

## Strategic planning as a local management tool for primary health care

### Planejamento estratégico como ferramenta de gestão local na atenção primária à saúde

### Planificación estratégica como herramienta de gestión local en la atención primaria a la salud

Received: 18/07/2019

Approved: 22/11/2019

Published: 17/02/2020

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The objective was to analyze the knowledge and practices of strategic planning from the perspective of professionals and managers of Primary Health Care. This is a descriptive research, with a qualitative approach, carried out with ten professionals from the Basic Attention and Management, from a municipality in the Region Metropolitan of Fortaleza, Ceará, Brazil, in 2016. Data were collected through semi-structured interviews and focus group, being treated by the content analysis of Bardin. The results evidenced participants between 26 and 64 years of age, most of them female, graduates and time in the service between four months to eight years. They emphasize the importance of strategic planning, but with a deficient use of the instruments, especially the management report that favors the analysis, execution and decision making. It is concluded that the strategic planning creates new possibilities of transforming the practices in the territories, being essential for the management and the doing of the Primary Care professionals.

**Descriptors:** Health planning; Primary Health Care; Health Management; Unified Health System.

O objetivo deste estudo foi analisar saberes e práticas do planejamento estratégico, na perspectiva dos profissionais e gestores da Atenção Primária à Saúde. Trata-se de pesquisa descritiva, com abordagem qualitativa, realizada com dez profissionais da Atenção Básica e Gestão, de um município da Região Metropolitana de Fortaleza, Ceará, Brasil, em 2016. Os dados foram coletados por meio de entrevistas semiestruturadas e grupo focal, sendo tratados pela análise de conteúdo de Bardin. Os resultados evidenciam participantes entre 26 a 64 anos de idade, maioria do sexo feminino, graduados e tempo de atuação no serviço entre quatro meses a oito anos. Destacam a importância do planejamento estratégico, porém com uso deficitário dos instrumentos, especialmente, o relatório de gestão que favorece a análise, execução e tomada de decisão. Conclui-se que o planejamento estratégico cria novas possibilidades de transformar as práticas nos territórios, sendo imprescindível à gestão e ao fazer dos profissionais da Atenção Primária.

**Descritores:** Planejamento em saúde; Atenção Primária à Saúde; Gestão em Saúde; Sistema Único de Saúde.

El objetivo fue analizar los saberes y prácticas del planeamiento estratégico, en la perspectiva de los profesionales y gestores de la Atención Primaria a la Salud. Se trata de una investigación descriptiva, con abordaje cualitativo, realizada con diez profesionales de la Atención Básica y Gestión, de un municipio de la Región En el marco de las entrevistas semiestructuradas y grupo focal, siendo tratados por el análisis de contenido de Bardin. Los resultados evidencian participantes entre 26 a 64 años de edad, mayoría del sexo femenino, graduados y tiempo de actuación en el servicio entre cuatro meses a ocho años. Destacan la importancia de la planificación estratégica, pero con uso deficitario de los instrumentos, especialmente, el informe de gestión que favorece el análisis, ejecución y toma de decisión. Se concluye que la planificación estratégica crea nuevas posibilidades de transformar las prácticas en los territorios, siendo imprescindible a la gestión y al hacer de los profesionales de la Atención Primaria.

**Descriptor:** Planificación en salud; Atención Primaria de Salud; Gestión en Salud; Sistema Único de Salud.

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## INTRODUCTION

The strategic plan proposed by the Unified Health System (SUS) incorporates responsibilities to public entities and must be configured continuously, coordinated, integrated and be in solidarity among the three federal levels, in order to facilitate the implementation of actions through commitments built and assist in the development of effective methods and strategies for achieving satisfactory results<sup>1</sup>.

It is a fundamental management tool to meet the operational guidelines that guide the SUS and that makes up part of its legal framework<sup>2</sup>. In other words, it is the transformation of an object in a product linked to a specific purpose, which involves human labor, reinforcing that it helps to organize the realization of health practices, maintenance purposes or conversion of health situation<sup>3</sup>.

Thus, it is necessary to make new forms of management in the health sector to monitor the changes within and outside the sector, and participatory strategic planning combined with a strong decentralized management to solve problems<sup>4</sup>. Hence, there is a need to reflect on the importance of this tool in health work processes, because it allows developments involving decision-making to confront problems, thus contributing to improve the operation of health services.

From this premise, health professionals working in the areas of care and management should improve their practice, directing it to strengthen strategic planning in health, in order to enable transformative changes as the multi-integration, using criteria such as communication, social value, flexibility of labor division and technical autonomy able to favor decision making and implementation of planning as instrument management<sup>5</sup>.

The coordination required for the practice of planning permeates health by a complex network, which ranges from people that directly assume planning positions, and also the participation of representative social actors in society, going to the environment in which the planned actions have the opportunity to be implemented and/or performed<sup>6</sup>. However, gaps are perceived between theory and practice, identifying a situation where health playback inadequate and inefficient practices in the daily work processes, making it necessary to plan the actions and health services to achieve a significant practice and transforming.

