EXPERIENCE REPORT OF A PUBLIC HEALTH PROFESSIONAL ON THE TECHNICAL TEAM OF THE MEU SUS DIGITAL PLATFORM: CONTRIBUTIONS TO INTEGRATING PUBLIC HEALTH AND DIGITAL TRANSFORMATION

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Abstract: Objective: To analyze the experience of a public health professional working on the technical team of the Meu SUS Digital platform and her contributions to linking collective health and digital transformation within the Brazilian Unified Health System (SUS). Method: A descriptive, analytical-reflective experience report conducted in 2025, based on a literature review, document analysis, and observation of professional practice recorded in a field diary. Results: The experience was organized into four themes: error mapping and improvement of

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work processes; user feedback and social participation; information governance and systems integration; and health communication and citizen autonomy. The findings highlighted the relevance of monitoring user reports, coordination across technical departments, and accessible communication strategies, alongside barriers related to digital inequalities. Conclusion: Including collective health professionals in digital health teams can help embed equity, data protection, and the public interest in platform management, although the findings are limited to the institutional setting described.

Keywords: Digital Health; Unified Health System; Public Health; Information Technology; Experience Report

INTRODUCTION

Digital Health, according to the World Health Organization (WHO), is a field of theoretical and practical knowledge focused on developing tools that expand access to and the quality of health services, and is broader in scope than its predecessor, "Electronic Health" (or e-Health) (WHO, 2021). These technologies contribute to the "development of care that is fairer, more sensitive, innovative, and committed to life in all its forms," in alignment with the principles of the SUS (Almeida Filho, 2006, p. 21).

In this context, public health professionals play a crucial role in designing and improving digital solutions, acting socially and politically to guarantee all citizens' right to health, "expressing the social commitment inherent to Collective Health to social transformation, improving the population's lives, and health as a right of citizenship and a duty of the State" (Rossi; Barsaglini, 2025).

The incorporation of digital technologies into the health sector has been guided by public policies aimed at strengthening health systems, particularly initiatives in telehealth, expanding social participation, and promoting interoperability among information systems, thereby fostering data integration and knowledge exchange (Bertotti; Blanchet, 2021). In Brazil, this process takes place in a context of widespread digital connectivity among the

population. Data from the Brazilian Internet Steering Committee indicate that approximately 166 million people over the age of 10 used the internet in 2023, corresponding to around 78% of the Brazilian population (CETIC BR, 2024; UNFPA, 2025). This context reinforces the potential of Digital Health as a strategy for bringing citizens closer to the SUS.

At the normative and institutional level, the WHO Global Strategy on Digital Health (WHO, 2021) and the regional plan of the Pan American Health Organization (PAHO, 2019) highlight the role of digital technologies in expanding universal coverage and strengthening health systems. In Brazil, frameworks such as the National Policy on Health Information and Informatics (PNIIS) (Brazil, 2015), the General Data Protection Law (LGPD) (Brazil, 2018), the Digital Health Strategy for Brazil 2020–2028 (Brazil, 2020), and the establishment of the Secretariat of Information and Digital Health (SEIDIGI) (Brazil, 2023) consolidate the implementation of policies aimed at system integration, data protection, and the strategic use of health information.

In this institutional context, Meu SUS Digital stands out as the Ministry of Health's central platform for engaging with the population, offering services such as access to medical histories, vaccination information, digital certificates, appointments, and mini-applications, including the Child Digital Health Record, the Climate Change Guide, and Hemovida, thereby promoting direct communication between SUS and its users (Brazil, 2025).

Accordingly, this experience report aims to analyze and reflect on the work of a public health specialist on the Meu SUS Digital technical team, drawing on professional experience in the context of the Ministry of Health, and discussing the specialist's contributions to integrating public health and digital transformation in SUS, in light of Digital Health as a strategic tool for strengthening the Unified Health System.

METHOD

This study is an experience report of a descriptive and analytical-reflective nature, aimed at systematizing and analyzing the work of a public health specialist on the technical team of the Meu SUS Digital Platform. The report seeks to understand the digital health work

process within the Unified Health System (SUS), drawing on the author's professional experience in the institutional context under analysis.

The study was conducted in 2025 and is situated within the context of public digital health policies implemented in Brazil between 2020 and 2025, a period marked by the Digital Health Strategy for Brazil (2020–2028) and the World Health Organization's Global Strategy on Digital Health (2020–2025), both aimed at strengthening health systems through digital technologies (Brazil, 2020; WHO, 2021).

The systematization of the experience was based on three complementary components: bibliographic research, documentary research, and observation of professional practice. The bibliographic research focused on national and international publications produced between 2019 and 2025, including scientific articles, books, theses, dissertations, and technical reports on digital health, health information systems, and Collective Health, with the aim of informing the theoretical reflection and contextualizing the reported experience.

