

# Analysis of the SUS Bahia Ombudsman Office's experience

## *Análise de experiência da Ouvidoria SUS Bahia*

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**ABSTRACT** The article reports the experience of the SUS/Bahia Ombudsman office from its implementation until mid-2021 through the analysis of the developed work. It also describes the role played by the Ombudsman in the struggle to guarantee the right to health, demonstrating its advances and challenges in the State of Bahia, as an ombudsman of the Unified Health System. It is structured in three phases, which intend to describe its performance in a clear and objective way. Its specificity is highlighted as a public health agency supported by the SUS legislation, envisioning decentralization throughout the State of Bahia, with the objective of expanding citizen participation and, consequently, access to their right to healthcare. The first phase discusses the implementation and formation of the SUS Bahia Ombudsman Offices Network and its articulation with the State General Ombudsman's Office. The second focuses on structuring the service and expanding the Network. The third describes the qualification of SUS ombudsmen with emphasis on the service decentralization through the implementation in the Municipal Health Secretariats in the State of Bahia.

**KEYWORDS** SUS ombudsman. Right to health. Network formation. Ombudsman qualification. Decentralization.

**RESUMO** O artigo relata a experiência da Ouvidoria SUS/Bahia, desde sua implantação até meados do ano de 2021, por meio da análise do trabalho desenvolvido. Descreve também o papel por ela desempenhado na luta pela garantia do direito à saúde, demonstrando seus avanços e desafios no estado como ouvidoria do Sistema Único de Saúde (SUS). Está estruturado em três seções, as quais pretendem descrever de forma clara e objetiva sua atuação, por meio das fases vivenciadas. A sua especificidade é realçada, como órgão público de saúde, amparado pela legislação do SUS, vislumbrando a descentralização em todo o estado, com o objetivo de ampliar a participação cidadã e, conseqüentemente, o acesso ao seu direito à saúde. A primeira fase discute a implantação e a formação da Rede de Ouvidorias do SUS Bahia, e a sua articulação com a Ouvidoria Geral do Estado. A segunda enfoca a estruturação do atendimento e a ampliação da Rede. A terceira descreve o trabalho de qualificação das ouvidorias do SUS, com ênfase na descentralização do serviço, mediante implantação nas Secretarias Municipais de Saúde no estado.

**PALAVRAS-CHAVE** Ouvidoria SUS. Direito à saúde. Formação da rede. Qualificação de ouvidorias. Descentralização.

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## Introduction

The process of implementation and structuring of Ombudsman offices within the Unified Health System (SUS) in Brazil is relatively new being officialized in 2003 by the creation of the SUS General Ombudsman Department (DOGES), through Decree nº 4,726/2003. Its objective was to coordinate, propose, and implement the National Health Ombudsman Policy within SUS to integrate and stimulate the expansion of users' access to the process of evaluating public health actions and services<sup>1</sup>. Therefore, they emerge as another strategy for citizen participation beyond the collegiate instances.

They constitute a democratic forum for communication and coordination between citizens who exercise their role in social control and the public health management. Their main function is to promote the empowerment of citizens and the visibility of public management, as they encourage citizens to exercise their rights, and provide transparency to public health policies. They are administrative units of SUS agencies at the federal, state, and municipal government levels whose mission is to enable users' rights to be heard and have their individual and collective demands adequately addressed within the SUS<sup>1</sup>.

This article aims to present the experience of the SUS Bahia Ombudsman Office and the role it plays in the realization of the fundamental right to health through a report on the implementation, structuring, and improvement of this service in the state, and actions taken until 2021.

Therefore, the aim is to contribute toward the implementation of future Ombudsman offices and to support the consolidation process of those already implemented. The challenges and advances reported here will guide the development of their actions and the consolidation of the National Network of

SUS Ombudsman Offices with the participation of the federated entities. That is because SUS Ombudsman offices are structured and articulated between the three government levels, with citizen participation, and will contribute to the strengthening of democracy and SUS participatory management<sup>2</sup>.

The text is structured in three sections, which correspond to the phases experienced by the SUS Bahia Ombudsman Office. The first describes the implementation process, its link to the State General Ombudsman Office (OGE), and the Network formation; the second describes the structuring and expansion of the services; the third reports the services implementation through technician's qualification and the decentralization of the Municipal Health Departments (SMS) and other SUS units.