Without planning, activities are performed by inertia. Health services work in a disjointed manner, being only guided by the notion of what their role is and this notion is produced according to the world view of each officer and employee or their understanding of the guidelines established by sectoral state policy<sup>7</sup>.

In practice, there is lack of professional ownership and managers working in Primary Health Care (PHC) for the improvement of health planning, an important democratic instrument in the organization and management of health service processes<sup>8</sup>. Therefore, one has to break the inefficiency of the edges about planning in PHC breaking weaknesses in coordination between the various actors involved in the work process, in order to strengthen accountability mechanisms under the logic of a more united, collective and participatory planning.

Planning is used as a strategic tool for the management enabling important theoretical and methodological inflections in its approach. For a long time, the normative approach was predominant in the teaching and practice of planning<sup>9</sup>. In addition, it is pointed out that, currently, due to the complexity of the real world and the uncertainty about the future, what is proposed is not know and predefine the approach or method to be adopted, but the type of problem and/or situation which to intervene to transform reality.

Thus, for the planning of actions to contribute to the improvement of SUS management, federal agencies must commit to carry out periodic monitoring and evaluation processes, guided by the guidelines, objectives, targets and indicators made in every sphere of management. Under the planning in the NHS, these processes can occur individually and jointly among the federal entities by reference to the respective health regions<sup>10</sup>.

Planning should be an instrument that actually follow the day-to-day health production, so that the requirements imposed by society do not overlap with actions and commitments collectively<sup>11</sup>. Not just morally deliberate, it is necessary to strategically plan, because the resolution of the answer depends on collective, organizational and inter-sectorial conditions built by planning<sup>12</sup>. With this in mind, it is inconceivable to conduct impromptu health, requiring planning as a basic tool in the healthcare construction process and improving the SUS.

Because of its relevance in health work processes arising from joint participation, commitment and responsibility in the implementation of actions that seek solutions to problems that arise in the daily services, defining propositions and constituting its viability with a view to problem solving and meeting individual and collective needs<sup>13</sup>, the interest is then justified in addressing this issue, because it is a fundamental tool in the organization and management of actions and health services. It also allows better understanding of the significance and meanings of planning practice by professionals and managers working in PHC, essential in the daily lives of health work processes.

Thus, this issue features the following question: how are health professionals and managers of PHC using strategic planning as a tool in the work processes? That said, this study aimed to analyze knowledge and practices of strategic planning, from the perspective of professionals and managers of Primary Health Care, in a municipality in the metropolitan region of Fortaleza.

## METHOD

This is a descriptive study, with a qualitative approach resulting in a dissertation cutting, held in a municipality in the metropolitan area of Fortaleza, Ceará, Brazil.

The subjects were ten health professionals, and seven representatives of the Family Health Strategy (ESF) and the Support Center for Family Health (NASF) and three health managers. Inclusion criteria were: having a link with the teams for at least twelve months of experience in municipal ESF, considered minimum for appropriation of the territory and its characteristics; belong to one of the categories of Primary Health Care and occupy a position in management linked to the County Health Department. Professionals on holidays and/or maternity/Premium leave and professionals with period of less than twelve months of linking in the municipality were excluded. Data were collected in April and May 2016.

Entry into the search field was preceded initially by a meeting with the Municipal Manager of Health and the Executive Director of Primary Care of Maracanaú, State of Ceará, for detailing the research objectives and methodology to be used in the development of the study. Later, there was a meeting with the professionals of Basic Health Unit Elias Boutala, participants and managers of research, explaining the voluntary character, securing the confidentiality of their responses and the importance of the study for possible improvement of health practices.

The PHC of Maracanaú municipality consists of 30 Basic Units of Family Health, 55 teams of the Family Health Strategy, two multidisciplinary teams of Indigenous Health, 39 oral health teams, 302 community health workers (CHWs) and six Núclei support for Family health (NASF's), representing a 94% coverage to the population and distributed in the six health surveillance areas (AVISAS), consisting of geographically defined territories by the Municipal health to facilitate and decentralize management<sup>14</sup>.

Data collection was made through semi-structured interview techniques with managers, with open and closed questions and focus group with professionals in the FHS and NASF. The interview was individually applied, having previously been scheduled according to the availability of managers. It has requested authorization for audio recording and the length of time was, on average, 40 minutes. For the record the information used a digital recorder feature. All interviews were transcribed in full and immediately by the researcher.

The location of the interview included the space where the research participants perform their work activities. A preserved environment was used, with good lighting and ventilation, ensuring the privacy of participants. It was prioritized the informal aspect between interviewer and interviewee, so that it could get veracity in the answers.

The discussion in the meetings of the two focus groups took place through a script with guiding questions. To begin discussions on focus group, the nature of the study was presented to the participants, the objectives to be achieved and the reasons that led to the research. To activate the dialogues, there was aid of an external animator who promoted the participation of all and the expansion of debates.

The sessions lasted an average of two hours, counting from the initial contact, the host and the dialogues of the focus groups. For information registration, a voice recorder and daily field were used to those considered relevant notes. Monitoring of time and the perception of the reactions of the participants were observed in the focus groups by the rapporteur.

