REME • Rev Min Enferm. 2025;29:e-1570
DOI: 10.35699/2316-9389.2025.49473

REFLECTION

STRATEGIC HEALTH PLANNING IN BRAZIL – RISE AND DECLINE

PLANEJAMENTO ESTRATÉGICO EM SAÚDE NO BRASIL: ASCENSÃO E DESPRESTIGIO

PLANEACIÓN ESTRATÉGICA EN SALUD EN BRASIL: ASCENSO Y DESPRESTIGIO

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Funding: TED 67/2023 – Ministerio ds Saude; Fundação de Amparo a Pesquisa de MG FAPEMIG, universal demand APQ-00505-21; CNPQ – Productivity scholarship DCM.

Submitted: 11/01/2024

Approved: 26/02/2025

Responsible Editors:

Alexandra Dias Moreira
Tânia Couto Machado Chianca

ABSTRACT

This study adopts a reflective approach, revisiting the conceptual foundations and historical milestones of health planning in Brazil, with particular attention to its emergence, prominence, and subsequent decline. Health planning in Latin America initially drew upon economic rationality, taking inspiration from the CENDES/PAHO methodology to enhance system performance and efficiency. In Brazil, during the 1960s, normative planning—characterized by centralized programming—was employed to address priority health issues. In response to the political authoritarianism of the military dictatorship and a deepening economic crisis, Strategic Planning (SP) emerged as a critical alternative to normative approaches. It aimed to foster democratic and participatory institutional planning processes. Notably, Mario Testa conceptualized SP as a transformative tool, integral to the historical construction of a more equitable society. Carlos Matus contributed to this framework by emphasizing situational analysis as a key mechanism for enhancing governability and strengthening governmental responsiveness and capacity. Institutional analysis further enriched the planning landscape by advocating for innovative institutional arrangements that expanded dialogue and fostered shared responsibility among stakeholders in efforts to democratize organizational structures. Between the 1980s and early 2000s, SP methodologies were widely integrated into undergraduate and postgraduate education, as well as professional training programs. These approaches played a significant role in the implementation of Brazil's Unified Health System (SUS), contributing to the development of more participatory and democratic governance in health. Over time, however, SP tools and methodologies were increasingly supplanted by managerialist practices focused on performance metrics, leading to a gradual disengagement from contextual and policy-based analysis. This shift marks the decline of Strategic Planning in Brazil, a trend observable in the academic sphere through a notable decrease in related publications, research, and teaching activities..

Keywords: Health Planning; Strategic Planning; Health Administration; Health Communication; Health Policy, Planning and Management.

RESUMO

Este estudo é de caráter reflexivo e tem como objetivo revisitar conceitos e marcos históricos do planejamento em saúde no Brasil, refletindo sobre sua ascensão e subsequente desprestígio. O Planejamento em Saúde na América Latina surgiu inspirado pela racionalidade econômica, tendo como modelo o Método CENDES/OPAS, buscando alcançar melhores resultados. No Brasil, na década de 60, o planejamento normativo utilizou a programação centralizada para responder a problemas prioritários. Como resposta à ditadura e à crise econômica, o Planejamento Estratégico (PE) começou a ser visto como uma alternativa eficaz ao normativo, com o intuito de estabelecer novas formas democráticas e participativas de planejar as instituições. Mario Testa abordava o PE na perspectiva da transformação e construção histórica de uma nova sociedade. Carlos Matus destacava a análise situacional como ferramenta fundamental para a governabilidade e melhoria nas respostas e capacidade de governo. A análise institucional buscou novos arranjos institucionais, visando ampliar o diálogo e criar corresponsabilidades entre os indivíduos no processo de transformação e democratização da organização. Entre os anos 80 e 2000, esses métodos foram amplamente utilizados nos currículos de graduação, pós-graduação e serviços. Os métodos e instrumentos do PE foram importantes na implantação do SUS e na promoção de sociedades mais democráticas e participativas, revelando sua ascensão e prestígio. Progressivamente, o instrumental do PE foi substituído pela ênfase no desempenho e no gerencialismo, com o progressivo abandono das análises de contextos e políticas, caracterizando seu declínio, o que pode ser mensurado na academia pela redução das publicações, pesquisas e ensino sobre a temática.

