generation of hypotheses (Joyce & Zalta, 2019). For illustration, Bayes' formula is simple to understand, which relates two conditioning events, the search for the likelihood of event A occurring when B occurs:

$$P\ (A/B) = \frac{(\mathrm{P}\ (\mathrm{B}/\mathrm{A})\ \mathrm{X}\ \mathrm{P}\ (\mathrm{A})}{\mathrm{P}\ (\mathrm{B})}$$

Thus, the Bayesian logic presents a direct dialogue with HT, with the Stacey Matrix (2007) and with the teachings of Geyer (2011), in view of the

relationship between complexity and the policy formulation, considering that providing reduction of uncertainties about a certain phenomenon, it becomes fundamental to support decision-making processes, contributing to increased confidence, since it may be possible to identify patterns in the face of evidence of policy correlations.

HT allows acting in this context, in view of the possibility of generating knowledge, based on the existing correlations of policies and the perceptions of society in participatory processes through feedback cycles in order to feed relevant information, a fact that contributes to reduce uncertainties and generate inputs to support decisions for policy making by decision makers or formulators (Ashby, 1957; Geyer, 2011)

Thus, HT can generate elements that minimize any impacts of a given external policy, contributing to an increase in the level of security for the decision maker and with better results for the public administration, including in order to prevent negative impacts, considering most likely to particular policy precisely by the increase in the degree of targeting and hitting, before the reduction of uncertainties (Geyer, 2011; Motta, 1997).

It is interesting to note that it was possible to show how health policy correlated with other policies, precisely because of its characteristic linked to life as a human condition, in the sense of how the individual capacities of human beings can be directly affected by the actions or inactions of the State, and how is the importance of PI in the process of searching for better conditions in favor of development (Underdal, 1980; Sen, 2018).

The Brundtland Report (1987) had already argued the need for governments to act in a more incisive way in PI, with a focus on finding ways that could contribute to the future of humanity, being an important element up to the present day and in accordance with 2030 Agenda (UN, 2015).

It can be said that the HT is in a "*continuum*" between the coordination and the integration for the policy design, as a link that helps to generate synergy and connectivity required for action by the state, including an “*ex-ante*” posture for policy makers and for policy designers to scale appropriately their decisions (Peters, 2018).

It is possible to understand that HT has the capacity to enhance the collective construction of public solutions by the State, considering its relationship with PI and how it can be interesting to apply it in the policy formulation process, in order to contribute to overcome the challenges promoted due to the contemporary complexity and limitations in relation to the State, given the need for systemic government action.

CONCLUSION

In view of the proposed objective, we were able to identify evidence resulting from the integrative review that allowed us to understand through Granoveter's Theory of Ties (1973) that health policy has a high level of policy integration. This statement was made based on the 671 correlations identified in the 79 scientific articles, making it possible for the dynamics existing in the health transversality (HT) to emerge as an important element to understand behavior patterns contained in phenomena, considering their direct contribution to decision making. decision, from the Bayesian point of view (Underdal, 1980; Wagner & Gill, 2005).

Our empirical approach, which is the targets contained in the 17 SDGs of the 2030 Agenda, allowed us to provide the integrated analysis along with the identified production and contributed to answer the initial question: "*would health policy be able to integrate other public policies?",* given the confirmation evidenced scientifically, in such a way that HT can emerge as a catalyst for the joint pursuit of governmental action for the benefit of society and life, inserted in a space of cooperation with other policies, in order to increase the degree of effectiveness of policies, through greater precision of the targeting and hit level in the policy design and collective solution building processes (Howlett, 2014) .

Important that State can act as a key-institution, considering its capillarity and constitutional competences, in order to break with poverty cycles, creating conditions to reduce socioeconomic inequalities, as well as for gender, for race,

for ethnicity, among others, building a full life, with health as a connecting policy with others, in favor of development.

According to the search for its fundamental objectives contained in Article 3 in BFC/1988, with a view to better understanding of complex environments, to overcome socioeconomic barriers that allow to raise individual capacities, in order to promote life as a human condition in the search for sustainable development (Campello & Neri, 2013; Sen, 2018).

Therefore, health transversality (HT) can be a viable alternative to achieve this goal, since the stimulus to social participation, in the search for a better quality of democracy, can be important to promote joint actions between State and society, as well as for the generation of qualified data that subsidize decision makers in advance (*ex-ante*).

Still, the HT can promote integrative actions of policies among participating actors, both in the articulation and in the generation of qualified inputs for decision-making processes related to dimensioning public solutions. That way, HT can increase the policy effectiveness in the search for better results so that current and future generations may have full living conditions (Geyer, 2011; Howlett, 2014; Peters et al., 2018; Sen, 2018).

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