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DISTRIBUTION OF PUBLICLY MANAGED ACCREDITED HEALTH SERVICES IN BRAZIL ACCORDING TO THE LEVELS OF THE NATIONAL ACCREDITATION ORGANIZATION (ONA)

DISTRIBUIÇÃO DOS SERVIÇOS DE SAÚDE ACREDITADOS EM GESTÃO PÚBLICA NO BRASIL SEGUNDO OS NÍVEIS DA ORGANIZAÇÃO NACIONAL DE ACREDITAÇÃO (ONA)

DISTRIBUCIÓN DE LOS SERVICIOS DE SALUD ACREDITADOS EN GESTIÓN PÚBLICA EN BRASIL SEGÚN LOS NIVELES DE LA ORGANIZACIÓN NACIONAL DE ACREDITACIÓN (ONA)

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ABSTRACT

Objective: To analyze the distribution and proportions of public health services accredited in public management in Brazil according to the accreditation levels established by the NationalAccreditation Organization (ONA). Method: This is a cross-sectional, observational study with a quantitative approach, based on documentary analysis of public records available on the National Accreditation Organization website. All public health services with active accreditation at the time of data collection (December 2025) were included, excluding duplicate, incomplete, suspended, or canceled records. The analyzed variables included accreditation level, State (Federative Unit), type of service, and number of records per category. Descriptive statistical analysis was performed using absolute and relative frequencies. Results: A total of 522 accredited public health services were identified. The majority were classified at the Accredited level (Level 1), accounting for 391 services (74.9%), followed by Accredited with Excellence (Level 3), with 90 services (17.2%), and Fully Accredited (Level 2), with 41 services (7.9%). The highest geographic concentration was observed in the state of São Paulo, particularly among Primary Health Care services at the initial accreditation level. Higher accreditation levels were predominantly associated with hospital services and greater care complexity, with lower geographic dispersion. Regional inequalities were identified, with excellence concentrated in states with greater technical and managerial capacity. Conclusion: Public management accreditation in Brazil is predominantly concentrated at the initial level, indicating that progression to higher accreditation levels remains limited. The findings highlight structural and regional disparities and reinforce the need for public policies aimed at strengthening management practices, expanding the culture of quality, and broadening access to accreditation across the country.

KEYWORDS: *National Accreditation Organization (ONA). Public health services. Accreditation levels. Regional inequalities. Quality management.*

RESUMO

Objetivo: Analisar a distribuição e as proporções dos serviços de saúde acreditados em gestão pública no Brasil, segundo os níveis de acreditação da Organização Nacional de Acreditação (ONA). Método: Estudo observacional, transversal, de abordagem quantitativa, baseado na análise documental de registros públicos disponibilizados no site da Organização Nacional de Acreditação. Foram incluídos todos os serviços com acreditação vigente em gestão pública no período de coleta (dezembro de 2025), excluindo-se registros duplicados, incompletos ou com certificação suspensa/cancelada. As variáveis analisadas foram nível de acreditação, Unidade da Federação, tipo de serviço e número de registros por categoria. Realizou-se análise estatística descritiva com cálculo de frequências absolutas e relativas. Resultados: Foram identificados 522 serviços acreditados em gestão pública. Observou-se predominância do nível Acreditado (Nível 1), com 391 serviços (74,9%), seguido do nível Acreditado com Excelência (Nível 3), com 90 serviços (17,2%), e do nível Acreditado Pleno (Nível 2), com 41 serviços (7,9%). A maior concentração geográfica ocorreu no estado de São Paulo, especialmente em serviços de Atenção Primária à Saúde no nível inicial. Os níveis superiores apresentaram maior predominância de serviços hospitalares e de maior complexidade assistencial, com menor dispersão

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geográfica. Verificaram-se desigualdades regionais e concentração da excelência em estados com maior capacidade técnica e gerencial. Conclusão: A acreditação em gestão pública no Brasil encontra-se predominantemente nos níveis iniciais, evidenciando que a progressão para níveis mais elevados ainda é limitada. Os resultados apontam desigualdades estruturais e regionais, indicando a necessidade de políticas públicas voltadas ao fortalecimento da gestão, à ampliação da cultura da qualidade e à expansão do acesso à acreditação em todo o território nacional.

PALAVRAS-CHAVE: Organização Nacional de Acreditação (ONA). Acreditação em gestão pública. Serviços de saúde. Desigualdades regionais. Qualidade em saúde.