Palavras-chave: *Planejamento em Saúde; Planejamento Estratégico; Administração em Saúde; Comunicação em Saúde; Políticas, Planejamento e Administração em Saúde.*

RESUMEN

Se trata de un estudio reflexivo, que pretende revisitar conceptos y marcos históricos de la planificación de la salud en Brasil, reflexionando sobre su surgimiento y declive. La Planificación de la Salud en América Latina se inspiró en la racionalidad económica, utilizando como modelo el Método CENDES/OPAS, buscando mejores resultados. En Brasil, en la década de 1960, la planificación normativa utilizó una programación centralizada para responder a problemas prioritarios. Como respuesta a la dictadura y a la crisis económica, la Planificación Estratégica (PE) pasó a ser vista como una alternativa efectiva a la normativa, apuntando a establecer nuevas formas democráticas y participativas de planificación institucional. Mario

How to cite this paper:

Malta DC, Santos FP. Strategic health planning in Brazil: Rise and decline. REME - Rev Min Enferm [Internet]. 2025 [cited ____ ___ __];29:e-1570. Available from: https://doi.org/10.35699/2316-9389.2025.49473

Testa abordó el PE desde la perspectiva de la transformación y construcción histórica de una nueva sociedad. Carlos Matus destacó el análisis de situación como una herramienta fundamental para la gobernabilidad y la mejora en las respuestas y capacidades gubernamentales. El análisis institucional buscó nuevos arreglos institucionales, visando ampliar el diálogo, creando corresponsabilidades entre sujetos, en el proceso de transformación y democratización de la organización. Entre los años 1980 y 2000, estos métodos se utilizaron ampliamente en los planes de estudio de pregrado, posgrado y servicio. Los métodos e instrumentos de la EP fueron importantes en la implementación del SUS y de sociedades más democráticas y participativas, revelando su surgimiento y prestigio. Progresivamente, los instrumentos de la EP fueron sustituidos por el énfasis en el desempeño y el gerencialismo, con el progresivo abandono de los análisis de contextos y políticas, caracterizando su decadencia, que puede medirse en el ámbito académico por la reducción de publicaciones, investigaciones y enseñanza sobre el tema.

Palabras-clave: *Planificación en Salud; Planificación Estratégica; Administración en Salud; Comunicación en Salud; Políticas, Planificación y Administración en Salud.*

INTRODUCTION

Planning can be understood as the set of calculations and deliberations that precede and guide human actions in the pursuit of pre-established objectives[1]. Merhy[2] defines planning as a method designed to intervene in and transform reality, emphasizing the existence of three distinct rationalities[2] underpinning this process. The first rationality positions the planning as a managerial tool within organizational processes, drawing on various methodologies and frameworks of the General Theory of Administration. It encompasses a range of management paradigms - from Taylorism to Total Quality Management - aimed at structuring and optimizing work processes through instrumental rationality. These managerial technologies have historically enhanced the productive capacity of capitalist enterprises by promoting procedural efficiency and operational effectiveness.

Secondly, planning emerged as a transformative social practice, notably employed in the Soviet Union following the 1917 Revolution. There, it functioned as a state-directed regulatory process, grounded in a centralized and normative approach that reflected an organic, interventionist logic. This model was later adopted by sectors of the Latin American left, particularly in response to critiques of Chile's failed planning experiences[1,2]. Lastly, planning as a tool of governmental intervention gained prominence in 1930s England, amid the global economic crisis. Influenced by Keynesian thought, this approach emphasized the strategic direction of economic policy, enabling the state to influence and regulate key economic variables. This perspective laid the groundwork for the formation of the Interventionist State, redefining the relationship between state and society[2].

