

The 7+7 Method Used in Venezuela and Multi-Level Collective Action in Times of the COVID-19 Pandemic

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Abstract: The governments of the world implemented a quarantine in March 2020 when a pandemic was declared by the COVID-19. We start from the premise that everything would depend on the social representations about the pandemic, a variable that impacted all dimensions and scales of the socio-institutional structures. In Venezuela since March 16, 2020, the government decreed a radical quarantine and a method called 7+7. The article shows the multi-level collective action of socio-institutional actors with emphasis on the south of Venezuela because of its border linkage with Brazil. The fieldwork was conducted between March 2020 - December 2021, with a real-time research approach on the processes of interactions between the actors involved. As a result, the collective actions undertaken between the levels of government and its institutions, the private sector and civil society were significant in containing the spread of the virus. The form and method for the management of information and communication that allowed making explicit the norms, agreements and functional rules in a pandemic in the midst of complex and confusing social representations are highlighted and it is concluded that the following were determinant: the 7+7 quarantine scheme and the actions at the local level as a result of the agreements between the majority of the segments of society.

Keywords: Venezuela, Pandemic, COVID-19, 7+7 Method, Collective Action, Social Networks, Information and Communication Technologies (ICT)

1. Introduction

In February 2020, the first case of SARS COVID-19 was confirmed in Latin America, specifically in Brazil. This forced the implementation of an epidemiological approach characterized by the application of measures such as general quarantines, with restrictions on mobility and on early isolation of suspected cases in the region as a preventive measure against infection [1]. Faced with this context of the pandemic in Latin America, the World Health Organization (WHO) and the Pan American Health Organization (PAHO) were promoting orchestration mechanisms with coordination and action schemes that allowed them to add capacities and impose their authority through processes as providers of assistance and technical expertise. These were key elements for developing recommendations and responding to governments on what to do, so that the countries could socialize with other stakeholders and the general public [2].

International actions that became a reference in the new

context with subsequent agreements established for collaboration in the midst of the time of COVID-19 and the post-pandemic that we are living today. In these new global realities not only concur dimensions of public health in its different scales and supranational relations that have been affecting the world economy, production, supply chain and financial markets [3].

In general, all these contexts linked to the effects of the pandemic depend fundamentally on the reaction of societies to the disease. That is, the way in which the global society and its levels of action have been able to adjust to the epidemiological approach and be able to follow the rules and guidelines on distancing and biosecurity measures implemented in each country or territorial context as the first order of collective action.

We can say that human behaviors have been the fundamental variable for the disease to spread rapidly and expand, or have been able to maintain a moderate curve in the best of cases. These variables and actions of societies have certainly been able to be intervened through the policies

of each country and the total directionality of international bodies such as the WHO at the forefront of this reality or global crisis.

Undoubtedly, scenarios were created about the possible paths of the outbreak or resurgence of the disease during the pandemic, periods with many uncertainties that still keep humanity in expectation. By December 2021, a fifth wave of the virus had begun worldwide, and South America was facing a fourth outbreak, with the Brazilian variant P1 and P2 on Brazil and Venezuela. At that time, most countries had already developed various methods and ways to coexist with the virus, which were strengthened by the application of various vaccines developed for the virus. However, although mass vaccinations had been reported, it had not been possible to vaccinate the entire population, due to various factors linked to the complexity of the virus, including: the cycles of the disease and the national and cultural policies of each of the countries of the world.

Specifically, although these processes of virus containment have been monitored worldwide [4, 5], we consider it important to look too, at the development of the local economy. Emerging activities that must be measured according to the traditional socio-economic model and the emerging models that are being obtained as a product of the reaction-action achieved by each individual, his society and his territoriality. In general terms, there is still a struggle for the maintenance of the means of production and the forms of commercial exchanges of goods and services.

In general, various transformations have been intervened, justified or allowed, adjusted to these historical moments of pandemic, which were transformed as a consequence of the restrictions of the timetable for their operation, of the functional sectors allowed and of the unthinkable forms of work that have emerged. Examples include: homework-based entrepreneurship, teleworking, delivery, home office and a substantial increase in online marketing and financial and governmental transactions. Phenomena that have been reproduced in this pandemic resulting from its dimensions with unknown magnitudes that are still modifying the world order and its socio-economic, sociological, political and identity impact that is rapidly modifying the economic, social and cultural tradition as Donges [6] exposes.