At the end of the text, *table 1* is presented with a timeline describing trajectory of the SUS Bahia Ombudsman's Office from its creation until the year 2021.

## Implementation, development, and qualification phases of the SUS Bahia Ombudsman Office

In a historical analysis, the process of creation, development and improvement of the SUS Bahia Ombudsman Office can be divided into three distinct phases: At first, the Network was implemented and formed. Afterward, the organization was structured and then the Network expansion was sought. Finally, came the institution's consolidation, and its improvement and qualification process that occurs continuously until now. Below, we will analyze the main events that have marked each of these stages.

## First phase: implementation of the SUS Ombudsman Office and Network formation (2005-2007)

The creation of the SUS Bahia Ombudsman Office is directly linked to the creation of the OGE as well as its organization and structure. The OGE was created by Law nº 8,538/2002, which modified the organizational structure of the Public Administration of the State Executive Branch. The Ombudsman office was created by Article 5º, linked to the Government Secretary and directly subordinated to the governor<sup>3</sup>. It was very well structured, functioning autonomously and with the support of a senior manager. However, under the Law nº 13,204/2014, it is now linked to the Secretary of Social Communication (SECOM)<sup>4</sup>.

In December 2003, the Decree nº 8,803 was published determining the implementation of ombudsman offices in all secretaries and agencies of the State Executive Branch which are technically linked to the OGE and administratively linked to their respective agencies or secretaries, according to Art. 5º:

The ombudsman activities will be developed in a decentralized way, through sectorial Ombudsman offices and appointed ombudsmen to act in agencies and entities of the State Executive Branch<sup>5</sup>.

The OGE was structured right after its creation and through the network's formation backed by specific legislation and contributed significantly to the strengthening of the sectorial Ombudsman offices due to the legal endorsement and support.

In May 2004, the SUS Bahia Ombudsman office was implemented through Ordinance nº 775 published in the Bahia State Official Gazette in compliance with the aforementioned state Decree. It was linked to the Health Secretary's Office as a direct subordinate office counting with two ombudsmen: the Holder

and the Deputy as advocated by the OGE. Initially, it was constituted by two senior level professionals (social workers) coming from referral hospitals in the state.

Since its creation, the service was structured with the perspective of decentralization through the creation of Ombudsman offices in major hospitals and in the macro-regions of health in the state, aiming to ensure citizen participation in the 417 municipalities of Bahia and those seeking care in the health units of the state network. This was recommended by the current legislation and SUS policy as in the 1988 Federal Constitution that establishes health as a right for all and a duty of the State.

The Organic Health Law nº 8,080/90 established SUS regulation as an integrated health care system guaranteed by the Brazilian State, managed by the Ministry of Health (MS) in partnership with the states and municipal health departments, and with the necessary popular participation in the management, control, and supervision of healthcare services<sup>2</sup>.

To accomplish this decentralization process, an Action Plan was prepared for the acquisition of resources from a federal agreement which was focused on the deployment of Ombudsman offices contemplating reforms and expansion of physical spaces, purchase of equipment, training, and qualification of ombudsmen. The experience was successful, considering that the resource was a stimulus to the manager who would have no expenses with the service implementation.

This plan was prepared based on the Master Plan of Regionalization (PDR) established by the Operational Health Care Norm (NOAS/01), one of the main management instruments. It is an integral part of the State Health Plan. Its objective, besides the network organization, regionalization, and hierarchization as required by the Constitution, is to guarantee people's access to all levels of healthcare complexity essential to fully meet their needs.

Thus, the objective of the Ombudsman office is to ensure the effective citizen participation

and guarantee their constitutional rights, and the improvement of services provided by SUS. Noting that SUS' role is to ensure and expand citizen participation throughout the state by setting up a network of Ombudsman offices in the nine health macro-regions in Bahia's largest hospitals.

In 2005, after the approval of the Ministry of Health Action Plan and after the funds being released, the SUS Bahia Ombudsman Office started its decentralization process by raising the managers and public servants' awareness through technical visits and OGE lectures which was interested in the expansion of the state network. It was also looking forward to using its computerized system in addition to expanding the service to citizens through the state via 0800 2840011 telephone, and other channels available.