It was considered also as secondary information documents available from the City Health Department, including management report and the Municipal Health Plan, which provided relevant elements to the basis for discussions listed.

The material collected from interviews, focus groups, field diary and secondary information was submitted for analysis content technique that:

*[...] is a set of analysis techniques of communications in order to obtain systematic procedures and description of message content objectives, indicators (quantitative or not) that allow interference of knowledge of the conditions of production/reception (inferred variables) of these messages. Thus, it was used the methodological approach guided by the steps: pre-analysis, exploration of material and treatment of results and interpretation<sup>15</sup>.*

The speeches were organized and classified by their main ideas or themes. The themes have emerged in the course of reading and it was tried to keep them loyal to the expressions of the participants. The subjects and portions of the lines were grouped and categorized, according to the proximity of content for analysis, and finally, the implications of the raw data. Thus, after exhaustive reading the contents of speeches of the groups the predominant themes were observed and these were selected to represent the categories of the study.

To ensure anonymity, the interviews were designated by a coding represented by a letter and followed by numerals, the letter "P" represents PHC professionals and "G" for management.

The research followed the ethical precepts of Resolution No. 466/2012, the National Health Council with respect to ethics in research involving human beings<sup>16</sup>, and the study was submitted to the Research Ethics Committee (CEP) of the State University of Ceará (UECE) and approved under Opinion No. 1520392/2016.

## RESULTS

Initially, it will be presented the profile of the respondents in the survey, then, the theme category: "The concepts and applicability of managers and health professionals of the PHC assigned to the local action planning."

### ***Characterization of the study participants***

The field survey with the participation of ten health professionals, representatives of ESF, NASF and Management, aged between 26-64 years, with a predominance of the female gender and married people.

Regarding education, the research shows eight participants graduated. Thus, it emerges that most have scientific knowledge that favors the effective use of the local health planning as a management tool.

Regarding the time of work in service in the FHS and NASF, there was a range between two to eight years and in management, from four months to three years, accounting for a significant period for ownership, recognition of the territory with their specificities and and the basic tools of PlanejaSUS for the management of the municipal health system. The fact that

a participant has a minimum experience of four months in service was due to the replacement of one of the interviewees during the course of the research.

Regarding the institutional link, it confirms its weakness in that all participants are engaged in the commissioned position mode, managers and health professionals, due to no public contests have been made for the municipality of the PHC.

### ***Concepts and applicability of PHC managers and health professionals assigned to the local planning actions***

This category reflects the acquisition of knowledge and the use of management tools by managers and health professionals in relation to local planning.

For the interviews, it shows a significant empowerment of the essence of planning, being regarded as a beacon instrument of the work process and essential to the programming of activities and reassessment of attitudes and behaviors, as shown in the statements:

*P1: It is a future grounded in facts prior programming, aiming to improve, progress, and that in the end one evaluates whether the goal has been reached; Q3: It is the first and most important step, it is from it that we define goals and optimizes the time, it is not skipping steps, one reaches the goal achieving the success of the service.*

Therefore, professionals working in the PHC reiterate the planning process as an agent of health practices, assisting and giving conditions for appropriating the necessary skills to improve the services continuously and effectively.

It is also clear a previous and actual knowledge about this management tool, represented by lines G1 and G3, which highlight the importance of the involvement of everyone in the conduct of its potential in the work process and organization of health services:

*G1: When I talk about planning, is not the issue planner, planning expert, is the question everyone sit down and see what is best for the system, because sometimes the issue of planning is in the office, I'm talking about planning everyone who is part of the process [...];*

*G3: So, the planning has to misread this question of the exercise of professional specializing in planning, have to undress and really get down to the tip, so that people actually do planning.*

Supported by these reflections, it is worth noting the planning done by the managers of the offices that are unaware of the peculiarities and specifics of municipalities, making the process of situational analysis critical for decision-making of those who are in health management. That is a fact evidenced by the narratives date us back that the current challenges require a new position in relation to the planning process, being necessary to work in partnerships that go beyond their own walls, making it realize that managers are not alone in this journey.

For this, a symbolism of local planning appropriate to the Family Health Strategy is the Situational Strategic Planning (PES) expressing the identity of an organization, helping to define its objectives and targets based on a mission to be constantly pursued by everyone involved in the process. The PES urges reflection and debate, providing constant change and improvements in the health system.

Thus, by the dynamics of the process involving the participants, one identifies an inclination to work the PES in the units, and a proposal for the management of Health, although it is not realized evidence in formalizing and ensuring that space directed to the teams. Its essence, as a transforming agent of reality, is perceived in the speech of P5, to express that:

*It is important to know my people, and know where you need improvement, is to sit down with the team and find ways to improve the situations.*

In addition, the G1 reiterates be essential for:

*Building the health policy planning and support implementation of this. It is to promote the resources to act on the causes that affect the health areas.*

Therefore, using planning as a management tool is to involve professionals with the team/community regarding the joint participation, commitment and responsibility in the implementation of actions that seek solutions to problems arising in everyday health services. When one advocates a democratic management, it must create mechanisms for it to be carried out.

