



Auditing as a management process in public health promotion in Brazil: theoretical analysis

Auditing as a management process in public health promotion in Brazil: theoretical analysis

Thayana Patrícia Freitas de Castro – UNIFSA - Santo Agostinho University Center

Clarkson Henrique Santos Lemos – IFPI - Federal Institute of Piauí

Isabel Cristina Pereira de Freitas – UNIFSA - Santo Agostinho University Center

SUMMARY

Introduction: Auditing within the hospital environment is increasingly being emphasized to improve the effectiveness of care protocols. It is important to ensure that auditing is conducted in a context that promotes health, thereby achieving the best patient outcomes. Thus, auditing meets the needs of healthcare institutions in harmony with the drivers of management processes. These actions always aim to improve living conditions and, therefore, must always be carried out safely. **Objectives:** The general objective of this study is to discuss the history of auditing in Brazil, focusing on the management of the Unified Health System (SUS) from a social perspective. The specific objectives are to present the trajectory of healthcare in the country, highlighting the importance of the SUS and its purposes in Brazil.

Methodology: This is a review using a qualitative bibliographic method to understand the dimension of the SUS, as well as the audit in the listed sphere, revalidating the obstacles it has faced over the years, and the obstinacy to remain convenient to the right to health nominated by the Federal Constitution (1988). **Conclusion:** It is inferred that the audit in the public health management process acts as an important instrument for weighing the quality and irrefutability of the services provided to the population, and a systematic appreciation and continuing education of the professionals involved is important.

KEYWORDS: Audit; Public Health; Health Management.

ABSTRACT

Introduction: Auditing within the hospital environment is increasingly being emphasized to improve the effectiveness of care protocols. It is important to ensure that auditing is conducted in a context of health promotion, thereby achieving the best patient health outcomes. Thus, auditing meets the needs of healthcare institutions in harmony with the drivers of management processes.

These actions always aim to improve living conditions and, therefore, must always be carried out safely.

Objectives: The general objective of this study is to discuss the history of auditing in Brazil, focusing on the management of the Unified Health System (SUS) from a social perspective. The specific objectives are to present the trajectory of healthcare in the country, highlighting the importance of the SUS and its purposes in Brazil. Methodology: This is a qualitative review using a bibliographic approach to understand the scope of the SUS (Unified Health System) and auditing within this scope. It reaffirms the obstacles it has faced over the years and the persistence to maintain compliance with the right to health established by the Federal Constitution (1988).

Conclusion: It can be inferred that auditing in the public health management process acts as an important instrument for assessing the quality and reliability of services provided to the population.

Systematic appreciation and continuing education of the professionals involved are essential.

KEYWORDS: Auditing; Public Health; Health Management.

1 INTRODUCTION

Recalling its historical rise, auditing has always had as its practice and goal, keeping up with technological changes and social forces. In this regard, the responsibilities administrative, require responses to the assistance, marketing and corporate, converting the role of the nurse to care, promotion and quality, to patient care. In this way, there is a score for the appreciation of functions administrative tasks by nursing professionals, as a way to manage and use them the various institutional resources, such as: social, material, financial, technological and knowledge, to design goals and high efficiency (Chiavenato, 1999).

Furthermore, throughout history, the concept of quality has followed the evolution of man, being associated with the political, economic and cultural progress of each era. Currently, this concept is related to a managerial function and as an essential element for the survival of institutions, regardless of their area of activity. The health area is not remained oblivious to this evolution, it is valid quality assurance in health refers to the preparation of strategies for both quality assessment and standards implementation, auditing and clinical conduct standards (Nepomuceno; Kurcgant, 2008).

Today, we have a free healthcare system that aims to serve all classes and is regulated in the Federal Constitution. As listed, the general objective The purpose of this article is to discuss auditing from the perspective of public health in Brazil, including the management of the Unified Health System (SUS). The specific objectives are to identify the trajectory of health in the country; catalog the importance of the SUS and echo the health objectives in Brazil. The question The problem that governs this research is "In what way and which mechanisms helped the auditing the evolution and promotion of health in the country?"