Such partnership and support have effectively helped to establish the SUS Ombudsman offices. This process was expanded over the years due to the need to reach other state health units such as referral centers, maternity wards, and medium and small hospitals – an arduous process given the difficulty of units to provide human resources for the task. However, despite the challenges, it was a successful experience because Ombudsman offices were implanted in some health macro-regions (currently called Regional Health Centers).

The year 2006 was the continuation of the decentralization process, starting with the qualification of the ombudsmen who attended courses, congresses, and seminars with resources coming from the federal agreement which contemplated such actions. It has been considered successful because they provided learning and exchange of experiences as a stimulus for the technicians as it was a new service in the country and still under construction.

In addition to decentralization, the SUS Bahia Ombudsman Office continued its work of providing services to citizens by various means of access, receiving demands from the

OGE and the SUS General Ombudsman Office, processing the entire flow of referrals to the Secretary's technical areas and the Network Ombudsman offices providing answers to the citizens. It prepared the managerial reports, the monitoring and technical support to the implemented Ombudsman offices despite having a very small team. This was the greatest work challenge in developing the programmed actions especially decentralization. However, the work continued with the objective of achieving the goals defined in the Action Plan.

In 2007, there was a significant investment in the structuring of the state Ombudsman offices network through the implementation and deployment of the service using resources from the federal agreement. It encouraged the deployment and provided all the necessary infrastructure for the service operation: renovation, expansion, purchase of equipment, training of new ombudsmen and qualification of the network's professionals.

In July, the Ombudsman presented its work in Manaus, Amazon State, as a successful experience in the Ombudsman and Citizen Meeting: Health and Sanitary Surveillance, following an invitation from the former DOGES/MS and the National Health Regulatory Agency (ANVISA). This participation was important to disseminate its work, still in the process of structuring and expansion.

Later that year, it was invited by DOGES/MS to participate in the Pilot Project on the SUS Ombudsman Computerized System as level 1 along with the Ombudsman offices of two federated entities: SMS of Recife and Guarulhos, in the State of Pernambuco and Sao Paulo respectively.

From then on, the negotiation process began between DOGES, the State Health Secretary and OGE for the signature of the Technical Cooperation term to integrate the computerized systems of the Department of Informatics of the Unified Health System (DataSUS/MS) and the Ombudsman and Public Management System (TAG/OGE) – a moment of great challenge for the SUS

Ombudsman due to the technical difficulty of integrating the systems and to the resistance of the state's general ombudsman to accept the registration of the health ombudsman's demands in another system. Despite the difficulties, negotiations continued between the State Health Secretariat (SES) and the MS in order to accomplish the partnership.

## **Second phase: structuring SUS Bahia's Ombudsman Office and expanding the network (2008-2012)**

This period was marked by the continuity of all the investment process for structuring the SUS Bahia Ombudsman Office with full support of the Secretary's Office in order to meet the requirements demanded by DOGES and the partnership accomplishment. The physical space was enlarged, health workers were called, call centers operator were hired, the team were expanded allowing the work to be resized and to effectively develop its actions, that is: qualification of the SUS Bahia Network ombudsmen, monitoring the actions of the established Ombudsman offices, and the support to the state's municipalities in setting up SUS Ombudsman Offices.

The Ombudsman office was inserted into the Internal Regulations and organizational chart of the Bahia State Health Department (SESAB) by Law nº 11,055/2008 which changed SESAB's Organizational Structure, functioning as a coordinating body and directly subordinated to the Secretary's Office with its competencies and purposes<sup>6</sup>.

Soon after, a technical cooperation agreement was signed between SESAB and DOGES, a successful moment for the Ombudsman office, since the use of the SUS Ombudsman Computerized System allowed the expansion and autonomy of the service. A Call Center was installed with professionals trained specifically for health improving the quality and

speed of work. This has made it possible to produce more reliable and detailed management reports, strengthening the SUS Bahia Ombudsman Network and its decentralization process.

The year 2009 was marked by SESAB's investment to consolidate the work of the SUS Ombudsman Office by supporting the expansion of the service to the state health units' network, reflecting positively on the increased citizens participation within SUS in the state.