In terms of the applicability of tools for the planning of actions, the Management Report and the Municipal Health Plan by managers predominated. On the other hand, health professionals reiterate the lack of a specific instrument, reinforcing not having access to data related to management tools, to put them in the programming of actions at the facility:

*P2: Usually as a tool for planning actions, we use the meeting minutes to prove it. There is no specific document. It has a model coming from the office for programming of activities (campaigns), but there is no specific instrument. Usually the nurse is following, evaluating, monitoring, on my team there is no specific instrument;*

*G1: I've never worked in a place with such great wealth as data here is, we have a wealth of data, and from there we extract valuable information, we cannot yet draw implementation of actions in the system itself. We are data accumulators.*

It goes without saying that the wealth of information contained in the management tools, in particular the Annual Report should be considered by all professionals working in the city for knowledge and guidance of appropriate solutions to the identified health problems. It is evident the need for increased investment to strengthen managers and professionals, both in the assemblage efforts as the targeting of services, in order to facilitate the implementation of actions through built commitments, helping to develop effective strategies for job growth.

For greater efficiency and effectiveness in health care, one has to combine health practices to understand the planning instruments, structure and health system organization, through the powerful tools of the raid and the management. Thus, it should be emphasized the need to solve the gaps between planning and health activities to promote the construction of a system more equitable and decisive. It is essential to overcome the limitations and difficulties that permeate the Primary Care to go new paths that pass by this scenario. This is evidenced in the speech of G1:

*A specific instrument to accompany the office I do not see. It would use the moment when assessing PMAQ actions, which could be used to make the planning unit.*

Based on this premise, it reinforces the need for greater coordination and integration between health professionals and managers, so that the planning happens collectively and shared so that this practice develops in everyday life since the inflows in the territory. Speech G2 refers to reflect this sense:

*We have to try to make what you plan to run, evaluating what was done, trying to envision a better indicator, then, always comparing and trying to improve.*

We also realize the deficient use of the Annual Management Report (AGR) by managers and health professionals. It is a basic instrument of planning which presents substantial information for monitoring and evaluation of health indicators as well as recommendations for the development of effective strategies for job growth in health.

The speeches of the respondents support this statement emphasizing that the data is presented every four months to the Municipal Health Council and the Legislature. This leads us to reflect that the information generated by the RAG is not being analyzed properly by managers and health professionals, realizing the need for further exploration of this management tool in implementing health actions and better basis in decision making, critical to optimize analyzed health system.

## DISCUSSION

The females demonstrated as predominant factor in this study coincides with the trend recorded in the country, confirming the data<sup>17</sup> of the Brazilian National Household Survey (PNAD) conducted by the Brazilian Institute of Geography and Statistics (IBGE), which show that in recent years, it has increased the presence of women in the labor market. The authors added also that in 2007, women represented 40.8% of the formal labor market; in 2016, they came to occupy 44% of the seats.

The concentration of most participants in the age group from 26 to 50 years can be explained by the dominance of the economically active population, as evidenced by the Brazilian National Household Survey (PNAD)<sup>18</sup>. The study population falls in this group of women belonging to economically active population that has grown significantly and steadily,

representing a strong role in the labor market. In addition, they seek to constantly update to meet the necessary skills to perform their duties and win new positions in the health work processes.

For decades, the initial formation was considered sufficient to prepare the individual for professional performance. However, the marked speed posed by globalization and the third industrial revolution that propelled the advancement of knowledge in recent decades, and its inter-relationship with the professional performance brought out the need to update and constant improvement of working in the area of health management<sup>19</sup>. The increase of their education level allows one to search for more valued occupations in the labor market<sup>20</sup>.

Continuous improvement and the time of work in the health services contribute to the achievement of more appropriate and timely interventions. However, regarding the institutional linkage, it is still observed the precariousness of working relations in the health sector. Despite the actions taken by the Ministry of Health to combat it still remains one of the major problems to be solved with regard to the workforce, which especially affects the organization of the management of health services under SUS<sup>21</sup>, due to the difficulty in the effectiveness of collateral security to participants, explained, often through staff turnover and management of positions.

In this scenario, the professionals of the FHS, NASF and health managers perform their work in the field of care and management, seeking to strengthen health planning to ensure the improvement of the NHS and of sectorial policies in the territory under study. Therefore, they consider planning as a management tool that allows making priorities and investment decisions that directly affect the organization of the public health service network<sup>22</sup>.

It is clear, then, the significant empowerment of these professionals about the health planning, emphasizing the importance of the act of planning to provide at the same time, improvements in the actions and services in the daily lives of individual and collective practices in the promotion and production of health. The planning team<sup>23</sup>, understands the magnitude of program health interventions collectively, valuing horizontality of the shares. Thus, planning<sup>8</sup> as knowledge construction process, allows the manipulation of professionals, so that they can act in an attempt to transform reality.

There is the recognition that all social actors plan, although not write plans, that is, make decisions and establish courses of action aimed at achieving its objectives. This view, which implies recognition of the other, is an essential starting locus, in that it establishes a level of relationship between the institutions of the various sectors based on respect for the differences in concepts, management and operational capabilities and even interest in the development of a joint planning<sup>13</sup>.

