FACING THE COVID 19 PANDEMIC IN THE MUNICIPALITY OF SANTIAGO DE CHILE
HEALTH EMERGENCY

• During the year 2020, Santiago faced prolonged periods of confinement and total quarantine, given the high indicators of positivity to SARS CoV-2 (TTA), mortality and occupancy in Hospitals.

• The community found itself in a scenario of total isolation, closure of schools, shops, parks, and with the implementation of curfews and mobility passes that allowed them to go out twice a week for essential reasons.

• Primary care health workers had to reconvert their basket of benefits and "make themselves available" to what is required by the MoH.

• Strategies in charge of PHC appeared, such as PCR testing, traceability and follow-up of positive cases, vaccination, Prolonged Hospitalization Unit for COVID-19 positive cases (UHP), as well as delivery of drugs and products from the complementary feeding program to the population at risk, among others.
January 2020:
We did not know how the virus behave
We had no effective treatments
We had no vaccinations
We counted:
Long career in public policies and work in healthcare networks
Track record in mass vaccination campaigns
Primary Health Care as a gateway to the demand for care

Strategies: Early investigation and isolation of cases: PCR in health centers and in territorial operations
Traceability: follow-up of cases and contacts Sanitary residences: For isolation of positive cases that did not have the necessary care measures in their homes.
Quarantines with immobility of people: to avoid infections, confining them to their homes, having to bring health care to their homes, drugs, food, social help.
Closing of schools: starting a new modality of online classes
Closing of businesses : Food baskets
Curfew: Patrols ensuring that there were no mass social gatherings, delivery of preventive information
January 2021:
Covid-19 vaccination: First and second dose
Face-to-face care and teleconsultations at Centers
Telecommuting

Running on Networks:
• Healthcare networks: Fire at the San Borja Arriaran Hospital (January 30, 2021)
• Intersectoral Networks

Strategies that add up:
Territorial vaccination programming: Health teams at fixed points in Parque O’Higgins, Cultural Center, Churches and itinerant points with Seremi and Minsal buses Delivery of intra-Cesfam health benefits, at home and electronically Provide infrastructure for the Oncology service of Hospital San Borja
January 2022:
Covid vaccination: third and fourth dose
Resume face-to-face services in all life cycles
Reduce telecommuting
Post Covid syndrome:
• Rehabilitation, Mental health

Strategies that add up:
Control recovery plans for people with chronic pathologies
Retake health checks throughout the life cycle Comply with Explicit Health Guarantees (GES)
Incorporation into Comprehensive Rehabilitation Rooms for Covid patients after hospital discharge
Mental health programs to address: Users and officials
**Actions to move forward**

- Facing the post-pandemic situation:
  - Mental Health Pathologies.
  - Rehabilitation physical and psychological sequelae of post-COVID users.
  - Return to classes of students after 2 years of confinement.
  - Reactivate the economy, respecting self-care measures.
  - Reconnect with the community.
We have so much to learn:

- A floating population of around one million nine hundred people who work or go to do paperwork from the different communes of the Metropolitan Region pass through Santiago daily, the above means that the vaccination processes are massive and not necessarily from our neighbors. On the other hand on the side of the National Immunization Registry system, it is necessary to record the home address of the vaccinated person, which implies that we contribute to the coverage of other communes to the detriment of our own.

- Many families suffered the death of loved ones, without being able to experience a process of farewell and subsequent mourning, a situation that we were assuming to some extent and that we will have to address as the pandemic passes.

- The need to work for daily sustenance was the most powerful reason for not complying with isolation.

- The Family Health centers redirected their work into actions to face the pandemic, leaving aside the family and community care model, which we must retake, being able to have taken every opportunity to trace and monitor Covid-19 to update control of patients with chronic pathologies, for instance.

- Teleworking must have a schedule of specific tasks, and should not be prolonged for a long time, as it makes it difficult for some officials to return to face-to-face services.

- Recognize that the pandemic, forced us to carry out various tasks beyond those that we normally carried out according to profession, we had non-medical professionals carrying out traceability and monitoring of Covid-19 patients, vaccinating, delivering drugs, etc. which confronted them with situations of maximum stress to which they responded with a high commitment.

- Having worked in a network allowed us to obtain better results.