It is important to highlight that the subject of health planning held a prominent position in undergraduate and postgraduate curricula between the 1980s and early 2000s. During this period, it was also widely applied in the management of health services, particularly in the implementation of the Unified Health System (SUS). However, a bibliometric study identified a significant decline in scientific production on the topic after 2008[3]. The theme has also received limited attention at public health congresses and has been increasingly overlooked by SUS managers, underscoring the need for critical reflection on this shift. It is essential to examine the factors that motivated the adoption and widespread use of strategic planning tools in the years following Brazil's re-democratization, as well as to understand the reasons behind their current marginalization. This reflective essay, therefore, seeks to revisit the conceptual foundations and historical milestones of health planning in Brazil, offering a critical analysis of its rise and subsequent decline.

Historical context in Latin America and Brazil

Health planning in Latin America was initially shaped by economic rationality, with the state employing it as a tool to design plans and optimize public spending[4,5]. The primary institutional reference for normative planning during this period was the Economic Commission for Latin America and the Caribbean (ECLAC), which served as a formative hub for many of the specialists who composed the economic planning teams of Latin American governments in the 1950s and 1960s. A significant milestone in the regional adoption of health planning occurred at the 1961 Punta del Este Conference, where participating governments committed to developing national health plans and establishing planning units within their respective countries.

In 1963, the first meeting of the Ministers of Health of the Americas was held, during which the Pan American Health Organization (PAHO) was designated as the permanent advisor for the implementation of regional health planning. This designation led to a collaborative effort between PAHO, the National Development Center (CENDES) at the Central University of Venezuela, and experts from ECLAC. The result of this partnership was the development of the CENDES/PAHO method—the first systematized approach to health planning in Latin America[4,6].

The CENDES/PAHO method emerged as a pioneering approach to economic planning in the health sector of Latin America. It functioned as a tool for governing the sector through an economic rationale

grounded in resource scarcity, while operating within the constraints of normative planning. Central to this method is the development of a structured diagnosis of the existing reality, emphasizing the identification of health-related harms and the prioritization of interventions. These priorities are established based on three key criteria: vulnerability, magnitude, and transcendence[2].

Health planning in Brazil emerged within this broader context during the second half of the 1950s, particularly through the Community Medicine and Hospital Administration Movement[4]. In this setting, the Public Health Service Foundation (Serviço Especial de Saúde Pública – *SESP*) became a pioneer in adopting structured planning methods, with the goal of expanding health services into the country's interior regions. Through centralized health programming and planning strategies, SESP sought to address the most pressing public health challenges of the time - namely, dehydration, endemic diseases, and child health[4].

The political landscape of Latin America during the 1960s and early 1970s was characterized by the rise of military regimes in countries such as Brazil, Chile, Argentina, and Uruguay. This period coincided with the implementation of a normative planning model that was largely confined to bureaucratic offices and disconnected from the region's social and political realities[4,5]. In the 1970s, Latin America faced an intensification of authoritarian rule, compounded by the global oil crisis, rising foreign debt, and the early effects of globalization. Within this context of political and economic upheaval, the first critiques of the CENDES/PAHO method began to surface. Normative planning, as it was then conceived, increasingly appeared inadequate for addressing the region's complex and evolving challenges[2,4].

In response to these limitations, Strategic Planning (SP) emerged as a viable and effective alternative, particularly in contexts of crisis. It aimed to develop approaches more attuned to social realities and aligned with emerging democratic and participatory models of institutional governance. By promoting these new modes of operation, SP positioned itself as a counterpoint to authoritarian regimes and the technocratic isolation of earlier planning models[3,4].