That participation resulted in several administrative changes aimed at improving services, such as: humanization of outpatient settings, promotion of internal events to publicize the unit's Ombudsman service, restructuring of services, personnel adaptation, establishment of new routines as can be seen in the Ombudsman's management report from that year on the website [www.saude.ba.gov.br/ouvidoria](http://www.saude.ba.gov.br/ouvidoria). These are highlights of its importance as an instrument for strengthening social control and also as a management tool to increase its credibility among citizens and health managers.

Effective dissemination of the service was carried out through various media: interviews on radio and TV, expressive distribution of informative material, participation in regional and national events which contributed substantially to the expansion of citizens access to the Ombudsman office.

Also noteworthy: the I Symposium of Public Health Ombudsman Offices was attended by 300 people and the III Ombudsman Offices Meeting of SUS Bahia Network.

So as to speed up citizens' demands, the process of including municipalities as interlocutors in the SUS Ombudsman Computerized System was started through the registration of SMS technicians linked to the Regional Health Centers to meet the demands. The positive result was the raise of awareness among municipal managers about the importance of the Ombudsman's work.

However, the big challenge was the adhesion of the municipalities to the work, since they did not respond to the demands making noticeable the inconsistency between supply and demand for SUS services throughout the state.

In 2010, with the network's expansion, there was the need to implement actions to improve and standardized the work by systematizing and unifying the Ombudsmen's practices. Several actions were carried out: Strategic Planning Workshops with the coordination technical team, elaboration and dissemination of the Ombudsman Standards and Routines Manual; regional and state meetings of SUS Ombudsman offices; SUS Bahia Ombudsman Experience Show; creation of the SUS Bahia Network Ombudsman Working Group; reproduction of educational material and elaboration of 500 guidance booklets for Ombudsman offices' implementation.

Although it has been a successful experience due to the involvement of the Ombudsman offices' network, the great challenge was the practice unification due to the managers' difficulty in understanding the citizen's right and the inconsistency between demand and supply of SUS' services, considering also the autonomy of the federated entities.

In 2011, after discussion and agreement with DOGES, it was decided that the state Ombudsman offices would support the SMS in the implementation of the service becoming responsible for the decentralization in the state following the logic of the SUS policy which defines competencies and responsibilities of each federated entity in the implementation of the services. This important decision ratified the work developed by the SUS Bahia Ombudsman Offices which already had as a goal, well-established in the Pluriannual Plan (PPA) within the State Health Plan and in the Annual Health Program, the number of established Ombudsman offices in the state.

To speed up the decentralization process, a project was carried out to obtain federal resources from the Management System of Agreements and Transfer Contracts (SICONV) which had the objective of supporting the implantation and deployment of SUS Ombudsman Offices in municipalities with more than 50 thousand inhabitants. The resource guaranteed the entire process of training technicians and producing educational material. Despite all the investment in the organization of work processes, there was no success in decentralizing the service.

In 2012, there was a breakthrough in the sector reflecting the relevance given to the work of SUS Ombudsmen in the country with the effective participation of DOGES. Its goal was to structure the Network in a qualified and integrated way to constitute the National System of SUS Ombudsman Offices with the participation of states, municipalities, the Federal District and the DOGES as its role as a federal entity was to support and encourage the creation of these structures, proposing adherence to the Qualification Project in order to expand the aforementioned System.

The SUS Bahia Ombudsman Office joined the Qualification Project with the objective of improving the Network. The awareness of municipal health managers was carried out through a lecture in the Bipartite Interagency Commission (CIB) at the meetings of the Goal Record System, agreed upon by the States, municipalities, Federal District (SISPACTO) and the health regions. The goal was to agree on the Ombudsman offices implementation in addition to visiting health units of the state network which resulted in the implementation of the service in three units and one SMS. This reinforces the importance of its role as an articulator both in the processing of demands and in the decentralization of the service.

In addition to expanding the network, the Ombudsman offices was always concerned with qualifying the ombudsmen through training in handling and forwarding the demands, information management, and dialogue with

technical areas responsible for responding to citizens' demands to speed up the responses and the ombudsman's determination.

### **Third phase: consolidation and qualification of the SUS Bahia Ombudsman Network (2013-2021)**

The year 2013 was considered successful for the SUS Bahia Ombudsman Office due to the service's implementation in the municipalities. One factor that contributed toward this end was the Organizational Contract for Public Health Action (COAP). Although the state of Bahia did not sign the contract, its indicators were used by SISPACTO, including nº 13.1 - Proportion of ombudsman offices implemented in the municipalities<sup>7</sup>.