The choice of the theme is based on the fact that it is necessary to expand the management process in health, through auditing, highlighting advances, ethical challenges over time and practices contingent on implementation, and future prospects for integration in health promotion. This research aims to explore consolidation, monitoring and regular care, in addition to catalog the ongoing needs for training and optimization of health outcomes and promoting more effective and humanized care. Furthermore, the social and academic relevance

of the research consists of bringing current and public utility content. In this way, it is done
It is necessary to carry out the study to reflect on the qualification and results for today's reality.

2 METHODOLOGY

It is worth noting that the research uses a qualitative bibliographic method, as
is not concerned with numerical expression, but rather with deepening the understanding of
a social group, of a structure (Goldenberg, 1997). Thus, methods were used
qualitative studies that sought to explain why things are the way they are, referring to what can be done, but not
quantifies the values and systematic exchanges, or submits them to the test of facts, as the data
analyzed are non-metric (elicited and relational) and are made possible by different approaches
(Portela, 2004).

The methodology of this study was structured as a literature review, with the objective
to investigate the audit in the performance of health promotion, highlighting social advances,
challenges faced and future prospects for this application. Qualitative research is concerned
with the facets of reality that cannot be quantified, resulting in apprehension and explanation
of the dynamics of social relations. There was an exploratory phase, where according to Gil (2002),
seeks to provide greater familiarity with the imbroglio, to make it more visible or to build
referential hypotheses. The systematic literature review was chosen because it allows a view
comprehensive overview of the topic, identifying gaps in knowledge, recent advances and effects.

The present study, as a research team, was conducted with references from the
the last 20 years, using Google Scholar as a research source, as well as books, theses,
dissertations and databases available on the internet. Therefore, to search for articles,
databases used such as: Latin American and Caribbean Literature in Health Sciences
(LILACS), Scientific Electronic Library Online (*Scielo*) and Virtual Health Library (BVS).
Chosen as descriptors: "Health Management", "Health Audit", "Unified Health System",
"Hospital Care", "Health Management Process". To cross-reference these,
using the Boolean operators "AND" and "OR". The collected data were organized and analyzed
according to their relevance to the central theme.

Therefore, this methodology allowed a clear understanding of the effects of the audit as
management process in public health promotion in Brazil.

3 DEVELOPMENT

3.1 CONTEXTUALIZING THE HISTORY OF HEALTH IN BRAZIL: CONSTITUTION FEDERAL AND THE RIGHT TO HEALTH

It is worth noting that the last two decades have been marked by too many transformations in Brazilian health system, potentially related to the changes that have occurred within the scope political-institutional. Thus, parallel to the redemocratization process initiated in the 1980s, the country went through a serious economic and financial crisis. For a time, in time, we sought to consolidate the process of expanding healthcare coverage that began in the second mid-1970s, in response to proposals formulated by the World Health Organization of Health (WHO) at the Alma-Ata Conference (1978), which advocated "Health for All in the Year 2000", mainly through Primary Health Care (Caleman; Sanches; Moreira, 1998).

It is worth noting that during Getúlio Vargas' government the focus was on combating pandemics and epidemics, one of the rights achieved in this government was medical care and leave pregnancy. In addition, it consolidated the labor rights of 1943 by determining that workers with a formal employment contract should have health benefits. Continuing the story in 1953, the Ministry of Health was created. As a basis for the search for the creation of health policies, which served mainly rural areas, since in cities health was the prerogative of those had a formal employment contract (Costa, 1985). Furthermore, during the military dictatorship there were financial cuts which led to the spread of diseases such as dengue fever, for example, and in 1980 the sanitation movement portrayed and made possible understandings regarding public health, the concept of health and progress of the right to health in Brazil.