We will address with this working paper the scenario of a voluntary social quarantine led by the national government and its multiple levels of action with which Venezuela has tried to stop the advance of COVID-19. Strategies that we look at and analyze from a hot research approach or in real time of an unprecedented and unknown social process that occurred unexpectedly and that involves us all.

The first author with trajectory in recording the unprecedented processes of social and institutional transformations in Venezuela, which allowed us to formulate specific questions to develop this work with the daily monitoring and systematization of all the processes of articulation in the field, in the midst of confluent micro-scenarios of action - reaction resulting from this time in pandemic, but also divergent in many cases due to the

characteristics of each of the segments of society involved.

These global, postmodern and complex societies have shown that they were not prepared for a process the to be and to be in the midst of a pandemic of this magnitude, even with an unstable system in the world order. We can also infer that their expectations minimized the global vision that existed pre-pandemic to face possible catastrophes envisioned, such as the problems addressed in recent decades, on environmental aspects with variables such as climate change or overexploitation of natural capital. Global discourse that has established common international agreements and objectives for Sustainable Development as the mega-goal of the millennium [7], since the sustainability debate emerged more than 50 years ago.

In the current context, each society has been able to experience its vulnerability, the plurality of its identities, needs and the distinctions inherent to its practices. It is also useful at this time to reflect on the modes of production and knowledge systems that reproduce local development, as a means of subsistence and above all in the exercise of the same way of life of each individual that makes up that society and its survival on a plane of existing vulnerability.

In sum, humanity, societies and individuals are going through a process of action and reaction or practice and learning; with all these protocols and prescriptions accompanying the pandemic since its inception. Experiences such as the implementation and appropriation of measures and novel biosecurity protocols, the structures devised for social distancing and prolonged isolation, the use of existing pharmaceutical drugs, natural and traditional medicine, and the victorious role of a useful science that acted against time, until it managed to develop vaccines for the COVID-19 virus. In addition, the underlying practices of the production and distribution systems in all their items and scales, which diminished and, in some cases, stopped.

The global economic activity was limited to controlled schedules as a consequence of the events that occurred during these 82 weeks that we studied consecutively. We started with many questions in this incipient investigation in March 2021 that we presumed from the complexity and generality of what was beginning to happen with the quarantine established in Venezuela. The reality was that COVID-19 was not a matter of governmental competence only, nor was it the responsibility of society with distorted social representations as a result of the emotional impact of what was happening.

The social representations are structured through a set of information, beliefs, opinions and attitudes associated with a specific object or situation, as an organized whole, being in these cases of great relevance for studies on the consequences of health emergency contexts and the difficulties related to cognitions and emotions that affect people's behavior [8, 9], so we were interested in looking at this process in its complexity as a country, as a region and locally and asked ourselves concretely what we can do to stop the spread of the virus and how we can sustain ourselves economically.

The research process was approached in an emerging method of hot work and in real time in the face of the unpredictability of the pandemic, we are based on our experience and as part of the continuity of the work in processes of social participation, plural knowledge systems and multi-actor networks that we have been able to systematize during the last two decades [10, 11]. The previous scenario for this analysis is constituted by case studies in a territorial and plural context, in the midst of complex socio-political scenarios, which perhaps radicalized actions and thoughts of social functionality that have been bearable to achieve common actions.

The research presented here allowed us to answer many questions that arose as a result of the unexpected events, such as: What strategy would the Venezuelan government implement in the face of the quarantine decreed worldwide, considering the precarious health system existing in the perceptions of local citizens and international public opinion, as well as what would be the response of public, private and private sector actors to the collective actions they had to face, as well as what were the ways and forms of information and communication to minimize the false information on the networks about the pandemic.

Questions that as a whole were showing us the scenarios and scales of action - reaction that would add to the understanding required at this time of COVID-19, virus also related in different ways with the technological spectrum and even in the imaginary of a new world order. Unpublished collective statements within the spectrum of the study of social representations that have been reproduced in Venezuela in recent years [12], in any case, scientific and technological development in the history of mankind has been transforming societies with its what to do.

