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Health Planning: contextualization and its concepts

*Planejamento em Saúde: contextualização e
suas concepções*

*Planificación en Salud: contextualización y sus
concepciones*

ABSTRACT

Objective: To discuss health planning with an emphasis on PHC in the context of the SUS, analyzing its conceptual foundations, historical evolution, and contemporary challenges. **Methods:** This is an integrative study based on a literature review conducted between April and October 2025. Searches were carried out in the SciELO, LILACS, PubMed, Google Scholar, Open Knowledge Maps, and CAPES Journal Portal databases. **Results:** The findings show that health planning has evolved from normative and centralized models to more strategic and participatory approaches. However, challenges persist regarding the technical capacity of teams, the integration between planning and management, and the systematic use of information for decision-making. Within PHC, planning has the potential to strengthen the organization of services and qualify care management. **Conclusion:** It is concluded that improving planning practices depends on strengthening local management, team participation, and the qualified use of health information.

Keywords: *Health planning; Primary health care; Unified health system; Health management.*

RESUMO

Objetivo: Discutir o planejamento em saúde com ênfase na APS no contexto do SUS, analisando suas bases conceituais, evolução histórica e desafios contemporâneos. **Métodos:** Trata-se de um estudo integrativo, baseado em revisão de literatura realizada entre abril e outubro de 2025. As buscas foram realizadas nas bases SciELO, LILACS, PubMed, Google Scholar, Open Knowledge Maps e Portal de Periódicos da CAPES. **Resultados:** Os achados evidenciam que o planejamento em saúde evoluiu de modelos normativos e centralizados para abordagens mais estratégicas e

participativas. Entretanto, persistem desafios relacionados à capacidade técnica das equipes, à integração entre planejamento e gestão e ao uso sistemático de informações para a tomada de decisão. No âmbito da APS, o planejamento apresenta potencial para fortalecer a organização dos serviços e qualificar a gestão do cuidado. **Conclusão:** Conclui-se que o aprimoramento das práticas de planejamento depende do fortalecimento da gestão local, da participação das equipes e do uso qualificado das informações em saúde.

Palavras-chave: *Planejamento em saúde; Atenção primária à saúde; Sistema único de saúde; Gestão em saúde.*

RESUMEN

Objetivo: Discutir la planificación en salud con énfasis en la APS en el contexto del SUS, analizando sus bases conceptuales, evolución histórica y desafíos contemporáneos. **Métodos:** Se trata de un estudio integrador, basado en una revisión de la literatura realizada entre abril y octubre de 2025. Las búsquedas se realizaron en las bases SciELO, LILACS, PubMed, Google Scholar, Open Knowledge Maps y Portal de Revistas de la CAPES. **Resultados:** Los hallazgos evidencian que la planificación en salud evolucionó de modelos normativos y centralizados hacia enfoques más estratégicos y participativos. Sin embargo, persisten desafíos relacionados con la capacidad técnica de los equipos, la integración entre planificación y gestión, y el uso sistemático de información para la toma de decisiones. En el ámbito de la APS, la planificación presenta potencial para fortalecer la organización de los servicios y cualificar la gestión del cuidado. **Conclusión:** Se concluye que el perfeccionamiento de las prácticas de planificación depende del fortalecimiento de la gestión local, de la participación de los equipos y del uso cualificado de la información en salud.

Descriptores: *Planificación en salud; Atención primaria de salud; Sistema único de salud; Gestión en salud.*

INTRODUCTION

Planning is an essential function of administration and is fundamental to the organization of activities, the definition of objectives, and the rationalization of resource use^{1,2}. Traditionally, it was conceived as a technical process based on scenario forecasting and the linear definition of actions¹.

With the advancement of the social sciences, planning came to incorporate political, social, and cultural dimensions and to be understood as a dynamic and strategic process^{3,4}. This shift reflects the need to deal with complex contexts and with multiple actors involved in the decision-making process^{4,5}.

In the health field, planning plays an essential role in the organization of systems, given the influence of social determinants and the complexity of demands⁵. In Latin America, different approaches were developed, ranging from normative models to strategic proposals that take context and social actors into account^{6,7}.