The 1988 Federal Constitution established health as a duty of the state (Baptista, 2005). In addition to this, it confirmed that services should be free and of quality, being accessible to all Brazilians. Sometimes, some aspects leave something to be desired, as the demand is enormous and the system cannot meet everyone's needs with quality. It is always appropriate to discuss the right to health, given that, considering that many do not have an understanding about this context, Nogueira and Pires (2004) highlight that:

The current interests and organizational capacity of the different groups that make up the sector will set the tone for the debate and, [...], will enable the inclusion and implementation of the right to health with a profile where democracy and universality will find broad support or be extremely reduced. (Nogueira, Pires, 2004, p.758).

Furthermore, Law No. 8,080, enacted in 1990 (BRAZIL, 1990), operationalizes the constitutional provisions. These are the responsibilities of the SUS at its three levels of government, in addition to others obligations, “order the training of human resources in the health area” (CF, art. 200, item III). However, a set of factors, such as dilemmas linked to financing, clientelism, change in the epidemiological and demographic pattern of the population, to the increasing costs of the process of attention, the corporatism of health professionals, among many others, constituted significant gaps for greater and more consistent advances, succeeding in a perception of unfeasibility of the SUS (Caleman; Sanches; Moreira, 1998).

In view of this, in the health system, the figure of the auditor gained a relevant role, as an agent to promote the quality of care through previously defined standards, in perspective of continuing education, as well as in actions to diagnose the performance of processes, in equity and actions important for direct patient care activities and those of an administrative nature. As to emphasize, the consolidation of the right to health, within of the constitution being a great achievement, in an important trajectory of the country since its creation of the SUS to the present day.

3.2 PUBLIC HEALTH IN BRAZIL FROM THE CREATION OF THE SUS TO THE PRESENT TIME

The Unified Health System (SUS) regulated by law 8.080 of 1990, where are distributed its attributions and functions as a public system and by law 8.142 they portray about community participation, management and financing (BRAZIL, 2005). Similarly, It is important to highlight how effective and relevant this system is, the Covid-19 pandemic was a compelling example of the countless precautions, coherent treatment, ICU beds, exams for prove contamination and medications. In other countries, all these actions must be paid for, In Brazil, the public health system offers it free of charge, unfortunately it could collapse due to demand.

The health system must carry out epidemiological studies on the conditioning factors and determinants related to health and work, housing, food, conditions

wages, environment, basic sanitation, education, leisure, essential goods and services, and then disclose the results. Therefore, when non-identification occurs, they have a duty to disclose the causes of diseases and their conditioning factors/determinants:

The State's duty to guarantee health consists of formulating and implementing economic and social policies aimed at reducing the risk of diseases and other injuries and establishing conditions that ensure universal and equal access to actions and services for its promotion, protection and recovery" (BRAZIL, law 8.080, 2nd, §1

It is worth highlighting that Public Health Management is the activity of administering services health services developed and located within the territory of a sphere of government, as well as administer the services, for which the manager receives the financial resources (Remor, 2008). The SUS is consisting of a set of health actions and services provided by bodies and institutions federal, state and municipal public services based on the principles of universality, equity and completeness (Araújo, 2010).

The SUS has made great strides since its creation and consolidation to the present day. When it was created the individual had access to health care only if he had a formal job with a signed work contract, with its health and related services being the responsibility of the public sector. Many changes were occurring, health became a right for all and a duty of the state, guaranteeing integrity of actions and services. Their advances occurred based on the needs and rights of the population. In the field of primary care, progress has been made in integrating actions (protective, promotional and recovery) adapting to social, epidemiological, regional and cultural realities. In addition In addition, there was the inclusion of people with chronic diseases and other disabilities, it is important emphasize how much there has been an improvement in the control and assistance provided to people with the AIDS virus. In this sense, actions through the implementation of the decentralization of the SUS, making it possible to know the regional and sociodemographic particularities with regard to social, political and administrative structure of the country (Peron, 2009).