The documentary research involved the analysis of ordinances, legislation, internal regulations, technical reports, meeting minutes, institutional dashboards, and operational documents from the Ministry of Health's Secretariat of Information and Digital Health, used to understand the regulatory frameworks, decision-making processes, and governance strategies that guided the development and operation of the Meu SUS Digital Platform.

Observation of professional practice was the central component of the report, taking into account the author's direct involvement in the platform's development, implementation, and management activities. Experiences were systematically recorded in a field diary, covering team interactions, decision-making processes, institutional challenges, and critical reflections on the day-to-day work of digital health; they were subsequently organized to enable a critical analysis of the work processes experienced.

The experience was analyzed through a reflective and interpretive process, linking observations of professional practice with the theoretical and documentary framework, focusing on understanding the work processes experienced in the context under study and contributing to the understanding of digital health work within SUS. This methodological

approach is supported by literature that characterizes the experience report as a form of scientific production that values critical reflection on lived practice in light of a theoretical framework, thereby contributing to the advancement of field-specific knowledge (Mussi; Flores; Almeida, 2021).

From an ethical standpoint, the study followed the guidelines of CNS Resolution No. 466/2012 for health research involving human beings, although no identifiable user data were collected directly. The confidentiality and privacy of institutional information and team members were protected, and all personal identification was avoided in the experience report.

RESULTS AND DISCUSSION

The reflective systematization of professional experience, developed through observation of practice, field diary records, and analysis of institutional documents, made it possible to organize the discussion into four thematic areas. These areas are not configured as analytical categories in the traditional sense, but as central dimensions of the work process experienced within the Meu SUS Digital Platform, which guide reflection on professional practice and its implications in the field of digital health within SUS.

ERROR MAPPING AS A STRATEGY FOR IMPROVING THE WORK PROCESS

In the day-to-day work with the Meu SUS Digital Platform, one of the central activities involved mapping and monitoring errors, failures, and inconsistencies reported by users, including navigation difficulties, technical problems, incomplete or outdated information, and obstacles arising from the integration of health information systems. Experience with this activity showed that handling these reports goes beyond a purely operational dimension, requiring a broader understanding of the contexts in which the platform is used, the institutional workflows involved, and citizens' expectations regarding SUS services.

Experience showed that systematically monitoring these errors constitutes an

ongoing exercise in reflecting on the work process, insofar as it makes it possible to identify institutional weaknesses, review internal procedures, and improve coordination among different technical areas. In this regard, errors reported by users came to be understood as mechanisms for institutional learning, contributing to the platform's continuous improvement.

The literature on the evaluation and use of digital health technologies emphasizes that the continuous monitoring of problems reported by users is central to improving digital platforms and strengthening public trust in health information systems (de Oliveira et al., 2020). The public health professional's role in this process made it possible to challenge exclusively technical responses, incorporating principles of quality, equity, and public interest into the implementation of improvements.

LISTENING TO USERS AND TECHNOLOGY-MEDIATED SOCIAL PARTICIPATION

The experience of analyzing feedback submitted by Meu SUS Digital users highlighted the central role of attentive listening as a strategy for improving the platform. It was observed that user feedback goes beyond reporting technical failures, also expressing needs, expectations, and proposals related to access to services, the clarity of information, and the app's usability.

This experience resonates with the literature that recognizes social participation as a structuring principle of public health policies and a constitutive element of SUS (Melo; Possa, 2016; Paim, 2018). In the context of digital health, listening to users takes new forms, mediated by technologies that expand opportunities for interaction between the State and society, although they do not eliminate historical and structural inequalities.

At the same time, the experience revealed important limitations to this process, since app-mediated participation occurs unequally, conditioned by factors such as internet access, digital literacy, age group, and familiarity with digital technologies. Thus, the feedback received simultaneously highlights the democratizing potential of Meu SUS Digital and the challenges involved in making social participation effective in a country marked by profound

social and regional inequalities.

INFORMATION GOVERNANCE AND CHALLENGES OF SYSTEMS INTEGRATION IN SUS

The institutional weaknesses revealed through listening to users also became apparent within the organization of work and information management in SUS. Participation in technical and strategic meetings with different areas of the Ministry of Health made it possible to understand that many of the challenges faced in connection with Meu SUS Digital are not limited to the technological dimension, but are strongly related to information governance, systems integration, and coordination among sectors.

The historical fragmentation of health information systems is one of the main obstacles to consolidating digital health in Brazil, as widely discussed in the literature (Moraes; Gómez, 2007; Brasil, 2020). Professional experience made it possible to observe how this fragmentation directly affects users' experience and the platform's operation.