2. Materials and Methods

2.1. Scales and Levels of Study

This article is based on the analysis of interactions at three levels of government: national, state and municipal. For the case study on the actions taken to contain Covid-19, we emphasize the Caroní municipality, the main city of the State of Bolívar in southern Venezuela and one of the most important in terms of population and economy at the national level.

2.2. Method

This is an empirical fieldwork study with a real-time research approach of the action-reaction processes among the actors involved and of the interactions of Information and Communication Technologies (ICT), under a "participation-observation-action" approach that employed the case study at different levels of socio-institutional actions.

The study was conducted for 82 consecutive weeks from the beginning of the quarantine in March 2020 and concluded with the extended flexibilization week in Venezuela in December 2021.

Among the techniques of this type of emerging research which biosecurity protocols were incorporated; we have the specific group meetings for planning and evaluation among various actors that were held weekly and in which we actively participated. This process of research-action in real time allowed us to systematize and thread together the actions and reactions achieved, and the agreements and norms established at the local level.

For the analysis of social networks, we will use the WhatsApp APP as an interaction platform that in Venezuela has predominated as one of the most widely used and growing as mobile cellular messaging and in consideration that in Venezuela 79.6% of the population uses cellular telephony equipment becoming important communication and information tools in pandemic [13].

In our study, the use of WhatsApp was prioritized as a support for communication and interaction, by means of direct mailings through a user platform that we had built for the dissemination of mass messages, on aspects of education and public policy information through the use of the contact lists function. Each of the contact lists was made up of a maximum of 256 telephone numbers that the first author was collected since 2017. The condition for dissemination is unique and consists in that the receiving number has registered the number of the sender in their contacts, in this way each number in the case of registered numbers of individuals, companies or institutions were recipients of the messages sent.

Since 2018 we were using this messaging platform to inform and educate about tax reforms, technological adjustments and other topics of interest to the city. At the beginning of the pandemic, the data were immediately considered as a means of communication and interaction. In March 2021, we already had a total of 16 dissemination lists, equivalent to 4,096 direct contacts; made up of lists of officials of public institutions, representatives of companies and traders in the food sector, restaurants, pharmacies and health and education centers.

These existing lists have been used since then, now with an emphasis on pandemic notification, and the number of lists increased during the pandemic period. In August 2021, 28 lists or the equivalent of 7,128 registered direct contacts were inventoried and we interacted through 65 WhatsApp groups for local and national interaction.

3. Results

3.1. The COVID-19 in Venezuela

March 17, 2020 at 5:00 am it was announced that Venezuela would enter Social Quarantine, as a drastic decision affecting the National territory and its political territorial division into 23 States and the Capital District. Simultaneously, the Venezuelan government alerted the world about all the weaknesses of the Latin American region, the lack of a powerful health system and the economic inequality of our countries with the rest of the world.

This was happening and in the Venezuelan context had

been going through since 2012, a series of internal and external limitations and difficulties as a consequence of international conflicts in all their political and economic dimensions, which correspond to divergent interests and social representations about the Venezuelan government [14], variables that prevailed at that time and that made assume that Venezuela would be a vulnerable country, in such an uncertain scenario as COVID-19.

Among the first measures implemented by Venezuela was the suspension of national and international flights and the total closure of its borders. From that moment on, border land crossings from Colombia through the State of Táchira and from Brazil through the State of Bolívar were also restricted. Both territories are of utmost importance for trade and food exchange.

COVID-19 had already entered Venezuela with force, at which point it was necessary to devise strategies to try to contain its advance and mitigate its multiple consequences. The researcher Esparza [15], explained in her national report that "... if the COVID-19 epidemic is prolonged in time, it would also be possible that it would exhibit a seasonal cyclical pattern, as influenza and other respiratory viruses do". At the onset of the pandemic, a series of uncertainties arose in all segments and sectors of society; undoubtedly the most convulsed segment of society was the health sciences sector, as we found ourselves in the midst of a completely unknown international health protocol for the COVID-19 pandemic.

The subject of the pandemic was wandering through many questions, from how to make a radical blockade or how to make a voluntary social containment and even how or which are the ways to mold the inexperienced behavior of the Venezuelan society in the face of an unexplored disease that was being observed worldwide. It was only known that there was a variable that was correlated between human behavior and the spread of the virus, thus, quarantine, distancing and confinement not only became immediate responses, but also became unprecedented social processes with unknown results that we are interested in systematizing.