It is important to highlight how much university students see helping in harmony and consolidation of this system. Its effectiveness is unquestionable, as it invigorates and strengthens the right to health established by the Federal Constitution (1988). As an aspect, it is essential to list the difficulties and obstacles that it constantly faces to maintain itself. Unfortunately, society builds ideological bases based on individualism, causing distinction and solidarity, collectivity and equality. As such, this issue brings negative aspects that aggravate and limit policies and social bases of the SUS. This system sometimes does not have the support of political parties,

support of union and central workers on the front line of defending the right to health and citizenship conditions, these support actions are frequent in European countries that have opted for social welfare of the state (Paim, 2018).

Currently, many private institutions are affiliated with the SUS, offering some services where the client does not pay for them, as long as they present their SUS card (Document issued by municipal health departments). But, unfortunately, not all of them make it this quality service, many have to wait days, even months for the service to be performed. It is worth highlighting the importance and responsibility of the audit to identify weaknesses and potential of institutional processes, to carry out actions to raise awareness and enhance aspects that need to be improved and provide topics for training testifying to a permanent education, consistent with the needs derived from practice (Abreu, 2023).

3.3 MANAGEMENT OF THE UNIFIED HEALTH SYSTEM

Over the last few years, the health sector has been undergoing changes in the reorganization of care actions. In this way, the organization of universality in care, the designation of health policy based on the economics of supply, questions about the financing of care and the difficulties in establishing adequate controls and regulatory mechanisms, determined the management style (Paim; Ciconelli, 2007).

As listed, to comply with constitutional precepts, the SUS uses several management precepts created according to the need and technical, administrative ability, managerial and political aspects of the various SUS managers over time and space, being responsibility of the Union, states, Federal District and municipalities to guarantee and improve the functioning of the health system (BRAZIL, 2002).

The Health Pact recognizes that funding can be guaranteed by the sub-bloc Regulation, Control, Evaluation and Audit, understood as one of the instruments of strengthening management (Melo; Vaistman, 2008). In conjunction with the different areas of Ministry of Health, the standardization of monitoring of the Pact for Health must be a process permanent, guided by indicators, objectives, goals and responsibilities that make up the Management Commitment Terms and agreed schedules, with the aim of



development of support acts to qualify the management process (BRASIL, 2009).

Likewise, it is noted that it was regulated that this system must identify and disclose the conditions and determinants of health; formulate and encourage health policy to promote the economic and social fields, to reduce the risk of health problems; carry out health actions of promotion, humanization, protection and recovery integrating assistance and preventive actions. Furthermore, it is the duty of health to carry out epidemiological studies on these conditions, tracing salary, food, environment, sanitation, education, work and other services essential. Since, when they do not identify and reflect the factors that caused some disease, become responsible for the lack of health (Melo, 2008).

Likewise, participatory management is a transversal strategy, present in SUS management processes, granting the formulation and deliberation of control processes social and taking on a set of activities aimed at improving the management of the SUS, for positive effectiveness, efficiency and efficacy, with actions that include support for control social, popular education, social mobilization, the search for equity, monitoring and evaluation, ombudsman, auditing and management of ethics in public health services (BRAZIL, 2009).

3.4 THE IMPORTANCE OF THE ASSERTIVE WORK PROCESS IN AUDITING IN THE UNIFIED HEALTH SYSTEM

In Brazil, there are no records of the correct date for the start of health auditing, but, Mezomo (2001) reports that, in 1952, the Alípio Correia Neto Law was created, in which it was the duty of philanthropic hospitals the documentation of the complete clinical histories of all patients. For specified, the audit assumes the meaning of a management instrument that strengthens the SUS, contributes to the allocation and adequate use of resources, ensuring access and quality of health care offered to citizens, transforms the logic of production/billing to offer attention to users and in favor of the defense of life, includes concern with monitoring of actions and analysis of results, reveals the mission of evaluating efficiency, effectiveness, effectiveness and cost-effectiveness of health actions and services, provides technical cooperation and proposes measures corrective measures and supports the planning and inspection with validated and reliable information (BRAZIL, 2011).