In Brazil, health planning gained relevance with the creation of the Brazilian Unified Health System (SUS) and was incorporated as a central management instrument⁸. Decentralization and social participation reinforce the need for more integrated planning processes^{8,9}. This trajectory shows that regionalized planning did not emerge in isolation with the 1988 Constitution but has historical antecedents and was preceded by earlier debates on territorialization and the organization of health actions in the country¹⁰.

Primary health care occupies a strategic position in this scenario because of its capacity to act in the territory and to respond to the needs of the population⁹. Planning at this level contributes to the organization of the work process, the expansion of problem-solving capacity, and the articulation of care actions¹¹.

The Family Health Strategy (ESF) is a form of care organization grounded in the work of multiprofessional teams linked to an registered population and a defined territory^{9,12}. These teams aim to expand and improve the quality of access to services, to ensure the continuity, integrality, and coordination of care, and to strengthen the bond and accountability between professionals and users^{9,12}.

Thus, local planning becomes imperative given the complexity of the work process in the ESF. Everyday challenges such as high demand for care and pressure to meet institutional targets show that planning at the front line goes beyond an administrative guideline and constitutes an essential skill for mitigating the operational difficulties of the system's entry point¹³.

In this context, this study aims to analyze, in light of the scientific literature, the conceptual, historical, and operational aspects of health planning, with emphasis on its application in the SUS and in primary health care.

METHODS

The present study is an integrative review article based on a literature review.

The theoretical framework was developed between April and October 2025. Searches were conducted in the SciELO, LILACS, PubMed, Google Scholar, Open Knowledge Maps, and Portal de Periódicos da CAPES databases, including scientific articles, books, institutional documents, and official regulations related to the topic.

Studies were selected based on the theoretical relevance of the publications, their alignment with the object of study, and their contribution to the understanding of health planning in the context of the SUS. Cross-references identified in the selected texts were also used.

The materials were analyzed interpretively and organized into thematic axes covering the conceptual evolution of planning, the institutionalization of planning within the SUS, and the contemporary challenges of planning in primary health care.

RESULTS

Conceptual aspects of planning

Planning, in its initial conception, was structured as a technical process aimed at defining objectives and rationally organizing actions^{1,2}. This approach emphasized predictability and control, based on the assumption that organizational contexts were stable¹. From this perspective, three phases can be identified, which are described in Chart 1 below.

Chart 1 – Historical Evolution of the Phases of Organizational Planning: foundations, approaches, and development periods

Phase	Period	Main Characteristics
Phase 1: Focus on Tasks and Rationalization (Taylorism)	From the 19th century onward	Administration and planning were closely related to the organization and rationalization of the tasks to be performed by subordinates.
Phase 2: Focus on Organizational Structure and Human Relations	First decades of the 20th century	After the focus on tasks, an emphasis on organizational structure emerged.
Phase 3: Strategic Planning	From the 1960s onward	Strategic planning was formulated and applied by companies in a context of uncertainty, unpredictability, and instability. Emergence of the SWOT matrix.

Source: Adapted from Feliciello³.

With the evolution of administrative thought, planning came to be understood as a dynamic process, incorporating social and political aspects^{3,4}. Currently, it is understood as a continuous process involving diagnosis, planning, execution, and evaluation^{4,5}. This evolution can be observed in the chart below:

Chart 2 – Concepts of Planning

Author(s)	Concept of Planning
Henri Fayol	The act of anticipating the future and structuring a program of action, preparing the organization to face it and ensuring greater rationality in decisions ² .
Mario Testa	It means formulating strategies that take into account divergent interests and scenarios of uncertainty. It emphasizes the political character of planning and the influence of power relations in the decision-making process ⁷ .
Idalberto Chiavenato	Planning defines directions, sets targets, and makes it possible to choose the most appropriate paths to achieve them, making it the stage that guides and gives meaning to all the other management functions ¹ .
Carlos Matus	Planning is an intrinsic need of human beings and of society. It is a social process involving the interaction of different actors who, consciously or unconsciously, influence the development of plans. It is an instrument through which human beings seek to intervene in and transform reality ⁶ .

Source: Prepared by the authors.

In the literature analyzed, a convergence is observed regarding the broadening of the concept of planning, with a predominance of approaches that move beyond the strictly normative view and incorporate strategic and contextual elements, indicating a consolidated shift in the field of collective health.