RESUMEN
Objetivo: Analizar la distribución y las proporciones de los servicios de salud acreditados en gestión pública en Brasil, según los niveles de acreditación de la Organização Nacional de Acreditação (ONA). Método: Estudio observacional, transversal, de enfoque cuantitativo, basado en el análisis documental de registros públicos disponibles en el sitio web de la Organização Nacional de Acreditação. Se incluyeron todos los servicios con acreditación vigente en gestión pública durante el período de recolección (diciembre de 2025), excluyéndose registros duplicados, incompletos o con certificación suspendida/cancelada. Las variables analizadas fueron nivel de acreditación, Unidad de la Federación, tipo de servicio y número de registros por categoría. Se realizó un análisis estadístico descriptivo con cálculo de frecuencias absolutas y relativas. Resultados: Se identificaron 522 servicios acreditados en gestión pública. Se observó predominio del nivel Acreditado (Nivel 1), con 391 servicios (74,9%), seguido del nivel Acreditado con Excelencia (Nivel 3), con 90 servicios (17,2%), y del nivel Acreditado Pleno (Nivel 2), con 41 servicios (7,9%). La mayor concentración geográfica ocurrió en el estado de São Paulo, especialmente en servicios de Atención Primaria de Salud en el nivel inicial. Los niveles superiores presentaron mayor predominio de servicios hospitalarios y de mayor complejidad asistencial, con menor dispersión geográfica. Se verificaron desigualdades regionales y concentración de la excelencia en estados con mayor capacidad técnica y de gestión. Conclusión: La acreditación en gestión pública en Brasil se encuentra predominantemente en los niveles iniciales, lo que evidencia que la progresión hacia niveles más elevados aún es limitada. Los resultados señalan desigualdades estructurales y regionales, indicando la necesidad de políticas públicas orientadas al fortalecimiento de la gestión, a la ampliación de la cultura de la calidad y a la expansión del acceso a la acreditación en todo el territorio nacional.

PALABRAS CLAVE*: Organización Nacional de Acreditación (ONA). Acreditación em Gestión pública. Servicios de salud. Desigualdades regionales. Calidad en salud.*

1 - INTRODUCTION

The National Accreditation Organization (Organização Nacional de Acreditação — ONA), founded in 1999, represents an important milestone in the pursuit of excellence in healthcare services in Brazil. It promotes the external assessment and certification of institutions through standards that prioritize patient safety and the continuous improvement of organizational processes. This initiative, aligned with the realities of both the Brazilian Unified Health System (Sistema Único de Saúde — SUS) and the private healthcare sector, adopts a nationally developed methodology that has been implemented across all regions of the country. Its progressive accreditation levels recognize achievements ranging from compliance with essential requirements to excellence in management. Currently, only approximately 9.7% of Brazilian hospitals hold some form of accreditation, indicating substantial growth, although coverage remains insufficient to meet national demand.[1,2]

ONA accreditation is organized into three main levels. Level 1, designated as Accredited, focuses on essential patient safety standards. Level 2, designated as Fully Accredited, emphasizes the integrated management of organizational processes. Finally, Level 3, Accredited with Excellence, certifies institutional excellence in organizational structure, management practices, and quality. This

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tiered system enables a gradual assessment process and encourages institutions to advance toward more innovative and sustainable practices. Nevertheless, accreditation remains predominantly concentrated among private hospitals, with recent analyses indicating that only 13.3% of ONA-certified services belong to the public sector.[3,4]

Within the context of public healthcare management, the geographical distribution of accredited services reflects regional inequalities. The greatest concentration is found in the Southeast region, which accounts for 44.32% of the country's healthcare facilities, partly because of its higher population density. Data from studies conducted up to 2021 indicate that, among 396 accredited hospitals, representation within the public sector remained limited, accounting for less than 5% of the estimated total number of hospital units nationwide. This disparity highlights the need for policies aimed at expanding access to accreditation in less developed regions, particularly the North and Northeast.[5]

This article aims to analyze the distribution and proportions of publicly managed healthcare services in Brazil that have been accredited according to the accreditation levels established by the National Accreditation Organization (ONA).

2 - METHOD

Study Design

This was an observational, cross-sectional study with a quantitative approach, based on the documentary analysis of publicly available accreditation records for publicly managed healthcare services.

Data Source

Data were obtained from publicly available information on the website of the National Accreditation Organization (Organização Nacional de Acreditação — ONA),[6] specifically from its map of accredited publicly managed services. The records were extracted and subsequently organized into electronic spreadsheets for analytical purposes. The accreditation categories analyzed were Accredited (Level 1), Fully Accredited (Level 2), and Accredited with Excellence (Level 3).