A local planning typology, appropriate for Family Health, which comprises this conception of the influence of all involved, is called the PES, which contextualizes, and reflexively criticize to develop it. So that it claims that planning is a social process in which all actors in government situation have their own ability to conduct changins<sup>24</sup>. The PES is a suitable tool for the development of skills and core competencies to the process of planning and management, guiding the daily actions to achieve the goals.

The planning is not just about a simple goals projection exercise, but a strategic move of public management, which aims to refocus programs and government projects in order to increase the efficiency, efficacy and effectiveness of action policies of health. Therefore, planning is intrinsically related to SUS<sup>25</sup> management. For this, there must be proactive subjects and protagonists in everyday practices, seeing an active, dynamic and effective work. The may be interested, involved, militant, political, educational, technical and epistemic, revealing himself from the action by the challenges that are under protagonistic context where they act<sup>26</sup>.

At this point, all the actors must be heard and participate collectively in the planning and programming of activities and health services, for joint action is able to change<sup>27</sup> old models

and create new ones, being able to positively impact and set the health of the local population. Thus, it starts from the logic<sup>26</sup> that health work is carried out from the meeting between workers and users, forming a network of relationships from which the products related to the care gain materiality.

For more effective management of health systems, a better understanding of the functions is necessary, planning instruments, structure and organization of these systems. The management exercise should not be done from the common census or political will as often usually rule. Moreover, ignorance of the fundamentals of Health Services Systems impoverishes the debate on the social system, introducing noise and inconsistent proposals to disobey their particular characteristics or their principles, leading to decontextualized professional practice and inefficient management<sup>13</sup>.

In this context, it is evident in the areas of health services, that managers use the management and the municipal health plan as instruments of action planning. However, sets that health professionals do not recognize them as a management tool to plan and organize their work process. These tools<sup>28</sup> - the health plan, its annual programming and management reports (annual and quarterly) - interconnect sequentially composing a cyclical process of planning for integrated, cohesive and systemic operation of the SUS, promoting the planning, monitoring and evaluation in the system, therefore enabling health decision making<sup>28</sup>.

Planning is a key management tool for compliance with operational guidelines that guide the Unified Health System and that makes up part of its legal framework<sup>1</sup>. Therefore, health professionals need to recognise the importance of these instruments that generate relevant data and information to support decision making by making the necessary adjustments according to local needs, through monitoring and evaluation to strengthen their activities and everyday actions.

Without planning conduction, activities are performed by inertia. Health services work in a disjointed manner; being only guided by the notion of what their role and this notion is produced according to the world view of each officer and employee or their understanding of the guidelines established by sectorial state policy<sup>7</sup>.

In this context, managers are presented as cornerstones for building management models capable of, besides contributing to health production, contribute to the development of subjects that have their personal projects articulated with accountability in building an attention model that complies with the principles of SUS<sup>27</sup>.

Moreover, for the planning of actions to contribute to the improvement of the NHS management, federal agencies must commit to carry out the monitoring and assessment, aiming to examine the results and the strategies employed to get them. The monitoring and evaluation should be periodic processes, guided by the guidelines, objectives, targets and indicators made. Under the planning in the NHS, monitoring and evaluation should be performed individually and jointly<sup>29</sup>.

However, the inter-organizational environment, one of the great challenges ahead is the articulation between the federal entities for the health planning actually become effective. The political and administrative decentralization of the system with consequent management autonomy of the 5,564 municipalities, 26 states and the Federal District brings the difficulty of integration between them<sup>7</sup>. Moreover, since the creation of SUS, there was concern about the discussion of the planning and attempts to institutionalize it as a key component of management.

Thus, considering its importance in NHS management, planning<sup>30</sup> is a task for the spheres of government and plays an important role in the organization of this system and the provision of services to the population. As a result, NHS managers are increasingly feeling the need to organize, internally, the health departments, routines and work processes, decentralization of tasks, as well as forming teams for planning, following, monitoring and evaluation issues.

Previous experiences in the field of practice of FHS professionals, NASF and Management, as well as literature, point out that there is still inefficiency in the use of PES as a working tool. That being so, they have to expand the meetings and moments of dialogue between the health teams and management to socialize everyday problems of the working process and transform an undesirable health situation<sup>24-30</sup>. This initiative facilitates coordination of the responsible driver in this process, in a shared manner, which contributes to enhancing the health care, the management and the PES realization.

From this premise, health professionals and managers should strengthen dialogue on the importance of planning as a management tool, to overcome the weaknesses identified in the study and enhance the tools essential in driving the planning, such as the municipal health plan, programming health and health report, at the local level. Moreover, after their execution, it is necessary monitoring and evaluation for the development of effective strategies for job growth, because planning<sup>31</sup> and evaluation of the actions implemented enable permanent reorientation of the work process.

## CONCLUSION

The data collected and the results of this study based the analysis of the concepts and practices of health professionals and managers related to local planning in PHC.