From that moment on, efforts were oriented to determine the possible positive cases through tests for COVID-19, tests based on molecular methods were used; among them the RTq and PCR tests implemented by the Venezuelan government for direct detection of the virus. These measures generated chaos in the midst of a society with complex perceptions and conditioned to an unknown context, which daily awaited national reports of exposed or positively public cases, determining information to know the points of the city and the country where the spread and outbreak of the virus began.

These non-experienced realities were building social representations in the collective, supported by individual feelings and emotions, among them; the anguish, rejection, disbelief and distrust of many people about the reality of the virus and how it advanced through unknown symptoms and death that from that moment began to occur in masses.

Elements, or photographs of a reality, made it difficult for citizens to agree in the first instance to take the tests. It happened that, in society's imagination, having to take a

COVID-19 test for confirmation of being positive or for a false positive was associated with a voluntary exercise of being hospitalized or trapped in a public health system, which was presumed to be inexperienced in the treatment of COVID-19.

Society because of the fear of being absorbed by this health system decided to undertake self-assessment and preventive self-medication, with outpatient confinement of patients who were self-presumed symptomatic or asymptomatic at home. Between the months of April, September 2020 and at each flare or wave during the period studied. These tests have also resulted in a high percentage of false positives, despite the fact that they were initially expected to be effective within 07 days of the onset of symptoms (asymptomatic). The observation of the supposed incubation period gave the impression that the 07-day period was necessary for people to be confined at home and to be able to self-evaluate possible symptoms or manifestations of the disease, which was the basis for the development of the 7+7 Venezuelan quarantine method that we will be developing.

In addition, late diagnostic tests were incorporated as control methods and national indicators: for example, nasopharyngeal swab tests were collected by professionals of the national public health system. These samples were preferred for molecular diagnosis, but they had to wait for the results issued by the National Research Center, an entity authorized by the government. The results were obtained over a prolonged period and as positive results were obtained, they were accumulated in the national control history and the national Coronavirus balance sheet. The statistical data set consisted of indicators on mortality, age, geographical location, imported cases and recovered patients. As a whole, weekly reports were structured, officially issued on Sundays or at strategic moments to alert the country. These reports are still being issued, after 128 weeks reported recently in August 2022 [16].

At the same time, in the private practice of medicine, rapid quantified PCR tests and (private) laboratory examinations added up to the profiles of patients who did not attend public health centers. The package offered by private laboratories and also requested by physicians in their consultations, included tests for LDH, elevated inflammatory markers; such as C-reactive protein, ferritin, D-dimer.

These results were useful to health personnel to triangulate, with medical expertise and imaging, the diagnosis to be made for patients who were presumed to be COVID-19 patients. Chest X-rays were also in great demand initially, but also computed tomography (CT) scans of the thorax because of their breadth and detail. Both are decisive for the diagnosis of early or mild disease. Among the most common abnormal radiological findings were pulmonary consolidation and ground-glass opacities, with bilateral, basal and peripheral locations, all associated with COVID-19, a disease directly linked to respiratory problems, also referenced [17, 18].

Pharmacists and physicians played an important role in the uncertainty, fear and collective panic generated by COVID-19. While we have described the actions of medical

personnel in assisting patients who remained sheltered at home with mild symptoms, pharmacists also played an important role in the midst of the uncertainty, fear and collective panic generated by COVID-19. Pharmacists, for their part, also played an important role to confront, prevent, reduce and even inform in their commercial health spaces, about the main measures to mitigate the spread of the virus; through the dispensing and supply of medicines during this time of pandemic and especially during the high peaks of contagion in the months of March 2020, August 2020, March 2021 and so on.

Uncertainty about the clinical management of the virus and in this particular case the phenomenon of self-medication was a bidirectional element, both for and against, from the moment in which human groups schematize in their perceptions the need for the use of relevant and necessary drugs to strengthen the immune system to prevent the spread of the virus. The combinations and formulas of drugs recommended were diverse. The phenomenon of the virus, symptoms and medications permeated the media and the modes of communication among the same citizens who took hold of the subject, giving rise to mental schemes and discourses that make up a dialogue of daily conversation among society.