Inclusion and Exclusion Criteria

All publicly managed healthcare services with valid accreditation listed in the documents available during the data collection period were included in the study. Data were collected in December 2025. Duplicate records, entries lacking information on accreditation level or type of service, and services with cancelled or suspended accreditation were excluded.

Study Variables

The variables analyzed were accreditation level (Accredited, Fully Accredited, and Accredited with Excellence), state or Federal District, type of service, and number of records in each category.

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Data Processing and Analysis

The data were organized in electronic spreadsheets and subjected to descriptive statistical analysis, including the calculation of absolute and relative frequencies expressed as percentages. For comparisons across accreditation levels, proportional ratios were calculated between service categories and accreditation levels.

Ethical Considerations

As the study was based exclusively on publicly available secondary data and did not involve sensitive individual or institutional identification, submission to a Research Ethics Committee was not required, in accordance with Resolution No. 510/2016 of the Brazilian National Health Council.

3 - RESULTS AND DISCUSSION

The table presents the distribution of the 522 healthcare services analyzed according to the accreditation levels established by ONA. Most institutions were classified at the Accredited level, comprising 391 services and accounting for 74.9% of the total. This finding demonstrates the predominance of services that have adopted initial quality and patient safety practices. The Fully Accredited level included only 41 services, corresponding to 7.9%, indicating that a smaller proportion of services had reached an intermediate stage of maturity in management and complexity of care. Finally, the Accredited with Excellence level comprised 90 services, representing 17.2% of the total, showing that only a limited proportion of institutions had achieved advanced standards of management, care integration, and systematic use of performance indicators. This distribution suggests a concentration of services at the initial accreditation levels, reflecting structural and managerial challenges associated with progression to higher levels. Table 1 presents the percentage of services by accreditation level.

Table 1 – Percentage of services by accreditation level

Accreditation level	**N (522)**	**Total (%)**
Accredited	391	**74,9%**
Acreditado Pleno	41	**7,9%**
Accredited with Excellence	90	**17,2%**

Source: ONA, December 2025.

The integrated analysis of the data reveals relevant structural differences in the distribution of publicly managed healthcare services according to accreditation level. The Accredited level accounted for the largest number of records, with a marked predominance of Primary Health Care services in the state of São Paulo. This finding highlights the role of this level as an initial strategy for disseminating a culture of quality within the Brazilian Unified Health System. At this level, a broader range of states was represented, although most records were associated with services of lower organizational complexity.

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At the Fully Accredited level, the total number of services decreased, while the proportion of hospital facilities and the complexity of care increased. The geographical distribution remained relatively heterogeneous, particularly in the states of São Paulo, Goiás, and Pará, suggesting more consolidated processes of integration between care delivery and management practices. The still limited presence of Primary Health Care services at this level supports the hypothesis that progression through the accreditation system is associated with institutional maturity and the capacity to manage more complex services.

The Accredited with Excellence level, in turn, showed a clear concentration of hospital and pre-hospital care services, particularly in the state of São Paulo, as well as a greater diversity of service types, including diagnostic imaging and support services. This distribution indicates that excellence in public healthcare management is associated with robust organizational systems, integration across the healthcare network, and the systematic use of indicators to support decision-making. The lower geographical dispersion observed at this level suggests that the consolidation of excellence remains restricted to institutional settings with greater technical and managerial capacity. Table 2 presents the distribution of accredited publicly managed healthcare services according to accreditation level, state, and type of service.

The findings of this study are consistent with the literature, which also reports a predominance of institutions at the basic accreditation level. In the present study, 74.9% of the institutions were Accredited, whereas 7.9% were Fully Accredited and 17.2% were Accredited with Excellence. Previous studies have similarly identified a higher concentration of Brazilian institutions at the initial levels of accreditation.[7] Both the present findings and the available literature indicate that higher certification levels are less frequent, suggesting the existence of structural and managerial challenges that hinder institutional progression toward more advanced standards of quality and governance.

These findings are also consistent with studies indicating that initial accreditation levels tend to include institutions with lower organizational complexity and serve as an entry point for disseminating a culture of quality within the Brazilian Unified Health System.[8,9]

In contrast, the Fully Accredited and Accredited with Excellence levels were associated with greater complexity of care and a predominance of hospital services, geographically concentrated in states with greater technical and managerial capacity, such as São Paulo, Goiás, and Pará. These findings support previous studies indicating that progression to higher accreditation levels depends on institutional maturity and the integration of care delivery and management practices.[10]

The lower geographical dispersion and the presence of support and diagnostic imaging services at the excellence level demonstrate that the consolidation of quality requires not only investments in infrastructure, but also the systematic use of performance indicators and robust governance mechanisms. These findings highlight the considerable challenges involved in extending excellence throughout publicly managed healthcare services.[11]

Accreditation of healthcare services, including those within the public sector, not only provides institutional recognition but is also associated with improvements in service quality and the development

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of a stronger culture of safety. These benefits may enhance the perceived value of accredited institutions among service users, healthcare professionals, and managers.