Evolution of planning in Brazil

In Brazil, planning evolved from fragmented initiatives toward a progressively institutionalized model^{14,15}. Initially focused on economic development, it came to incorporate social dimensions, especially from the second half of the 20th century onward¹⁴.

This trajectory shows that planning in Brazil has established itself as a central instrument for conducting public policies, while also revealing tensions between institutional advances and practical limits.

The literature points to the institutionalization of planning as a fundamental milestone, although it stresses that this process occurred unevenly, with differences in implementation capacity across management levels.

Planning in the Brazilian Unified Health System

In the SUS, planning is a mandatory, continuous, ascending, and integrated activity, guided by the health needs of the population. It must be linked to monitoring and evaluation, to interfederative agreements, and to budgetary instruments, in addition to ensuring transparency and social participation^{8,16}.

Along these lines, the principles described below guide governmental planning:

Chart 3 – Principles of governmental planning in the SUS

Principle	Description
1. Mandatory and continuous activity	Planning is the responsibility of each federative entity and must be developed in a continuous, articulated, ascending, and integrated manner. It is a condition for intergovernmental transfers.
2. Integration with Social Security and with governmental planning	It must be linked to social insurance and social assistance, as well as aligned with the PPA, the LDO, and the LOA, ensuring coherence among State instruments.
3. Respect for inter-managerial agreements	Planning must consider and respect the decisions of the regional (CIR), bipartite (CIB), and tripartite (CIT) inter-managerial commissions.
4. Coordination with monitoring, evaluation, and management	Planning must be permanently linked to monitoring and evaluation processes, feeding back into SUS management.
5. Ascending and integrated	Planning actions must start from local needs (municipalities) and connect upward to the state and national levels, ensuring federative integration.
6. Transparency and visibility of management	The process must enable public scrutiny, increasing the transparency and the social legitimacy of decisions.
7. Based on the health needs of the population	It must have social and health needs as its central reference, supported by diagnoses and indicators that guide priorities and targets.

Source: Adapted from Brasil⁸.

Within the scope of the SUS, planning is carried out through interrelated instruments: the Municipal Health Plan (PMS) defines the guidelines, objectives, targets, and indicators for a four-year period; the Annual Health Programming (PAS) operationalizes these targets on an annual basis, indicating the necessary actions and resources; the Detailed Report of the Previous Four-Month Period (RDQA) monitors the execution of the PAS every four months; and the Annual Management Report (RAG) presents the results achieved and guides possible redirection. These instruments constitute a continuous cycle of planning, monitoring, and evaluation of health management¹⁷.

Chart 4 – Cyclical synthesis of the SUS planning instruments

Cycle phase	Main content
Diagnosis and priorities	National guidelines, priorities of the Health Councils, and the Health Map.
Planning	PNS, PES, and PMS with guidelines, objectives, targets, and indicators.
Programming	PAS as the annual breakdown of the Health Plans.
Regionalization	PRI, regional targets, and COAP.
Budget	Coordination with the PPA, the LDO, and the LOA.
Monitoring	Tracking through the RREO and the Detailed Report of the Four-Month Period.
Evaluation	Management Report and analysis of the results achieved.
Replanning	Use of the evaluations to review priorities and restart the cycle.

Source: Prepared by the authors, based on Brasil⁸.

The chart 4 illustrates the dynamics of regional planning in the SUS, showing its cyclical, integrated, and ascending nature. The model demonstrates the interdependence among management instruments, reinforcing the continuous character of planning as a process that coordinates health actions.

In the current context, the use of information technologies has enhanced planning processes. Particularly noteworthy in this regard is DigiSUS Gestor - Módulo Planejamento, a digital tool that enables management instruments to be recorded, tracked, and monitored in real time, promoting greater transparency, interfederative integration, and effectiveness in the implementation of public health policies.

However, the studies analyzed indicate a recurrent dissociation between formal planning and everyday practice, showing that, despite normative consolidation and the use of technologies, difficulties still exist in using planning as an effective management tool.

Planning in primary health care

Primary health care is central to planning, enabling the identification of needs and the organization of actions in the territory^{9,11}. In turn, the situational diagnosis constitutes an essential tool in this process¹⁸ and territorialized action thus favors more targeted and more effective interventions^{11,19}.