It should be noted that audits in the public sector are continuous and can analyze, simultaneously, the accounting part and compliance with legality, enabling, through references generated by the redirection of policies and objectives and, consequently, of activities and actions of health services, allowing a perennial opportunity for negotiation that, by involving related organizational and political optics, bypass the development of the health work process (Melo; Vaistman, 2008).

Audit actions are executed through analytical and operational phases. In the phase analytical, a documentary survey is carried out regarding the object of analysis, and the documents are examined reports of previous and production audits, protocols and printed materials where they can be the necessary information is gathered. In the operational phase, the information is verified on site, with visits to physical facilities, direct analysis of records, equipment checks and others (Pinto; Melo, 2010).

According to Peron (2009) he also states that auditing can contribute to the preparation of Laws, Decrees and Norms, based on detections of distortions in the SUS, as a state of focus on comprehensiveness and quality of health actions and services and the resulting application of resources in the quality of life of citizens, to contribute to the appropriate application of resources and efficiency of services, that is, strengthening the ownership of health care offered to users and implementation of the Pact for SUS Management.

4 FINAL CONSIDERATIONS

Health auditing is a fundamental tool for monitoring health policies. health for redefining objectives, readjusting resources and adapting its actions for a structure of advice and assistance to the administration of managers. In this way, the The audit's commitment to reinvigorating management is established in the manager's propensity regarding the efficient application of the health budget, reflecting in the improvement of indicators epidemiological and social welfare, in access and humanization of services

With emphasis, health auditing has as a management process in public health, drives the improvement of the quality of health care, whether public or private, with the aim of mission to verify whether what needs to be done is being done in quantity and quality. The audit in health is definitively and formally incorporated into the health systems of several countries world, including in Brazil, where it was definitively regulated by Decree No. 1,651/95.

It is necessary, through auditing, to evaluate, control and monitor the information passed on by the competent bodies to the Ministry of Health, this being a fundamental tool for monitoring public health policies. As a way, obtain quality assessment within health practices, patient well-being, which is the focus of attention of professionals. The focus, evaluation and monitoring through indicators allow you to detect and correct faults that could compromise the quality of the service.

Therefore, the present study allowed us to observe the importance of auditing as tool in public health management, as a way of helping to make more assertive decisions. As listed in the study, auditing is no longer a technique or work modality aimed at policing health professionals and goes on to declare the meaning of quality assessment. The prosperity and effectiveness of health services is always childish. provided to the population and for continuing education. It is expected that the information contained in this study provide subsidies for further studies on auditing in the management of the SUS, as the The Unified Health System is a topic that requires successive reflections, to reverberate and aggregate knowledge in personal gaps in relation to the health system.

REFERENCES

ABREU, LDP *et al.* Nursing audit in Primary Health Care: a reflective analysis. **Cadernos ESP**, v. 17, n. 1, p. e1525-e1525, 2023. Available at: < 13
<https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/1525/408> > Accessed on September 15, 2025.

ARAÚJO, AP, FERREIRA, JES, MELLO, LR, RIBEIRO, CTM, RIBEIRO, MG, RUBIM, L. da Cruz. The public health system and rehabilitation actions in Brazil. **Pan-American Journal of Public Health**, 2010. Available at: <https://scielosp.org/article/rpsp/2010.v28n1/43-48/pt/>. Accessed on: January 11, 2025.

ARAUJO, MA D. Accountability for results control in the Unified Health System in Brazil. **Pan-American Journal of Public Health**, v. 27, n. 3, p. 230-236, 2010.

BAPTISTA TWF. **The Right to Health in Brazil: How We Got to the Unified Health System and What We Expect from It.** Rio de Janeiro: Fiocruz; 2005.

BRAZIL, **Law 8,080, of September 19, 1990.** Provides for the conditions for the promotion, health protection and recovery, the organization and operation of corresponding services, and other provisions. Official Gazette of the Union 1990.