Another important factor was the change in the Agreement's Work Plan allowing the inclusion of municipalities with less than 50 thousand inhabitants. There were training courses for new ombudsmen, refresher courses on handling and forwarding demands, information management, and the SUS Bahia Network Ombudsmen Meeting. In this period, the Ombudsman office participated as an effective member in the Management Collegiate, linked to the Secretary's Office and stayed until the end of the management in 2014.

In 2014, the actions initiated in previous years continued with various strategies aimed at improving the work such as participation in the National System of SUS Ombudsman Offices together with DOGES, the Federal District, and other states of the federation in order to develop a unified work in an articulated and structured way, respecting the autonomy of the federated entities. In that year, should be highlighted: the efforts to implement and decentralize the Network, participation in the II Expogep – SUS Strategic and Participatory Management Experience Exhibition with work presentation and awarding of an article in

the Prêmio Cecília Donnangelo de Ouvidoria SUS (Cecília Donnangelo SUS Ombudsman Award) (February 2-6, 2014)<sup>8</sup>.

In 2015, the actions continued to be developed, but the change of state government and the transition process, with new technicians in the Secretary's sectors, slightly delayed the achievement of the goals. However, there were important advances in the decentralization process such as The Ombudsman Office's participation in the Implementation Commission of the State's Regional Health Consortia, ensuring the implementation of the services in all Regional Health Polyclinics with the Ombudsman position being occupied through a public tender; SUS National Qualification Course for Audits and Ombudsman promoted by DOGES in partnership with the SUS National Audit Department (DenaSUS), Oswaldo Cruz Foundation (FIOCRUZ), the National School of Public Health, the Network of Public Health Schools and Training Centers<sup>9</sup> with the goal of aligning professional practices and work organization based on SUS principles and guidelines to strengthen SUS audits and ombudsman.

The course was fundamental to the decentralization process of SUS Ombudsman Offices. There was effective participation of the state ombudsman and auditors in the Northeast Region Learning Workshop to prepare and organize the course in two learning units. In Learning Unit 2, they acted as teachers, teaching the specific content to the municipal technicians contemplated by DOGES and DenaSUS. Despite not having a significant number of Ombudsman offices already implemented, there was plenty of mobilization and articulation with municipalities' managers and technicians.

The year 2016 was marked by the municipal election period which challenged the services decentralization despite the articulation and awareness among municipal managers and SUS Network units. The Implementation SUS Bahia Network Workshop was held in order to ensure the functioning of existing Ombudsman

offices and to establish new units resulting in the implementation of three.

Despite the difficulties, the increase in new Ombudsman offices is justified as the service decentralization in addition to expanding the channels for citizen listening, strengthens local management. It helps local administrations to make decisions in a more agile and less bureaucratic way based on the citizen's point of view. According to Lyra<sup>10</sup>, the link between public ombudsman service and democracy is inherent. It constitutes a space and a form of citizen control over republican institutions. Therefore, it is necessary to zeal and respect the constitutional principles of morality, impartiality, transparency, public service efficiency, protection of human rights, and the search for justice and social inclusion.

Other actions were developed by SUS Bahia Ombudsman Office in that year, such as: participation in the Ombudsman Project in the neighborhoods in partnership with the OGE in order to bring the Ombudsman office closer to citizens and disseminate the services; discussions of the Multisectoral Action Plan to Tackling Zika and other Arboviruses in the State of Bahia, 2017-2019. In fact, it was a year of hard work and participation of the Ombudsman office in SUS activities to strengthen management and social control.

The year 2017 was marked by many challenges due to the beginning of new municipal administrations, leading to changes of managers and ombudsmen. However, it was a timely and productive year to raise awareness and articulate with municipal secretaries who sought information and guidance from SESAB about the services implementation. From then on, the Ombudsman office continued its actions using the collegiate instances such as CIB and Council of Municipal Health Secretaries (COSEMS).

Four new Ombudsman offices were opened, one in the Secretary's Office and three in the first Regional Health Polyclinics inaugurated in the state. These last ones were of great relevance as they were the first Ombudsman

offices with technicians approved in a public tender as they arrive with a theoretical background about the functioning of the service.