From this perspective, PHC is consolidated as a privileged space for the construction of contextualized, participatory, and integrated planning practices that strengthen care management and promote the effectiveness of health policies at the municipal level. Despite this, the literature points out important limitations, such as team overload, insufficient resources, and weaknesses in planning training, which compromise its effectiveness²⁰.

In view of these limitations, it becomes necessary to rethink the way planning is conceived and carried out in PHC, overcoming the prescriptive and bureaucratic logic still present in many contexts. In this scenario, Participatory Planning emerges as a methodological alternative capable of bringing theory closer to practice by considering the complexity of real problems, the concrete conditions of governability, and the participation of the different actors involved in the decision-making process.

Participatory planning

Participatory planning values the inclusion of different actors in the decision-making process¹⁹. This approach strengthens social control and enhances the legitimacy of health actions. From this perspective, it is consolidated as a process of shared construction, in which managers, workers, and the community engage in collective dialogue to identify problems, define priorities, and formulate intervention strategies, strengthening the legitimacy and effectiveness of health actions.

The discussion on health planning methods is based on the assumption that there are different ways of planning, and it is essential to know these models in order to choose the one most consistent with the care and management model adopted. Thus, participatory planning plays a central role, especially in the health field, having Situational Strategic Planning (PES), developed by Carlos Matus, as its main reference^{6,11}. In this method, the concrete problems of reality constitute the starting point of planning and are analyzed considering the different explanations of the actors, the available resources, the power relations, and the feasibility of the actions.

In the context of planning in PHC, knowing the health situation of a given territory is a premise for the identification, description, prioritization, and understanding of the problems that affect the registered population. In participatory planning, the problem is not understood only as previously established information, but as a concrete situation perceived and explained by the different actors involved. The analysis of the health situation involves a territorialization process that makes it possible to recognize the living and health conditions of the territory, identify social needs, establish intervention priorities, and support evidence-based decision-making. The Situational Health Diagnosis constitutes the first step of this planning process and is fundamental for the team, especially the Family Health Team, to identify, describe, and explain the main problems of the territory, define priorities, and prepare action plans consistent with the local reality¹¹.

To this end, the Rapid Participatory Appraisal (RPA) is one of several tools used for the construction of the Situational Health Diagnosis, standing out for enhancing this process, especially in the field of public health. It is an approach that seeks to obtain information in an agile and low-cost manner, combining qualitative and quantitative aspects in the analysis of health problems¹¹. Its use

favors the identification and prioritization of problems through the analysis of information from the territory, listening to social actors, and the recognition of existing needs and resources¹¹.

In this way, the construction of local planning based on the needs of the population represents the materialization of the principles of participatory planning in PHC. By starting from the concrete reality of the territories and incorporating active listening to the various actors (managers, workers, and the community), the planning process ceases to be a bureaucratic/mechanistic practice and comes to constitute an instrument of social transformation and the strengthening of participatory management. In this process, territorialization, the situational diagnosis, the RPA, the use of qualitative and quantitative information, and listening to the actors constitute methods and techniques that help in the definition, explanation, and prioritization of problems.

However, studies indicate that the implementation of this approach is still uneven, often limited by institutional barriers and by the predominance of centralizing practices, which reduces its transformative potential.

Technologies in health planning

The use of digital technologies has been consolidated as a strategic element for enhancing the quality of planning and management in PHC. It is observed that tools such as information systems, monitoring dashboards, and data analysis platforms have been enabling greater integration among services, transparency in management, and agility in decision-making²⁰.

Health planning in PHC depends on high-quality information and on technologies that enable the transformation of data into knowledge useful for decision-making. By understanding the local social, economic, and epidemiological reality, the data produced by the services make it possible to plan interventions that are more appropriate to the specific needs of the population. In this sense, effective planning is directly related to the capacity of teams to use the information collected in the territory as an instrument of management and reorganization of care, making the process more participatory and contextualized²⁰.

Information technologies expand planning capacity, allowing better data analysis and better decision-making^{20,21}. These and health indicators favor the monitoring and evaluation of actions²⁰, especially the Health Information Systems (SIS) and the SUS Electronic Health Record, which play a central role in this process.