Four key strands of SP in Latin America have gained prominence. The first is situational planning, a framework developed by Carlos Matus for global socio-economic planning, later adapted to the health sector[1]. The second is the Medellín Proposal, which emerged from a series of discussions led by PAHO at the National School of Public Health in Medellín, and was later formalized in the document Health for All in 2000 – STP 2000, authored by Juan José Barrenechea and Emiro Trujillo Uribe[4]. A third influential strand is Mário Testa's programmatic-strategic proposals[4,7], which contributed significantly to health planning theory and practice. Finally, the Communicative Action (CA)—from the Portuguese *Agir Comunicativo*—inspired by institutional analysis and developed from Merhy's perspective[8], seeks to reformulate planning through the lens of CA. In this text, we focus on the application of Strategic Planning in Brazil through the lenses of Testa, Matus, and the CA approach.

In Brazil, SP gained significant momentum in the 1990s, following the end of the military dictatorship. This period marked the emergence of a planning approach grounded in real-world conditions - one that could engage with progressive movements, analyze situational scenarios, and support groups working toward the democratization of the country[2,4]. The São Paulo state government's Foundation for Administrative Development (Fundap) played a key role by promoting numerous SP training courses. As a result, the methodology became widely adopted in postgraduate programs at both public and private universities[2,4,7].

Strategic planning in Mario Testa

Mário Testa, an Argentine public health physician, played a significant role in shaping health planning in Latin America. He was actively involved in the development of the CENDES/PAHO method but later emerged as a vocal critic of normative planning. Testa argued that it is impossible to produce an objective diagnosis of reality without being influenced by underlying interests, thereby challenging the notion of neutrality often associated with traditional planning models[2]. According to Testa[9], health planning must explicitly acknowledge the confrontation of interests and focus on the formulation of strategies and pathways to achieve intended outcomes[2,9].

For Testa, the fundamental purpose of the health planning process is to promote social change. To him, envisioning social transformation entails imagining the construction of a new society and actively engaging in shaping the course of history[2,7]. Drawing on Antonio Gramsci's theoretical framework, Testa explored strategies for social transformation that involve a combination of "occupying spaces" - gradual and integrative engagement within existing structures - and "confrontation" - direct challenges to prevailing power dynamics[7].

Testa's work highlights the central role of diagnosis in health planning as a means of approaching social reality more closely[2,7]. He proposed three distinct types of diagnosis: administrative, strategic, and ideological. The administrative diagnosis corresponds to the conventional analytical component of health planning. It involves the collection and examination of data related to population demographics, morbidity and mortality rates, available resources, and the health services provided. This type of diagnosis also includes the identification of epidemiological chains of causality and critical bottlenecks that hinder problem resolution[2,7]. From this analysis, resource needs and activities are calculated using technical criteria such as effectiveness and efficiency. In contrast, the strategic diagnosis focuses on power relations, the distribution and management of resources, and the dynamics of health financing, offering a more political and structural perspective on health system challenges[2,7].

The ideological diagnosis, in turn, involves identifying the social groups with vested interests in health, examining their conceptions of health and society, and analyzing the practices that arise from these perspectives. This dimension of diagnosis aims to uncover the values and ideologies that underpin health-related actions and policies. The diagnostic synthesis brings together the insights from the administrative, strategic, and ideological diagnoses to delineate the sectoral social space, map the key social actors in health, and assess their respective interests, strengths, relationships, and roles in shaping the health discourse[2,7,9]. In this context, Testa emphasized power as a central explanatory category for understanding social dynamics, asserting that "power is the capacity of a social class to achieve its historical objectives[7,9]."

For Testa, power exists only in its exercise and is inseparable from the relationships in which it is embedded. He examined power in its various forms - political, technical, and administrative - emphasizing that political power, defined as the ability to mobilize groups of people, is foundational and permeates both technical and administrative domains. Testa underscored that every actor involved in organizational processes possesses some form of power, which enables them to act and to develop methods for intervening in reality[2].

Testa emphasized the transformative role of planning and its inherent commitment to social change. In his Postulate of Coherence, he argued that the objectives of an institution (its purpose), the strategies it employs (its methods), and the way it structures its operations (the organization of the work process) must be aligned. Within this framework, the state defines governmental goals, while theoretical frameworks guide the selection of appropriate methods. Determination, in this context, is viewed as a constructive force that drives action, whereas conditioning is seen as a limiting factor that restricts possibilities[2,4,9].

