



Municipal health plans and the physical activity promotion agenda

Os planos municipais de saúde e a pauta da promoção da atividade física

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The practice of physical activity (PA) is recognized as a social right, which in itself should ensure universal access to the entire population¹. However, significant inequities in access to this right still prevail, with the practice of PA regularly being seen as more of a privilege than a right². Promoting PA in public policies can be important, particularly in mitigating these inequities in a country with structural barriers that often make it difficult for people to have a dignified and socially just lifestyle. Furthermore, despite advances in evidence on the benefits of PA, there remains a gap between researchers and decision-makers. This situation hinders the application of scientific knowledge to public policies, as evidenced by the scarcity of scientific literature on PA promotion policies, especially in low- and middle-income countries like Brazil³. This limitation compromises the development of evidence-based strategies and the integration of PA into the management instruments of the Unified Health System (*Sistema Único de Saúde - SUS*)⁴.

In 2025, the more than five thousand municipalities in Brazil will be involved in developing Municipal Health Plans (MHP), one of the most important stages of the SUS planning cycle. This process is mandatory for all federal entities and aims to guide health policies and actions from 2026 to 2029. This moment is therefore strategic for stakeholders advocating for the PA agenda. Furthermore, this could represent an important “window of opportunity” to recognize local health needs and understand the role of PA in this context, which is often not one of protagonism and centrality, but rather transversality to agendas considered broader, and more urgent and necessary in health.

The preparation of MHPs is defined as provided for in the Organic Health Law (Law No. 8,080/1990)⁵, which occurs in the first year of municipal administration. MHPs are public policy instruments that define the intentions, goals, indicators, and expected outcomes of municipal administration, aiming to integrate health services, direct financial and human resources, support the annual health program, and enable community participation in all stages of its development⁶. Its structure must consider local demands, be aligned with the Municipal Multi-Year Plan, and align with the National and State Health Plans. Properly developing the MHP can translate into a management commitment to the paths to be taken by the health sector over the four-year period, which will enable the monitoring and evaluation of this plan.

The State Health Departments publish guidelines, standards, and deadlines for preparing the plans, which generally include the following steps: a) defining the work team – which needs to involve health technicians and community representatives; b) analyzing the health situation – which con-

sists of carrying out a detailed analysis of the health situation in the municipality, considering demographic, epidemiological, and sanitary data, in addition to assessing the needs of the population and the structure of the health network; c) defining the plan's guidelines – these need to be defined in accordance with the needs and priorities identified in the situational analysis, in line with the SUS and National Health Plan guidelines; d) formulating objectives, goals, and indicators – through the establishment of measurable objectives, goals, and indicators for health actions and services, which allow monitoring of the plan's progress and assessment of its impact on the population; e) presentation to the Municipal Health Council – the plan must be presented to the Council for review and approval, ensuring social participation in the consolidation of the instrument; f) publication and dissemination – to ensure that the plan will be published in an official communication vehicle and disseminated to the population, guaranteeing access to information and participation in health management. In addition to these steps, local conferences (neighborhood meetings, association meetings, etc.) are strategies that can ensure greater public participation. As this process can vary from municipality to municipality, it is important for the public to seek information in order to understand how their municipality will build the MHP.

MHPs can be recognized as strategic, as they can be important in seeking a systematization of how the issue of PA could be considered in the context of each reality, taking into account local specificities and being aligned with these local health priorities⁷. Some possibilities, among others, that we can consider to participate in the preparation of the MHP could include: a) recognizing how the preparation of the MHP of the municipality takes place, since, due to the lack of financial and human resources, many municipalities have limitations to apply all the steps foreseen in the preparation of the plan; b) composing the team that develops the plan or support the teams by raising awareness about the issue of PA, always contextualized with the local reality and seeking convergent guidelines that strengthen health care in the SUS; c) actively act in the situational health analysis in the municipality, mapping PA indicators and/or factors that may contribute to greater access to these practices (e.g., existence of health promotion programs, number of professionals who develop PA actions; barriers to access to PA, among others). This could contribute to a more appropriate analysis of

the extent of the problem of physical inactivity in the territory; d) collaborating in defining the plan's guidelines, objectives, and goals so that there is intersectoral coordination that promotes a more efficient SUS, but that can also act more equitably in the most vulnerable territories. It is also important to establish measurable goals that can support the manager in monitoring actions (e.g., expanding PA coverage in Primary Health Care (PHC); expanding health-promoting environments in neighborhoods with high social vulnerability; strengthening the institutional, technical, and financial framework of multidisciplinary teams (eMulti); increasing the number of eMulti teams; expanding and qualifying the Health Academy Program, with new centers and expanding the activities offered; and encouraging intersectoral action in health promotion).