The immediate consequence was self-medication, even without measuring consequences at the expense of generating side effects, collateral, parallel or unwanted. The concern of health personnel would now also be oriented to the improper use of drugs and their combinations assumed by the citizenship without further medical guidance, in the midst of an overcrowded chaos of hospital centers and medical personnel cloistered in them attending COVID patients, with punctual exceptions of those family groups that could count on a health professional family member in their family or homes that could guide them.

This reality was accentuated by the fact that any treatment was uncertain to combat the virus. Even the World Health Organization in this period was also questioned for not having precise op a to base its recommendations regarding the drugs to be used in each of the phases of the virus and the diseases associated with COVID-19.

Before any treatment of confirmed cases, contagion was the second major variable to be controlled, it was presumed that confinement and the initial sanitary measures aimed at biosecurity were what could prevent contagion and control the spread of the virus. However, part of the population took these issues with indifference, partly because of the growing disbelief in their perceptions, which accentuated the chaos of the world pandemic. The increase in cases and their indicators of number of people; ambulatory, hospitalized, intensive care (intubated) and deaths, increased in each locality and were quickly massively spread, this contributed to the fact that people began to pay attention to this unknown virus.

At that time, both the first wave and the second outbreak became congested moments for pharmacists, due to the lack of information about the most effective treatment to prevent

the spread of the COVID-19 virus. Pharmacists contributed greatly in the first instance to the containment of the contagion, their main tool was the general knowledge of how to strengthen the human immune system and secondly, the knowledge about the possible pharmacological effects of drugs. Its task would become the assistance and unforeseen help to attend symptomatology and etiologies to be specified associated with the described symptoms of the virus.

The contrast of the perceptions of this action, both from the health personnel themselves who questioned the ethics and professionalism of the pharmacist, as well as the human assistance side based on the premise that self-medication was inappropriate. This variable was also of utmost importance as the medication had to be maintained by health professionals, with the ability to recommend the type of medication, dosage, compatibility and other similar resources (expert knowledge) and a monitored assessment of the effects of the medications used, in the midst of the global and local crisis where people resorted to the nearest pharmacies in the first instance.

Among the group of drugs requested, antibiotics caused much concern, since their action to prevent the proliferation and elimination of any type of bacteria, ended up generalizing the families of antibiotics and classes of bacteria as a measure for treating the virus. The concern was based on the fact that the uncontrolled and inappropriate use of antibiotics would eventually generate resistance to future infections and effects on bacteria; in their mechanisms of replication, transduction, transformation and resistance to the production of enzymes called beta-lactamase.

The only successful thing among all the medicines they consumed from the pharmacies, was the intakes of vitamins such as; C, D, E, Zinc and other multivitamins for the strengthening of the immune system. But in general, it was difficult and impossible to prevent a patient or client from purchasing controlled medications such as psychotropic drugs, narcotics, anxiolytics and some other antibiotics. People did whatever was necessary to get a prescription or a prescription to acquire them, thus proliferating the excessive use of steroids to improve the respiratory system, in some cases taken as a means of prevention or at the onset of initial symptoms, without measuring the side effects of being administered without medical prescription. Examples of these are dexamethasone, hydrocortisone and prednisolone, among the most widely used. In many cases they were used without signs or symptoms of the COVID-19 virus, although they affect the central nervous or immune system which treats the respiratory system, a point vulnerable to the virus.

3.2. The 7+7 Method Developed and Applied in Venezuela

Since March 27, 2020, the national government has undertaken important actions in the retention and prevention of the virus, together with the municipal governments and the nation's security agencies. The first phase of the radical quarantine included the operation of the food distribution network, the health network and delivery facilities. In a second phase, on May 12, 2020, President Nicolas Maduro

issued Decree No. 4,198 declaring a State of Alarm to address the COVID-19 Sanitary Emergency in the country, which was published in the Extraordinary Official Gazette No. 6,535 [19].

This State of Alarm decree suspends all economic activities nationwide, except for: the production and distribution of electric energy, telephony and telecommunications, waste management and disposal and, in general, the rendering of domiciliary public services. Fuel and lubricant stores. The activities of the public and private health sector throughout the national health system, pharmacies, the transfer and custody of valuables and medical supplies, the distribution chain and availability of perishable and non-perishable food at the national level, activities related to the national port system, activities related to drinking water, domestic gas and fuels also continued to operate. Likewise, the activities of production, processing, transformation, distribution and commercialization of perishable and non-perishable food, the issuance of single mobilization, follow-up and control guides for agri-food products, packaged, transformed and finished products, the transportation and supply of inputs for agricultural use and agricultural crops, and all those activities that ensure the functioning of the national integral agri-food system (INAC, 2020).