Strategic thinking in Matus

Carlos Matus, an economist trained at ECLAC and former Minister of Economy under President Salvador Allende in Chile (1970–1973)[1], was a prominent critic of normative planning. He contended that SP could serve as a practical tool for leftist governments in Latin America, enabling more effective governance. For Matus, planning was not merely a technical exercise but a comprehensive method for governing effectively - one that should be pursued to its fullest extent[1]. His formulation, Strategic Situational Planning (SSP), positioned planning as a dynamic governmental instrument capable of addressing complex social and economic challenges. As such, SSP is conceived as a tool for those who possess both the authority and legitimacy to make decisions.

Grounded in the human and social sciences, the SSP approach offers a framework for analyzing the complexities of social reality[10]. As part of this approach, Matus introduced the Government Triangle, a conceptual tool for assessing governance conditions. This model evaluates the government's position based on three interrelated components. The first vertex represents the government project, encompassing the administration's plans, priorities, and available resources. The second vertex reflects government capacity - the ability to implement proposed initiatives, particularly with respect to project execution and operational effectiveness.

The third vertex concerns governability, which encompasses the dynamics between governmental allies and opponents and should be a central concern for public officials and leaders[1,2]. Matus underscored the importance of situational analysis as a key element in maintaining the balance between governability and governing capacity. These conditions are subject to change over the course of a mandate; in the absence of a robust plan or sufficient implementation capacity, governability may gradually erode. In this context, the loss of governability stands out as the most decisive factor contributing to a government's collapse[1].

Matus[1] reflected on his experience within the Chilean government, emphasizing how the inability to implement the Allende administration's projects was a key factor in the failure of its plans and the subsequent political deterioration that culminated in a *coup d'état*[1,10]. These

events significantly shaped Matus's work, leading him to advocate for the use of planning to structure managerial intervention and enhance governability[1].

Matus emphasized that the Action Plan should be developed with clarity and rigor. This involves clearly identifying the planning actor and the entity responsible for instituting the plan, as well as defining the group's mission. It is also essential to formulate the problems to be addressed by understanding their origins. To this end, the problem must be described in detail, with an analysis of its causes and critical nodes - that is, the main obstacles that must be overcome to enable the plan's effective implementation - followed by the design of specific operations to address them.

In the planning process, the operational plan - or the design of actions to address the critical nodes - must be developed by clearly identifying those responsible for each operation and the competencies required to manage them[11]. As part of the plan's feasibility analysis, evaluating the resources controlled by other actors and how they align with the plan is critical, besides assessing their motivations and interests.

Implementing the plan demands assessing the resources needed to carry it out, controlling them, and analyzing the project feasibility and the favorable and unfavorable factors, i.e., inspecting the manager's governance. In addition, it is necessary to constantly monitor the progress and difficulties encountered, conducting the plan's systematic monitoring.

Communicative Action - the contribution of Institutional Analysis to SP

The contribution of Institutional Analysis (IA) to health planning is relatively recent, offering conceptual tools that enhance the understanding of institutional work processes and support their improvement. According to Mehry[8], CA - also referred to as communicative strategic planning - complements the framework of SSP. Originally proposed by Habermas[12], CA conceptualizes society as a lifeworld, understood as a set of cultural, normative, and subjective references grounded in mutual understanding and the pursuit of consensus among individuals, mediated through language.

This perspective reaffirms the role of individual agents in the intersubjective construction of reality[6,11]. Communicative Action (CA) is grounded in the use of language, oriented toward mutual understanding, and refers to three interrelated dimensions: the objective, the social, and the subjective worlds.

Among the core concepts of institutionalist theories are institution, organization, agents, instituting, and instituted. Institutions are formalized through laws, norms, or guidelines, representing behavioral regularities codified by these norms. Organizations serve as the "materialization" of institutions, assuming various forms that reinforce the instituted order and uphold the status quo. The instituted plays a historical role by sustaining the legal, normative, and regulatory frameworks that govern social practices[13]. Agents of change act as protagonists within institutions, generating actions and practices aimed at transforming reality. Instituting forces, in turn, tend to reshape or even establish new institutions, and are viewed as productive forces within institutional dynamics[13].