It can be observed that the guidelines will often be general, for example, expanding the coverage of eMulti teams, but a specific goal could be the construction of Health Academy Program Hubs in the most socially vulnerable areas of the municipality. Furthermore; e) act in the monitoring and evaluation of the plan, establishing mechanisms for continuous monitoring of actions to promote PA, with validated indicators that are sensitive to territorial and social inequalities (e.g., number of health units with regular PA provision); percentage of services provided by Physical Education professionals in PHC; record of collective activities aimed at PA practice in PHC; number of public environments accessible for PA practice, integrate data into health information systems (e-SUS, SISAB) and develop participatory assessment tools for managers, health professionals and users, such as discussion groups in services or direct observation in the territories; f) ensure that the population has an active voice in the formulation and evaluation of actions (e.g., propose working groups on the right to PA as part of health conferences; create local intersectoral forums with the participation of community leaders, health professionals, and Physical Education professionals; and encourage the protagonism of young people, women, and older adults in territorial mobilization actions for active and safe environments); g) publicize and support the participation of health professionals in qualification courses on the topic of promoting PA in PHC, which can offer theoretical and practical support for the qualification of professionals in municipal management and planning, such as the course "Promotion of physical activity in Primary Health Care and its inclusion in the planning

and management instruments of the SUS” offered by the Open University of the SUS⁸; h) reinforce the importance of disseminating the Physical Activity Guide for the Brazilian Population and the recommendations document aimed at managers and health professionals⁹, as strategic tools to guide the implementation of actions in the territories; i) reinforce the Physical Activity Incentive aimed at PHC, which aims to financially support municipal actions to promote PA, strengthening the institutionalization of this agenda¹⁰; j) value Integrative and Complementary Health Practices (*Práticas Integrativas e Complementares em Saúde* – PICS), which connect with the principles of health promotion and expand the possibilities of care in different contexts of the territory; k) include regular monitoring of the physical activity levels of the population in the municipality as part of the ongoing evaluation of public policies; l) establish a technical team or specific coordination team for the promotion of physical activity, along the lines of what occurs in the area of adequate and healthy nutrition, ensuring continuity, planning, and technical support for actions in the territory.

The strategic importance of physical education professionals is also emphasized. Clearly, physical education professionals should not restrict the inclusion of physical activity to the presence of these professionals on the health team. However, considering the specificity of their training and performance, the inclusion of these professional may be fundamental for the effective implementation of these proposals, especially when they prove relevant to the reality of certain municipalities. In this sense, Physical Education professionals involved in this process and who are active in the SUS, need to seek an expanded role, consistent with the principles and guidelines of the SUS, articulated with other professionals and sectors, to carry out matrix support activities, and foster participation and social control, among other aspects¹¹.

In summary, the development of the 2026–2029 MHP represent a critical opportunity to consolidate and expand PA promoting policies within the SUS. However, for this potential to materialize, it is essential to recognize the complexity of the health landscape in municipalities, where multiple demands and priorities coexist. While important, PA does not override other health emergencies and should therefore be integrated sensitively and coherently with other care strategies. Thus, professionals committed to health promotion can play a leading role in expanding access to PA prac-

tices, effectively contributing to reducing inequities and building more just and equitable territories.

Conflict of interest

The authors declare no conflict of interest.

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Author contributions

Santos ALB and Siqueira Junior JA: Conceptualization; Research; Data presentation design; Writing of the original manuscript; Writing – review & editing; Approval of the final version of the manuscript. Loch MR: Conceptualization; Supervision; Writing of the original manuscript; Writing – review & editing; Approval of the final version of the manuscript. Rech CR: Conceptualization; Methodology; Supervision; Project administration; Data presentation design; Writing – review & editing; Approval of the final version of the manuscript. ALBS was supported by the Teaching Scale Program of the Montevideo University Association. CRR is supported by a research productivity grant from the National Council for Scientific and Technological Development (Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq). MRL is supported by a productivity grant from the Araucária Foundation.

Declaration regarding the use of artificial intelligence tools in the article writing process

The authors did not use artificial intelligence tools to prepare the manuscript.

Availability of research data and other materials

The contents underlying the research text are contained in the manuscript

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Reviewers' assessment

The reviews of this article were originally conducted in Portuguese. This version has been translated using ChatGPT and subsequently reviewed by the Chief Editors.