This research has demonstrated a solid base of scientific knowledge for the implementation of a local planning, which includes the adaptation of reality in order to overcome the conflicts in theory and practice paradox and design new skills for the appropriate use of this management tool.

Concerning the concepts and practices of this instrument by the interviewees, it was highlighted the importance of health planning as a management tool, but incipient in directing the actions by those who are involved in it. Although experiments undertaken to take over the strategic planning, failure is surmised in the local planning process, with no assessment of health actions and feedback management tools, in particular the Annual Management Report that provides the manager and professional health analysis, monitoring and evaluation of health actions and services more effectively.

At the same time, one realized the need to strengthen the discussions related to concreteness of strategic planning in its directionality to strengthen PHC so that its use does not occur only as a management tool, but as a provocative tool for meaningful and transformative changes in the territory under study.

The work process in PHC and health management requires competence and commitment, because of situations of great complexity and diversity of actions and services that seek continuously for satisfactory results. Hence, the importance of strategic planning in the daily practice of health professionals and managers, participatory and negotiated with all involved in the process, with the support and participation of management, as the joint action contributes to the development of more efficient strategies, which, in an impactful way, translates promising results in the actions and health services.

The study was limited to a specific cutout researched scenario and may directly influence other fields later. Moreover, data can be very subjective, complicating the interpretation of results. Despite these limitations, it is pertinent to point out that this study can improve the knowledge on the effective and appropriate use of planning tools in the SUS, in order to effect and reorient local planning practices through the application of strategic planning.

Thus, their results provide contributions to teaching and research, allowing expand undergraduate knowledge and graduate students, especially those in the health field who seek to continuously expand the range of knowledge to act, competently and effectively in health work processes.

Regarding care, it may contribute to the professionals of the PHC to sediment health actions under the aegis of improving the quality of services offered to the population,

disseminated effectively, and in a competent and multidisciplinary way. Thus, it is necessary that everyone recognizes the importance of health planning as a management tool and seek new possibilities for health transformation really occurs on solid foundations, resulting thus in improving the quality of primary care and health of the population. Planning is essential to management and to the professionals who work in health.

It is suggested, therefore, further researches, since there are still many reflections on the subject in a study that is configured on the need for more research to support the effectiveness of this practice in the health services.

## REFERENCES

1. Lacerda JT, Calvo MCM, Berreta IQ, Ortiga AMB. Avaliação da gestão para o planejamento em saúde em municípios catarinenses. *Ciênc Saúde Colet*. [Internet]. 2012 [cited 07 Oct 2018]; 17(4):851-9. Available from: <http://www.scielo.br/pdf/csc/v17n4/v17n4a08.pdf>
2. Ministério da Saúde (Brasil). Portaria nº 399, de 22 de fevereiro de 2006. Divulga o Pacto pela Saúde 2006. Consolidação do SUS e aprova as Diretrizes Operacionais do Referido Pacto [Internet]. 2006 [cited 07 Jan 2019]. Available from: [http://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0399\\_22\\_02\\_2006.html](http://bvsms.saude.gov.br/bvs/saudelegis/gm/2006/prt0399_22_02_2006.html)
3. Vilasbôas ALQ, Paim JS. Práticas de planejamento e implementação de políticas no âmbito municipal. *Cad Saúde Pública* [Internet]. 2008 [cited 07 Jan 2019]; 24(6):1239-50. Available from: <http://www.scielo.br/pdf/csp/v24n6/05.pdf>
4. Queirós OS, Costa DM, Souza ACS, Chaveiro LG, Silva ALAC, Silva DA, et al. Strategic planning of a family health unit - East Region of Goiânia. *Rev Salud Pública* [Internet]. 2010 [cited 22 Jan 2019]; 15(1):15-23. Available from: [http://www.saludpublica.fcm.unc.edu.ar/sites/default/files/RSP10\\_1\\_05\\_art2\\_pp%2015\\_23.pdf](http://www.saludpublica.fcm.unc.edu.ar/sites/default/files/RSP10_1_05_art2_pp%2015_23.pdf)
5. Anjos Filho NC, Souza AMP. A percepção sobre o trabalho em equipe multiprofissional dos trabalhadores de um Centro de Atenção Psicossocial em Salvador, Bahia, Brasil. *Interface (Botucatu)* [Internet]. 2017 [cited 12 Dec 2018]; 21(60):63-76. DOI: <http://dx.doi.org/10.1590/1807-57622015.0428>.
6. Anunciação FC, Souza MKF. Planejamento em saúde: percepções e entendimentos sobre o Plano Municipal de Saúde. *Rev Baiana Saúde Pública* [Internet]. 2011 [cited 12 Dec 2018]; 35(4):845-58. Available from: <http://files.bvs.br/upload/S/0100-0233/2011/v35n4/a2812.pdf>
7. Vieira FS. Avanços e desafios do Planejamento no Sistema Único de Saúde. *Ciênc Saúde Colet*. [Internet]. 2009 [cited 12 Dec 2018]; 14(1):1565-77. DOI: <http://dx.doi.org/10.1590/S1413-81232009000800030>
8. Monteiro MFV, Alves MNT, Carvalho ACO. Planificação da atenção primária à saúde: um relato de experiência. 2013 [cited 12 Nov 2018]. Available from: <https://docplayer.com.br/6050190-Planificacao-da-atencao-primaria-a-saude-um-relato-de-experiencia.html>
9. Rizzoto MLF. Planejamento em saúde: aspectos históricos e metodológicos. Relatório Licença Sabática 01/09/2010 a 28/02/2011. Universidade Estadual do Oeste do Paraná; 2011. [cited 12 Nov 2018]. Available from: <http://cac-php.unioeste.br/projetos/gpps/arq/relatorios/007.pdf>
10. Carvalho ALB, Souza MF, Shimizu HE, Senra IMVB, Oliveira KC. A gestão do SUS e as práticas de monitoramento e avaliação: possibilidades e desafios para a construção de uma agenda estratégica. *Ciênc Saúde Colet*. [Internet]. 2012 [cited 20 Jan 2019]; 17(4):901-11. Available from: [http://www.scielo.br/scielo.php?pid=S1413-81232012000400012&script=sci\\_abstract&tlng=pt](http://www.scielo.br/scielo.php?pid=S1413-81232012000400012&script=sci_abstract&tlng=pt)
11. Silva BFS, Wandekoken KD, Dalbello-Araújo M, Benito GAV. A importância do planejamento como prática de gestão na microrregião de saúde de São Mateus (ES). *Saúde Debate* [Internet].