Institutional Analysis assumes that society is structured by an open set of institutions, which operate through either explicit rules and norms or implicit, unspoken guidelines. Its ultimate aim is to foster self-analysis and self-management, creating mechanisms that enable collectives to engage in the discussion and reformulation of the production process. It seeks to understand these transformative movements, recognizing that major historical shifts and macro-level changes are always rooted in micro-level transformations[8,13].

CONCLUDING REMARKS

The contributions of Strategic SP have been substantial for both management and research, particularly between the 1980s and 2000s, a period marked by the return to democracy and the establishment of the SUS. The three strands analyzed have each offered significant insights into health planning. Mario Testa's approach holds transformative potential by uncovering the power dynamics embedded in health practices[7]. His perspective aligns with Habermas's theory of strategic action[12], aiming to construct a communicative framework that restores the scientific tools necessary for the people's emancipation[2].

However, according to Merhy[2], the limitation of this perspective lies in its narrowly defined view of the organization, reducing it to a field of contention between competing forces that reflect struggles over institutionalization. In response to the failure of Allende's government, Carlos Matus developed within the PES framework an emphasis on analyzing the governability of actors and the multiple scenarios for implementing action plans, with the aim of enhancing the strategic calculation of political feasibility. Merhy[2] argues that the limitation of Matus's approach lies in its tendency to maximize the role of government capacity, thereby rendering political action increasingly subject to instrumental rationality.

Health evaluation has been widely employed as a tool for developing new work processes and management models within the health sector[2,11,14]. It has led to the establishment of new organizational agreements, learning processes, and revisions of existing interventions, all aimed at improving communication among team members, managers, and other stakeholders. These efforts are grounded in a commitment to public management's responsibilities to ensuring access to care and user-centered approaches, while seeking innovative arrangements and adapting practices to local realities[2,6,11,14]. In this context, dialogue on the democratization of management has played a crucial role in enabling the participation of both workers and users in decision-making processes, as well as in transforming work practices. Such engagement is aligned with principles of accountability and the strengthening of bonds between health professionals and users, in pursuit of improved outcomes and comprehensive care[14].

Within the tradition of Collective Health, SP played a significant role in the implementation of the SUS, emphasizing political debate and positioning, the governability of actors, and the development of tools to reduce uncertainty and enhance the capacity for intervention in real-world contexts[2,11]. According to Furtado et al.[3], the prominence of planning in the early 1980s can be attributed to the need to instrumentalize politics during a period marked by struggles for re-democratization, when politics itself became an object of analysis and intervention.

However, this tool has been progressively marginalized. According to Furtado et al.[3], the declining interest in planning appears to reflect broader political and institutional shifts, marked by a reduction in spaces for debate and a growing emphasis on delivering concrete outcomes - such as defining performance indicators, operational procedures, products, and targets. While earlier approaches focused on understanding root causes and analyzing actors and their governability, current practices tend to be depoliticized, increasingly centered on technical solutions and the pursuit of immediate results.

Over time, the SSP tool gradually shifted its emphasis and, to some extent, became subsumed by a managerial approach to the state - one that prioritizes performance metrics while neglecting contextual and political analysis[3]. As a result, alternative approaches to public policy formulation have gained prominence, including the Logic Model and Kingdon's Multiple Streams Framework, among others. These models tend to simplify the policymaking process, downplaying conflicts and interests, and distancing themselves from the subjects affected by the policies[15].

Health action is a dynamic and continuously evolving field of practices, offering space for the experimentation of countless interventions. We argue that the SSP tool retains the potential to foster reflective practices and to support the transformation of care-oriented praxis, thereby enhancing the quality of responses provided to service users.

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Strategic Health Planning in Brazil - Rise amd Decline.