Reviewer A

Douglas Roque Andrade 

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The editorial is relevant and timely, addressing a fundamental topic for advocating the promotion of physical activity within Municipal Health Plans. Beyond its publication in *Revista Brasileira de Atividade Física e Saúde*, it would be essential for the text to also be disseminated through CONASEMS (National Council of Municipal Health Secretaries) and COSEMS (Council of Municipal Health Secretaries), and widely shared by SBAFS. This is particularly important because most RBAFS readers are not directly involved in frontline SUS activities or public policymaking. I would recommend engaging the Public Policy Working Group (*GT de Políticas Públicas*) and the Working Group on Body Practices and Physical Activity in Primary Health Care.

Additionally, discussions are currently underway within the Unified Social Assistance System, which could also benefit from this information – with adjustments to reflect the services it offers, which often include physical activity programs and other related practices such as sports and body practices.

Regarding the text of the editorial itself, I offer the following suggestions:

Observations:

- Page 2, line 5: “...tornando possível um monitoramento...” – consider adding: monitoramento e avaliação (“monitoring and evaluation”).
- Page 3, line 10: “...b) compor a equipe de laboração...” – the correct word is elaboração, the e is missing.
- In the introduction and rationale, it would be helpful to highlight the gap between researchers and decision-makers, as well as the limited scientific output on public policies for physical activity promotion in Brazil and worldwide.
- See for reference:
- <https://rbafs.org.br/RBAFS/article/view/3732/pdf208>

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC7792158/>

Among the suggestions, I recommend including:

- Reference to the Physical Activity Incentive for Primary Health Care;
- Activities classified as body practices and/or complementary integrative practices that align with physical activity;
- A link to the UNASUS course: Promotion of Physical Activity in Primary Health Care and its Integration into SUS Planning and Management Instruments, available at: <https://www.unasus.gov.br/cursos/curso/46869> – a course recommended to help managers incorporate physical activity into SUS planning tools;
- Promotion of the Physical Activity Guide for the Brazilian Population and the Recommendations for Managers and Health professionals, available at: https://bvsms.saude.gov.br/bvs/publicacoes/guia_atividade_fisica_recomendacoes_gestores_profissionais.pdf;
- Begin monitoring the physical activity levels of the municipal population;
- Establishment of a technical team or coordination office for physical activity promotion, similar to the structure used for the area of healthy and adequate eating (nutrition).
- I also suggest reviewing the article Política nacional de atividade física e práticas corporais no SUS: a hora é agora! available at: <https://preprints.scielo.org/index.php/scielo/preprint/view/11606>

Congratulations on the idea and development of the text.

Reviewer B

Anonymous

Dear all,

The submitted text is highly relevant in the current context and is written in a clear and coherent manner.

Throughout the document (see attached file), I have included some suggestions aimed at enhancing the

content presented.

Additionally, I kindly request a thorough review of the text to ensure consistency in the acronym used for “equipes multiprofissionais,” which appears in different forms in various parts of the document (E-Multi and eMulti). It is recommended to adopt the form eMulti uniformly throughout the text.

I also suggest paying attention to the use of “atividade física,” which alternates between the full expression and the acronym PA. It is advisable to choose one format and apply it consistently throughout the manuscript.

Congratulations on the work and on your interest in contributing to the *Revista Brasileira de Atividade Física e Saúde*.

Suggestions from the attached document:

- Page 1, line 7: I suggest including the reference source (e.g., *Instituto Brasileiro de Geografia e Estatística* – IBGE). There are discrepancies among different sources regarding the number of Brazilian municipalities — some cite 5,571, others 5,568 or 5,565.
- Page 1, line 11: Replace “todos aqueles que defendem” with “aos interessados em defenderem” (suggested English version could be: “those interested in advocating for”).
- Page 1, line 15: After “a pautas,” consider adding “consideradas” (“considered”).
- Page 3, line 1: Rewrite this part to improve reader comprehension. Suggested revision: Thus, it is important to seek information to understand how your municipality will develop its Municipal Health Plan (PMS).
- Page 3, line 8: Replace “pois é sabido que muitos municípios” with “visto que” (“given that”).
- Page 3, line 9: Add the expression “muitos municípios” (“many municipalities”).
- Page 3, line 22: Replace “bairro periféricos” with “bairros com alta vulnerabilidade social” (“neighborhoods with high social vulnerability”).
- Page 4, line 3: Include a paragraph on the importance of Physical Education professionals within the eMulti team and how they can contribute to advancing physical activity promotion in the Municipal Health Plans (PMS).