BRAZIL, **Law 8,142, of December 28, 1990.** Provides for community participation in the management of the Unified Health System (SUS) and intergovernmental transfers of financial resources in the health sector and provides other measures. Official Gazette of the Union 1990.

BRAZIL, Ministry of Health, Executive Secretariat, Undersecretariat of Planning and Budget. **National Health Plan: a pact for Brazil's health.** Brasília: Ministry of Health; 2005.

BRAZIL, Ministry of Health. Secretariat of Strategic and Participatory Management. National Audit System. National Audit Department of the Unified Health System (SUS). **Auditing of the Unified Health System: basic guidelines.** Ministry of Health. Secretariat of Strategic and Participatory Management. 48 National Audit System. National Audit Department of the Unified Health System (SUS). Brasília: Ministry of Health, 2011.

BRAZIL. National Council of Health Secretaries. **The Unified Health System and qualifying access.** National Council of Health Secretaries. Brasília: CONASS, 2009. p. 67.

CALEMAN, G.; SANCHEZ, MC; MOREIRA, ML **Auditing, Control and Programming of Health Services**, v.5, n.3, p.45-72, São Paulo, Faculty of Public Health of the University of São Paulo, Health & Citizenship Series, 1998.

CARVALHEIRO, JR. **The challenges for health.** Estud. Av., v.13, n.35, 1999.



CARVALHO, Gilson. **Public health in Brazil**. Av. study vol.27 no.78 São Paulo 2013.

Available at: <https://www.scielo.br/j/ea/a/HpvKjJns8GhnMXzgGDP7zzR/?lang=pt>. Accessed on: September 18, 2025.

COSTA JF. **History of psychiatry in Brazil: an ideological cut**. Rio de Janeiro: Xenon; 1989.

GIL, AC **How to develop research projects**. 4th ed. São Paulo: Atlas S/A, 2002.

GOLDENBERG, M. **The art of research**. Rio de Janeiro: Record, 1997.

MELO, MB; VAITSMAN, J. **Audit and Evaluation in the Unified Health System**. São Paulo in Perspective, v. 22, n. 1, p. 152-164, Jan./Jun. 2008.

MEZOMO, JC **Quality management in health: basic principles**. São Paulo, Manole, 2001.

NEPOMUCENO, LMR; KURCGANT, P. Use of quality indicator to support training program for nursing professionals. **Nursing School Journal**.

USP, São Paulo, v. 42, n. 4, Dec. 2008. Available at: [https://](https://www.scielo.br/j/reeusp/a/SZBgxqCwn6Wfh3dtwcCfNRr/?lang=pt)

www.scielo.br/j/reeusp/a/SZBgxqCwn6Wfh3dtwcCfNRr/?lang=pt . Accessed on: January 24, 2025.

NOGUEIRA, VMR; PIRES, DEP **Right to health: an invitation to reflection**. Cad.

PAIM, CRP; CICONELLI, RM Audit to assess the quality of health services.

Journal of Health Administration, v. 9, n. 36, Jul./Sept. 2007.

PAIM, Jairnilson Silva. **Unified Health System (SUS) at 30 years**. DOI: 10.1590/1413-81232018236.0917, 2018. Available at: <<https://www.scielo.br/pdf/csc/v23n6/1413-8123-csc-23-06-1723.pdf>> . Accessed on: January 8, 2025.

PERON, C. **Auditing and Management Pact**. Health Care Network Journal, v. 3, n. 3. 2009.

PINTO, KA; MELO, CMM The practice of nursing in health auditing. **Nursing School Journal**. USP, v. 44, n. 3, p. 671-678. 2010.

PORTELA, GL **Theoretical-methodological approaches**. UEFS Research Project, 2004.

REMOR, LC Auditing of the SUS in Santa Catarina. **Public Health Journal**, Florianópolis, v. 1, n. 1, Jan./June 2008.