- 2015 [cited 20 Jan 2019]; 39(104):183-96. DOI: <http://dx.doi.org/10.1590/0103-110420151040078>
12. Junges JR, Barbiani R, Zoboli ELCP. Planejamento estratégico como exigência ética para a equipe e a gestão local da Atenção Básica em Saúde. *Interface (Botucatu)* [Internet]. 2015 [cited 20 Jan 2019]; 19(53):265-74. Available from: <http://www.scielo.br/pdf/icse/2015nahead/1807-5762-icse-1807-576220140331.pdf>
13. Teixeira CF. Planejamento em saúde: conceitos, métodos e experiências. Salvador: EDUFBA; 2010. 161p.
14. Prefeitura Municipal de Maracanaú. Secretaria Municipal de Saúde. Relatório de Gestão, 2014. Maracanaú, CE: Prefeitura Municipal. 283p.
15. Bardin L. Análise de conteúdo. Lisboa: Edições 70; 2011.
16. Conselho Nacional de Saúde (Brasil). Resolução Nº 466, de 12 de dezembro de 2012. Aprova normas regulamentadoras de pesquisas envolvendo seres humanos [Internet]. Brasília, DF: CNS; 2013 [cited 10 Feb 2019]. Available from: <https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>
17. Lino ALPS, Alecrim ES. Mulher e desenvolvimento: desigualdades no mercado de trabalho. In: Seminário Internacional Fazendo Gênero 11 & 13th Women's Worlds Congress [Internet]; 2017; Florianópolis. Florianópolis: Universidade Federal de Santa Catarina; 2017 [cited 26 Feb 2019]. Available from: [http://www.wwc2017.eventos.dype.com.br/resources/anais/1503430334\\_ARQUIVO\\_Artigo\\_completo\\_Mulheres\\_Desigualdades\\_Trabalho\\_ALPS\\_MM\\_FG.pdf](http://www.wwc2017.eventos.dype.com.br/resources/anais/1503430334_ARQUIVO_Artigo_completo_Mulheres_Desigualdades_Trabalho_ALPS_MM_FG.pdf)
18. Instituto de Pesquisa Econômica Aplicada (Brasil). PNAD 2009 - Primeiras análises: o mercado de trabalho brasileiro em 2009 [Internet]. Brasília, DF: IPEA; 2010 [cited 26 Feb 2019]. (Comunicados do Ipea; v. 62). Available from: [http://www.ipea.gov.br/portal/images/stories/PDFs/comunicado/100923\\_comunicadoipea62.pdf](http://www.ipea.gov.br/portal/images/stories/PDFs/comunicado/100923_comunicadoipea62.pdf)
19. Siqueira RAN. Tendências da educação matemática na formação de professores. (monografia). Ponta Grossa, PR: Universidade Tecnológica Federal do Paraná; 2007. 50 f.
20. Instituto de Pesquisa Econômica Aplicada (Brasil). Mulheres e trabalho: breve análise do período 2004-2014 [Internet]. Brasília, DF: IPEA; 2016 [cited 20 Jan 2019]. (Nota Técnica; n. 24). Available from: [http://repositorio.ipea.gov.br/bitstream/11058/6524/1/Nota\\_n24\\_Mulheres\\_trabalho.pdf](http://repositorio.ipea.gov.br/bitstream/11058/6524/1/Nota_n24_Mulheres_trabalho.pdf)
21. Eberhardt LD, Carvalho M, Murofuse NT. Vínculos de trabalho no setor saúde: o cenário da precarização na macrorregião Oeste do Paraná. *Saúde Debate* [Internet]. 2015 [cited 20 Feb 2019]; 39(104):18-29. DOI: <http://dx.doi.org/10.1590/0103-110420151040432>
22. Pinto AGA, Lucetti MDL, Santana KFS, Bezerra AM, Viana MCA, Jorge MSB. Clinical and care management in the assistance of users of the Family Health Strategy. *REFACS* [Internet]. 2019 [cited 10 Feb 2019]; 7(1):23-31. Available from: <http://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/2169/pdf>
23. Ferreira J, Cellupi IC, Baseggio L, Geremia DS, Madureira VSF, Souza JB. Planejamento regional dos serviços de saúde: o que dizem os gestores? *Saúde Soc.* [Internet]. 2018 [cited 20 Feb 2019]; 27(1):69-79. Available from: <http://www.scielo.br/pdf/sausoc/v27n1/1984-0470-sausoc-27-01-69.pdf>
24. Universidade Federal de Santa Catarina. Centro de Ciências da Saúde. Curso de Especialização Multiprofissional na Atenção Básica. Planejamento na Atenção Básica: versão adaptada do curso de Especialização Multiprofissional em Saúde da Família. [Internet]. Universidade Federal de Santa Catarina, Lacerda JT, Botelho LJ, Colussi CF. Florianópolis: Universidade Federal de Santa Catarina, 2013 [cited 20 Feb 2019]. 64 p. (Eixo 2 – O trabalho na Atenção Básica). Available from: [https://unasus2.moodle.ufsc.br/pluginfile.php/19819/mod\\_resource/content/3/AtencaoBasica\\_4Planejamento.pdf](https://unasus2.moodle.ufsc.br/pluginfile.php/19819/mod_resource/content/3/AtencaoBasica_4Planejamento.pdf)