Table 2 – Distribution of accredited publicly managed healthcare services according to accreditation level, state, and type of service, December 2025

STATE	Type of service	Accredited (391)	Fully accreditd (41)	Accredited with Excellence (90)
SP	Primary Health Care (PHC)	>250	2	5
SP	Outpatient Services	6	4	7
SP	Pre-Hospital Care	–	1	22
SP	Urgent Care Services	14	2	3
SP	Hospital Services	12	9	34
SP	Diagnostic Imaging	–	–	1
RJ	Outpatient Services	4*	1	–
RJ	Hospital Services	4*	3	–
GO	Outpatient / Hospital Services	9	5	6
PA	Outpatient / Hospital Services	9	6	2
SC	Urgent Care / Hospital Services	6	1	1
BA	Hospital / Urgent Care Services	–	2	5
CE	Urgent Care / Hospital Services	4	–	4
MG	Urgent Care / Hospital Services	3	2	2
MS	Hospital Services	–	4	–
AL	Urgent Care / Hospital Services	–	–	3
DF	Hospital Services	–	–	1
ES	Hospital Services	–	–	1
RS	Hospital Services	2	–	1
AM	Hospital Services	–	1	–
MA	Dental / Hospital Services	–	2	–
PE	Outpatient / Hospital Services	3	1	–
PI	Hospital Services	1	–	–
SE	Hospital Services	1	–	–

* Aggregated distribution at the “Accredited” level. **Abbreviations:** State = Brazilian state or Federal District; SP = São Paulo; RJ = Rio de Janeiro; GO = Goiás; PA = Pará; SC = Santa Catarina; BA = Bahia; CE = Ceará; MG = Minas Gerais; MS = Mato Grosso do Sul; AL = Alagoas; DF = Federal District; ES = Espírito Santo; RS = Rio Grande do Sul; AM = Amazonas; MA = Maranhão; PE = Pernambuco; PI = Piauí; SE = Sergipe. **Source:** ONA, 2025.

The literature indicates that accreditation programs can contribute to improvements in care processes, efficiency, safety culture, and organizational performance by encouraging more systematic

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practices guided by internationally recognized quality standards.[12] Studies also emphasize that accreditation may positively affect strategic management, documentation, and continuity of care, particularly when implemented in a structured manner and aligned with institutional quality guidelines. In this way, it reinforces the legitimacy of accredited services and the trust placed in them.[13] Accordingly, the recognition conferred by accreditation serves both as a source of internal motivation and as a mechanism of external credibility, fostering continuous improvement processes and supporting the development of an organizational culture oriented toward excellence in healthcare.

4 - FINAL CONSIDERATIONS

This study made it possible to identify and characterize the distribution of accredited publicly managed healthcare services in Brazil, revealing a predominance of institutions at the initial accreditation level. Most services were classified as Accredited (74.9%), with a strong concentration among Primary Health Care units, particularly in the state of São Paulo. This finding highlights the role of this level as an initial strategy for disseminating a culture of quality within the Brazilian Unified Health System. The higher accreditation levels, Fully Accredited (7.9%) and Accredited with Excellence (17.2%), were less frequently represented, indicating that progression toward more advanced levels of management and complexity of care remains largely restricted to institutions with greater institutional maturity and technical capacity.

The findings also reveal significant structural and geographical differences in the distribution of accredited services. The Fully Accredited level was concentrated among hospital facilities and included a broader range of service types in states such as São Paulo, Goiás, and Pará. By contrast, the Accredited with Excellence level showed a concentration of hospital and pre-hospital services, together with greater integration across the healthcare network and more systematic use of performance indicators. These results suggest that achieving excellence in public healthcare management depends not only on structural resources, but also on robust organizational strategies and the ability to coordinate different levels of healthcare delivery.

In summary, the analysis indicates that, despite the expansion of accreditation in Brazil, substantial challenges remain in extending quality standards more broadly, particularly with regard to institutional progression toward higher accreditation levels. This study contributes to a better understanding of the distribution and maturity of public healthcare services and provides evidence that may support policies aimed at strengthening management and expanding access to quality practices throughout the country.

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