From a global perspective, the World Health Organization emphasizes that timely, reliable, and disaggregated data are essential for strengthening PHC and for progress toward Universal Health Coverage. During the COVID-19 pandemic, it became evident that countries with robust information systems were able to respond with greater agility and accuracy to emergency health demands, using digital technologies, such as telemedicine, to ensure the continuity of care. Thus,

in both local and international contexts, the use of digital technologies in health planning represents a structuring strategy to improve management, reduce inequalities, and promote a smarter, more integrated, and evidence-based PHC²¹.

In this sense, the use of digital technologies, such as indicator systems and data dashboards, emerges as an innovative strategy to support public management, offering real-time analyses and promoting greater transparency, control, and accountability regarding the results obtained in PHC units²².

In this context, local health planning is presented as a strategic tool to ensure the effectiveness, efficiency, and equity of the actions developed in the UBSs, the main gateway to the SUS^{9,11}.

However, the literature highlights that the incorporation of these technologies occurs unevenly, being conditioned by the quality of the data, the available infrastructure, and the training of professionals, which limits its impact in some contexts²².

DISCUSSION

The analysis of the results shows that health planning must be understood as a complex process that goes beyond the technical dimension and is embedded in a field marked by social, political, and institutional relations. This understanding broadens its meaning, shifting it from a strictly normative logic to a perspective oriented toward the analysis of reality and decision-making in dynamic contexts^{3,4}.

In the context of the SUS, planning occupies a strategic position in the organization of actions and services. However, its operationalization frequently takes on a formal character, with an emphasis on complying with institutional requirements, to the detriment of its use as an effective management tool. This gap between formal planning and its practical application reveals weaknesses in the integration between formulation and execution, compromising the transformative potential of this instrument^{8,16}.

The territorialized work of PHC supports the development of contextualized diagnoses and the definition of more appropriate interventions. Despite this, structural limitations, such as the teams' work overload and insufficient training in planning, hinder the consolidation of systematized practices, restricting the effectiveness of the actions carried out^{9,11,19}.

The incorporation of social participation into planning represents a relevant advance in the field of collective health, as it enables the inclusion of different perspectives in the decision-making process. This approach contributes to the design of actions that are more legitimate and better aligned with local demands. However, its implementation still occurs unevenly and is frequently limited by institutional barriers and by the persistence of centralizing practices, which reduces its scope and impact¹⁹.

With regard to the use of technologies, the expansion of access to information systems and health indicators has enhanced the capacity to analyze and monitor actions. These tools support evidence-based decision-making and

contribute to greater efficiency in management. However, their effectiveness depends on the quality of the available data, the existing infrastructure, and the training of professionals, showing that technology alone is not sufficient to ensure improvements in planning^{20,21}.

The interplay among these different elements shows that health planning cannot be reduced to a set of formal stages or instruments. It is a process that requires the integration of technical knowledge, an understanding of the context, and the capacity to negotiate among actors.

FINAL CONSIDERATIONS

Health planning constitutes an essential element for the organization of actions and services within the SUS, especially in primary health care. Its evolution demonstrates the incorporation of strategic, social, and participatory dimensions, expanding its capacity to respond to the population's needs.

In this process, territorialization plays a central role, as it makes it possible to recognize living and health conditions, epidemiological profiles, population flows, and the resources available in each territory, guiding the definition of priorities and interventions consistent with the local reality²³.

Despite the advances, challenges still persist regarding the integration between planning and execution, the training of professionals, the strengthening of social participation, and the systematic use of the information produced in the territory, as well as investment in strategies that promote the continuous improvement of health planning, contributing to the effectiveness of public policies.

Thus, recognizing the importance of improving planning in primary health care, grounded in territorialization and in the specific needs of the registered population²³, represents a fundamental strategy for strengthening the SUS and expanding its capacity to respond to the population's health needs.

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Project management: EMCS, RFM; **Formal analysis:** EMCS, MGMMT, MFM, RFM; **Conceptualization:** EMCS, MGMMT, MFM, RFM; **Data curation:** EMCS, RFM; **Investigation:** EMCS, RFM; **Methodology:** EMCS, RFM; **Writing – review and edition:** EMCS, MGMMT, MFM, CSM, RFM; **Writing – original draft:** EMCS, CSM; **Supervision:** MGMMT, MFM; **Validation:** EMCS, MGMMT, MFM, RFM.

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