In 2018, the focus of the work was the continuity of actions in the state. The new ombudsmen received four trainings which resulted in the implementation of nine Ombudsman offices, including the health units linked to SESAB, the Regional Health Polyclinics, and a municipal hospital. Twelve Network Ombudsman offices were also established through the training of new ombudsmen.

To accelerate the process of decentralization and implementation of SUS Ombudsman Offices in the state, the SUS Bahia Ombudsman Office prepared an Action Plan to require federal funds based on Ordinance n° 1,975/2018 which establishes financial incentive for states and the Federal District to qualify and manage SUS under the SUS National Policy for Strategic and Participatory Management. It was focused on the implementation, decentralization, and qualification for the SUS Ombudsman offices. It was approved at the end of that year with criteria for the implementation of Ombudsman offices in SMS, agreed with the CIB. The CIB Resolution n° 001 was published in the State Official Gazette on January 4, 2019.

Finally, the ordinance reinforced the objective of the SUS Bahia Ombudsman Coordination in the state to expand citizen participation enabling their access to health care as a fundamental right guaranteed by the Federal Constitution and the SUS Principles and Guidelines.

Given this scenario, the year 2019 was based on the actions guided by the project under Ordinance n° 1,975 and CIB Resolution n° 001. Despite all the difficulties encountered within the Secretary for the resource use due to changes occurred in the bidding processes, an event was held to raise awareness among municipal managers and the Network Units. That event had the participation of SUS General Ombudsman Officer, OGE, CIB representative, and representatives from the State

Health Secretary's Office – a moment of great articulation and mobilization with good results.

The positive balance that year resulted from the implementation of eleven Ombudsman offices and the establishment of ten, including those linked to health units, SMS, and Regional Health Polyclinics. It is also worth mentioning the holding of qualification workshops with the ombudsmen of the state's SUS Network and meetings with organized civil society groups providing them with information about SUS's operation. In short, it was a year of hard work and success.

The year 2020 began with good prospects and great challenges in addition to the state decentralization process through the adhesion of municipalities approved by CIB the previous year, the Ombudsman office was chosen to take part in the situation room of the Health Secretary's Office, presenting the resolution indicator. Although this room was inaugurated in early March and fostered by indicators of the strategic areas, the operation was interrupted with the advent of the COVID-19 pandemic, being used for control and data release regarding the pandemic.

In Brazil, as well as in other countries, the pandemic had a hard impact on the lives of individuals due to the speed of the contamination. The country suffered greatly due to the lack of knowledge on the disease and forms of treatment and prevention causing people to despair and search incessantly for information.

The Ombudsman's Office, as a channel for articulation and dissemination of health information, noticed a significant increase in citizen's access in search of information throughout the year due to the disease worsening. From then on, all the work was directed at welcoming the citizens for treatment and forwarding their demands quickly since the population needed quick answers. Therefore, it was essential to constantly update information about the new reality, the virus behavior, and to understand how the Health Secretariat and other public agencies and sectors were structuring and articulating themselves to tackle the pandemic.

This was a moment of growth for the Ombudsman office due to the articulation and dialogue with all SESAB sectors and other areas of the state as the Network of services was being organized, information was updated with the objective of assisting the technical team and the Ombudsman Offices Network to correctly guide citizens. Technical notes were prepared and published on the SESAB website.

As the pandemic progressed and restrictive policies and social isolation began, the actions and demands of the health sector could not wait. Faced with such difficulties, the Ombudsman office realized the need to adjust its actions, adapting them to the moment. Extended meetings were held with the ombudsmen from the state network in addition to training of new ombudsmen using the Microsoft Teams platform in order to qualify ombudsmen, implement and deploy Ombudsman offices.

The execution of the planned actions was initiated to allow the continuity of health services and the need to maintain the network's operation as well as implementation of new Ombudsman offices. So, newsletters were prepared and technical notes with flow guidelines, meetings with the ombudsmen as well as the creation of four new Ombudsman offices. That was significant given the chaos the country was going through at that moment. It is possible to say that it was a positive experience and extremely necessary for the moment.

The year 2021 was characterized by the continuity of the work and experience acquired in tackling the pandemic with the perception of improvements in the health scenario in the state with the arrival of the vaccine immunization process.