In this context, the integration of Public Health professionals into the work process proved relevant by mediating dialogue between technical areas, problematizing information flows, and broadening understanding of digital health policy beyond technological solutions. This work helped incorporate ethical, organizational, and political dimensions related to the use of health data, information protection, and institutional accountability.

MY SUS DIGITAL AS A TOOL FOR HEALTH COMMUNICATION AND THE PROMOTION OF AUTONOMY

Work within Meu SUS Digital also highlighted the platform's potential as an instrument for direct communication between the State and SUS users, particularly through notifications and informational messages. Participation in drafting these communications underscored the central importance of language, clarity of information, and tailoring content to different user profiles.

The literature indicates that digital health technologies can promote access to information, citizen agency, and stronger self-care, provided that communication strategies take existing social, cultural, and digital inequalities into account (WHO, 2021; Soibelman; Fornazin; Vercesi Albuquerque, 2025). The experience analyzed showed that inappropriate communication choices can undermine message comprehension and limit the platform's emancipatory potential.

Thus, Meu SUS Digital has considerable potential to strengthen health communication and user autonomy, provided that it is guided by the principles of equity, accessibility, and inclusion. Through the platform, citizens receive notifications about vaccination and other health topics of interest, as well as access educational content related to different areas, such as healthy eating, HIV/AIDS, and child health. The Public Health perspective applied throughout this experience helps challenge technical and communication-related decisions, reaffirming digital health as a means of realizing the right to health, rather than an end in itself.

STUDY LIMITATIONS

As this is an experience report situated within a single technical team, the findings cannot be generalized to other platforms or institutional contexts. The analysis was based on professional observation and institutional documents, without quantitative assessment of performance, usability, or user satisfaction. Furthermore, feedback received through digital channels may not represent the experiences of people with less internet access or lower digital literacy.

RECOMMENDATIONS

It is recommended that routines for analyzing and responding to user feedback be strengthened, that accessibility and plain-language assessments be conducted, that cooperation between technical and Public Health teams be expanded, and that studies be developed using

indicators of use, information quality, and digital inclusion. The incorporation of these measures should comply with data protection regulations and relevant institutional procedures.

CONCLUSION

This study made it possible to systematize and critically reflect on the work of a public health professional on the technical team of the Meu SUS Digital Platform, showing that digital transformation within the Unified Health System involves ongoing processes of institutional coordination, decision-making, and improvement of work processes, and is not limited to the adoption of technological solutions.

The experience reported showed that systematic monitoring of user errors, suggestions, and complaints is central to improving the platform, as it informs technical adjustments, reviews of internal workflows, and decisions better aligned with the needs and expectations of SUS users. The importance of coordination between technical and strategic areas in addressing challenges related to information governance and systems integration was also highlighted; these are foundational aspects for consolidating digital health in the country.

Reflection on professional practice made it possible to recognize that Public Health work in the field of digital health helps broaden perspectives on the use of health technologies by incorporating ethical, organizational, and political dimensions into the development and management of digital platforms. In this regard, the experience report proved to be a relevant strategy for understanding situated and complex work processes, valuing lived experience as a legitimate source of knowledge production.

As implications, the importance of strengthening ongoing strategies for monitoring the user experience, expanding initiatives focused on accessibility and digital health literacy, and consolidating information governance mechanisms within SUS is highlighted. These aspects reinforce the need to understand digital health as a means of realizing the right to health, guided by the principles of equity, inclusion, and public interest.

REFERÊNCIAS

ALMEIDA FILHO, Naomar de. Epidemiologia & saúde. 2. ed. Rio de Janeiro: Fiocruz, 2006.

BERTOTTI, Bárbara Mendonça; BLANCHET, Luiz Alberto. Perspectivas e desafios à implementação de Saúde Digital no Sistema Único de Saúde: Perspectives and challenges to the implementation of Digital Health in the Unified Health System. International Journal of Digital Law, v. 2, n. 3, p. 93-111, 2021.

BRASIL. Constituição (1988). Constituição da República Federativa do Brasil. Brasília, DF: Senado Federal, 1988. Disponível em: https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm. Acesso em: 15 nov. 2025.

BRASIL. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde. Brasília, DF, 1990. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l8080.htm. Acesso em: 25 nov. 2025.

BRASIL. Ministério da Saúde. Política Nacional de Informação e Informática em Saúde (PNIIS). Brasília: Ministério da Saúde, 2015.