25. Araújo, LG. Orçamento público: instrumento de planejamento e controle no município de Queluz SP [Internet]. [monografia]. Curitiba: Universidade Tecnológica Federal do Paraná; 2014 [cited 20 Feb 2019]. Available from: [http://repositorio.roca.utfpr.edu.br/jspui/bitstream/1/3738/1/CT\\_GPM\\_2013\\_14.pdf](http://repositorio.roca.utfpr.edu.br/jspui/bitstream/1/3738/1/CT_GPM_2013_14.pdf)
26. Merhy EE. O conhecer militante do sujeito implicado: o desafio de reconhecê-lo como saber válido. In: Franco TB, Peres MAA, Foschiera MMP. Acolher chapecó: uma experiência de mudança do modelo assistencial, com base no processo de trabalho. São Paulo: Hucitec; 2004. (Saúde em debate; n. 157).
27. Sutil ADC, Lima RCD, Freitas PSS, Felsky CN, Galavote HS. The manager's speech of the Family Health Strategy on decision making in healthcare management: a challenge for the Unified Health System. *Saúde Debate* [Internet]. 2015 [cited 20 Feb 2019]; 39(104):172-82. Available from: <http://www.scielo.br/pdf/sdeb/v39n104/0103-1104-sdeb-39-104-00172.pdf>
28. Ministério da Saúde (Brasil). Manual de planejamento no SUS. Brasília, DF: Ministério da Saúde, Fundação Oswaldo Cruz; 2015.
29. Mendes EV. Os sistemas de serviços de saúde: o que os gestores deveriam saber sobre essas organizações complexas. Fortaleza: Escola de Saúde Pública do Ceará; 2002.
30. Silva CSSL, Koopmans FF, Daher DV. O Diagnóstico Situacional como ferramenta para o planejamento de ações na Atenção Primária a Saúde. *Revista Pró-univer SUS* [Internet]. 2016 [cited 26 Mar 2019]; 7(2):30-3. Available from: <http://editora.universidadedevassouras.edu.br/index.php/RPU/article/view/345/526>
31. Conselho Nacional de Secretários de Saúde (Brasil). A gestão do SUS. Brasília, DF: CONASS; 2015. 133p.

#### CONTRIBUTIONS

All of the authors have equally contributed for developing this study.

#### How to cite this article (Vancouver)

Figueiredo IDT, Torres GMC, Cândido JAB, Morais APP, Alves AGP, Almeida MI. Strategic planning as a local management tool for primary health care. *REFACS* [Internet]. 2020 [cited in *insert day, month and year of access*]; 8(1):27-38. Available from: *insert access link*. DOI: *insert DOI link*.

#### How to cite this article (ABNT)

FIGUEIREDO, I. D. T.; TORRES, G. M. C.; CÂNDIDO, J. A. B.; MORAIS, A. P. P.; ALVES, A. G. P.; ALMEIDA, M. I. Strategic planning as a local management tool for primary health care. *REFACS*, Uberaba, MG, v. 8, n. 1, p. 27-38, 2020. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

#### How to cite this article (APA)

Figueiredo, I.D.T.; Torres, G.M.C.; Cândido, J.A.B.; Morais, A.P.P.; Alves, A.G.P. & Almeida, M.I. (2020). Strategic planning as a local management tool for primary health care. *REFACS*, 8(1), 27-38. Retrieved in: *insert day, month and year of access* from *insert link access*. DOI: *insert DOI link*.