The accreditation process of SUS Bahia Ombudsman Coordination began by the end of the previous year with the partnership between the National System of Institutional Accreditation in SUS Ombudsman Offices, FIOCRUZ, and General Ombudsman Office of SUS/MS. The Quality Management Team was created through Ordinance nº 151 – an enriching experience due to the work of evaluating

actions of SUS Ombudsman office in the state. This involved the team and other sectors of the Secretary for a reflective evaluation based on quality standards to sharpen the team's perception on the importance of developing other activities and changing the way of working. This is so because as the internal Ombudsman team met to discuss as they realized the need for service improvements. However, the accreditation has not yet been completed as the Self-Assessment Report was still being prepared.

It is important to point out that in that year, fourteen Ombudsman offices were created in the state and other actions inherent to the service were developed, and the office coordination took part in various health activities in the state. The objective was to increase citizen participation in healthcare issues, strengthen social control, subsidize management with information coming from social participation, seek to improve services provided by SUS, strengthen the SUS Ombudsman Network in the state, and the National Network, effectively contributing to the consolidation of democracy.

## Final considerations

It can be noted that SUS Bahia Ombudsman Office and other areas of SESAB play a coordinating role with the objective of service decentralization, provide support to municipalities and SUS Network units through the implementation of Ombudsman offices conducting training for new ombudsmen, in response to changes of technicians, expansion of the human resources framework, and the establishment of new units.

The SUS Bahia Ombudsman Office has developed actions aimed at expansion, qualification, and monitoring of the Network, welcoming citizens, disseminating health information, guiding and directing them to public healthcare services as well as registering demands through the various entry channels made available to the public. Another important action is to forward the demands to

the Ombudsman Network and other technical areas of SESAB with the commitment to provide answer citizens' questions.

Despite all the investment and effort made by the coordination to develop actions to expand citizen participation and strengthen the SUS Ombudsman offices, it cannot be considered a fully successful work as there were several factors which hindered the implementation of actions, especially in relation to the decentralization process and the necessary qualification of ombudsmen for monitoring the network. These factors include the number of staff at the headquarters which is much reduced. It needs to be restructured due to the extent of the work in the state as well as the level of understanding of SUS managers about the importance of the Ombudsman office, its functioning as a management tool, and as an instrument to strengthen social control.

It can be verified that all work developed by the Ombudsman office was supported by the SUS policy following its legislation, its principles and guidelines, and other current legislation that supports the work of public ombudsman offices in the country.

Regardless of the difficulties faced, especially in the years 2020 and 2021, with the COVID-19 pandemic, there was a significant advance in the work both in terms of the network's qualification and of the coordination itself through its participation in the SUS Ombudsman Accreditation process in a partnership with FIOCRUZ and General Ombudsman of the SUS/MS, considered an enriching evaluation for the service.

There was also the decentralization in the SMS and other SUS units in the state with an increasing participation of citizens enabling their access to the right to healthcare, seeking to improve the services provided, and the SUS strengthening.

*Table 1* below is a brief description of the SUS Bahia Ombudsman Office's trajectory, with its advances and challenges, from its implementation until the year 2021.