BRASIL. Presidência da República. Lei nº 13.709, de 14 de agosto de 2018. Lei Geral de Proteção de Dados Pessoais (LGPD). Diário Oficial da União, Brasília, DF, 15 ago. 2018. Disponível em: https://www.planalto.gov.br/ccivil_03/_ato2015-2018/2018/lei/l13709.htm. Acesso em: 10 set. 2025.

BRASIL. Ministério da Saúde. Estratégia de Saúde Digital para o Brasil 2020–2028. Brasília: Ministério da Saúde, 2020.

BRASIL. Ministério da Saúde. Secretaria de Informação e Saúde Digital (SEIDIGI). Brasília: Ministério da Saúde, 2023.

BRASIL. Ministério da Saúde. Meu SUS Digital. Brasília: Ministério da Saúde, 2025. Disponível em: https://www.gov.br/saude/pt-br/composicao/seidigi/meususdigital. Acesso em: 10 set. 2025.

CETIC.BR. Pesquisa TIC Domicílios 2024: acesso e uso das tecnologias de informação e comunicação nos domicílios brasileiros. São Paulo: Comitê Gestor da Internet no Brasil, 2024. Disponível em: https://cetic.br/pt/pesquisa/domicilios/. Acesso em: 19 set. 2025.

DE OLIVEIRA, Lara Bezerra et al. Aplicativos móveis no cuidado em saúde: uma revisão integrativa. Revista Enfermagem Atual In Derme, v. 93, n. 31, 2020.

HADDAD, Ana Estela; LIMA, Nísia Trindade. Saúde digital no Sistema Único de Saúde

(SUS). Interface – Comunicação, Saúde, Educação, Botucatu, v. 28, p. e230597, 2024. Disponível em: https://doi.org/10.1590/interface.230597. Acesso em: 19 set. 2025.

MELO, Rafael Cerva; POSSA, Lisiane Bôer. Democracia no SUS, como estamos? Um debate sobre a participação social a partir da literatura recente. Saúde em Redes, v. 2, n. 4, p. 393–408, 2016.

MORAES, Ilara Hämmerli Sozzi de; GÓMEZ, Maria Nélida González de. Informação e informática em saúde: caleidoscópio contemporâneo da saúde. Ciência & Saúde Coletiva, v. 12, p. 553-565, 2007.

MORENO, Ramon Alfredo. Interoperabilidade de sistemas de informação em saúde. Journal of Health Informatics, v. 8, n. 3, 2016.

MUSSI, Ricardo Franklin de Freitas; FLORES, Fábio Fernandes; ALMEIDA, Claudio Bispo de. Pressupostos para a elaboração de relato de experiência como conhecimento científico. Revista práxis educacional, v. 17, n. 48, p. 60-77, 2021.

ORGANIZAÇÃO PAN-AMERICANA DA SAÚDE. Plano de ação para o fortalecimento dos sistemas de informação para a saúde 2019-2023. Washington, DC: OPAS, 2019. Disponível em: https://iris.paho.org/handle/10665.2/59461. Acesso em: 20 set. 2025.

PAIM, Jairnilson Silva. Sistema Único de Saúde (SUS) aos 30 anos. Ciência & Saúde Coletiva, v. 23, n. 6, p. 1723-1728, 2018.

ROSSI, Everton; BARSAGLINI, Reni Aparecida. Inserção profissional e identidade sanitarista: experiência de egressos da graduação em saúde coletiva/UFMT, Brasil. Saúde e Sociedade, v. 33, p. e240502pt, 2025.

SILVA, Marcelo José de Souza; SCHRAIBER, Lilia Blima; MOTA, André. O conceito de saúde na Saúde Coletiva: contribuições a partir da crítica social e histórica da produção científica. Physis: Revista de Saúde Coletiva, Rio de Janeiro, v. 29, p. e290102, 2019.

SOIBELMAN, Gustavo; FORNAZIN, Marcelo; VERCESI ALBUQUERQUE, Mariana. Saúde digital na Atenção Primária à Saúde no Brasil: experiências desenvolvidas no SUS entre 2018 e 2022. Saúde em Debate, v. 49, n. especial 1, e10000, 2025.

UNFPA. Situação da população mundial 2025: a verdadeira crise de fecundidade – a busca pela autonomia reprodutiva em um mundo em transformação. New York: Fundo de População das Nações Unidas, 2025. Disponível em: https://brazil.unfpa.org/pt-br/publications/situa%C3%A7%C3%A3o-da-popula%C3%A7%C3%A3o-mundial-2025-verdadeira-crise-de-fecundidade Acesso em: 20 set. 2025.

WHO. World Health Organization. Global strategy on digital health 2020–2025. Geneva:

WHO, 2021. Disponível em: https://www.who.int/publications/i/item/9789240020924. Acesso em: 19 set. 2025.