Table 1. Timeline of the Ombudsman's Office

YEAR	EVENTS
2002	The State General Ombudsman Office was created by Law nº 8, in December, linked to the State Government Secretary, directly subordinated to the governor's office.
2003	Publication of Decree nº 8,803, which determines the implementation of ombudsman offices in all secretaries and agencies of the state executive branch.
2004	The SUS Bahia Ombudsman Office was established, through Ordinance nº 775, directly linked to the secretary's office with the format of a home ombudsman's office; Service structuring; Implementation of ombudsman offices in health units, linked to the state, and in the Regional Health Centers; Elaboration of the Action Plan for the acquisition of resources from federal agreement.
2005	Approval of the Federal Agreement Action Plan; Participation as a sub-network in the OmbudsmanSUS/DOGES/MS computerized system to respond to SUS demands in the state.
2006	Continuity of the Network's decentralization process; Qualification of the Network's ombudspersons.
2007	Presentation of the work of the Bahia SUS Ombudsman Office as a successful experience at the Ombudsman's office and Citizen Meeting: Health and Sanitary Surveillance - Manaus / July; Ombudsman's Office invited by DOGES to be a Pilot-Project in the Computerized System OmbudsmanSUS as level 1; Meeting with the Health Secretary's offices and the State General Ombudsman's office to enable the technical cooperation agreement and the integration of the systems (DOGES and OGE).
2008	Law nº 11.055, of June 26, which changes the organizational structure of the State Health Secretary, and the Ombudsman's Office is inserted in the Internal Regulations and in the organizational chart as an organ directly subordinated to the secretary's office; Team enlargement; Signature of the technical cooperation term between SESAB and DOGES; Start of use of the SUS/DataSUS Ombudsman Computerized System.
2009	Secretary's investment to consolidate the Ombudsman's Office; Broad dissemination of the Ombudsman Office; Distribution of educational material; Administrative changes and service improvements due to the demands of the ombudsman office; Expansion of the Network through municipalities' offices access to the computerized system OmbudsmanSUS as a response point; Holding of the I Seminar of Public Health Ombudsman Offices; Holding of the I Symposium on Public Health Ombudsman Offices with the attendance of 300 people.
2010	Investment in actions to qualify and standardize the work of the Ombudsman's Network; Preparation of the SUS Bahia Ombudsman's Manual of Rules and Routines; Reproduction of educational material; Creation of the work group of the Bahia SUS Network ombudsman's office; Showcase of Experience in SUS Bahia Ombudsman offices; Meetings with workers and managers in the health macro-regions (currently Regional Health Centers).
2011	Meeting with the state ombudsmen and the SUS General Ombudsman Department; Acquisition of resources from the Federal SICONV agreement, nº 75,7750/2011.
2012	Year of great progress for the SUS Bahia Ombudsman's office; SUS Ombudsman Office qualification project created by DOGES with adherence of the states;

Table 1. (cont.)

YEAR	EVENTS
	Qualification of the Bahia SUS Network Ombudsman Offices.
2013	Expansion of the SUS Ombudsman's Office Network in the state with the adhesion of the municipalities; Amendment of the SICONV work plan, including municipalities with populations of less than 50,000 inhabitants; Participation of the SUS Bahia Ombudsman as an effective member of the Secretary's Management Collegiate.
2014	Acceleration of the decentralization process; Participation in the National System of SUS Ombudsman Offices.
2015	Participation of the Ombudsman in the Commission for the Creation of consortia and implementation of Regional Health Polyclinics in the state. National Qualification Course for SUS Audits and Ombudsman Offices promoted by DOGES.
2016	Raising awareness and articulation with municipal managers and SUS Network units in the state; Workshop for implementation and deployment of the Bahia SUS Network Ombudsman offices; Participation in the Project Ombudsman in the neighborhoods in partnership with the State General Ombudsman's Office; Participation in the discussions of the Multisectoral Action Plan for tackling Zika and other Arboviruses in the State of Bahia, 2017-2019.
2017	Beginning of new municipal management; Articulation with new managers; Implementation workshops of the SUS Bahia Ombudsman Offices Network; Implementation of ombudsman in the first three opened Regional Health Polyclinics.
2018	Change of the Ombudsman's goal in the Pluriannual Plan for the last two years (2018-2019); Network expansion and qualification; Approval of the SUS Bahia Ombudsman's Action Plan for acquiring federal resources supported by Ordinance nº 1,975.
2019	Publication of the CIB Resolution for the implementation of ombudsman offices in the Municipal Health Secretaries through funds of Federal Ordinance nº 1,975; Raising awareness among municipal managers.
2020	Approval of the Ombudsman's resolution indicator; A year marked by the COVID-19 pandemic and a significant increase in citizens' access to the service; Articulation with technical areas of the SES Bahia and other state agencies and sectors in search of information about the work structuring to tackle the pandemic; Preparing bulletins, technical notes for guidance to the Network, and management reports; Training of new ombudsmen through the Microsoft Teams platform; Participation of the Ombudsman in the meeting with the National Accreditation System.
2021	Adherence of the SUS Bahia Ombudsman Office to the National System of Accreditation in SUS Ombudsman Offices; Carrying out monitoring actions in the Network's Ombudsman Offices; Training new ombudsmen and the response points, that is, the Interlocutors of the SES Bahia's technical areas; Implementation of 14 SUS Ombudsman Offices in the state.

Source: own elaboration.

## Collaborator

Carvalho CA (0000-0003-4308-5692)\* is

responsible for drafting, editing, data analysis, and publication of the article. ■

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