In June 2021, based on the experiences, on the observed incubation time of 7 days, which became the discourse and the preliminary hypothesis that supported the design of the 7+7 scheme or method, in its combinations and variants of social, collective and voluntary quarantine, as part of the Venezuelan government's policies to contain the virus. These processes were directed and controlled through the Presidential Commission for the Prevention and Control of COVID-19, with five main lines of action: 1. Communication 2. Social Mobilization; 3. Sanitary Control at Points of Entry into the country; 4. Elaboration of a Clinical Management Protocol and Decision Flow Chart; 5. Identification of health care centers.

This structure began with the detection of the first cases of COVID-19 in the country with the Social, Collective and Voluntary Quarantine, as a measure to flatten the COVID-19 infection curve, the Government developed and implemented a scheme of flexibilization and radical quarantine, known as the 7+7 method, which consisted of 07 days of continuous work in the week of flexibilization and the following week with 07 days of radical quarantine. In both weeks, the opening of various economic sectors of the country were classified and incorporated, which operated according to time slots and epidemiological safety methods, and according to economic activity in two groups; in the quarantine week with basic and fundamental services for the requirements of society and the second with the operation of various sectors that would be expanded throughout this period under study.

The monitoring of COVID-19 cases since the beginning of the pandemic was significantly supported by emerging methods, including new information and communication technologies, such as social networks, applications for

mobile devices and online platforms, which became real-time tools for recording, observing, interacting and monitoring the evolution of the pandemic. The Venezuelan government used the online system called Sistema Patria (<https://www.patria.org.ve>) that had been implemented in 2017, for the attention of social, organizational and health policies.

The platform and application have since been used to connect citizens to various social protection programs with the development of an easy, to use digital wallet through cell phone equipment and an identity document that includes a unique personalized QR code called the Carnet de la Patria. In the pandemic, the platform and its accessories became important and robust tools for the interaction between government and society, at this moment used for the expanded, direct and personalized search through a national survey that was developed online through the Sistema Patria. The survey that was filled out collected the symptoms related to COVID-19, reported by the users: about themselves and their family group. This action made it possible to direct the health personnel with punctual and specific visits to the users homes with daily health days.

The days consisted of a medical visit to the homes to attend to the reported cases; during the visit, they were screened with a rapid test and confirmed with molecular PCR. This was one of the protocols activated during the pandemic, for the search of suspected cases and the patient's contact network. The multidisciplinary teams assigned to these visits were made up of teams of social workers called "Movement We Are Venezuela", accompanied by security agencies and the personnel of the "Mission into the Neighborhood" health system. The national source reported that in one year two million 887 thousand 721 Covid-19 tests had been applied, which represents 96 thousand 257 tests per million inhabitants [20].

The 7+7 method also defined the so-called prioritized sectors: food, health, telecommunications, security and services (transportation, hydrological, sanitation, electricity) in the weeks of radicalization or total shutdown. Meanwhile, for each week of flexibilization, it was correlated with the context of the number of contagions announced by the national government. Thus, a mode was developed in the week of easing that would be adding sectors of the economy, or decreasing according to the waves or expansion of the virus, generating in the collective a sense of a retained and contained stability, but also of flexibility in this period of the pandemic.

This scheme, without major changes in the radical weeks, but in the flexible weeks, was explained by the national government on July 14, 2020, making the method explicit in the public opinion. It even explained that this method of one radical week and one flexible week may be suspended at any time due to localized outbreaks in the country's municipalities. Suspensions of flexible weeks, with two radical weeks in a row, which we will observe in the future, especially in the border municipalities and in the localities where significant resurgences were generated.

In October 2020, after many months under this methodology of the "7+7" scheme, there was an opening for the tourism sector, restarting the economic activities in the inns and hotels, beaches and spas, clubs and amusement parks. After this experience, on November 30, 2020, it was announced that there will be 04 weeks of Christmas Flexibilization 7+7 Plus; with the opening of 53 sectors or economic activities and the lifting of the curfew in the municipalities bordering Colombia and Brazil. However, the complete sanitary fence is maintained, with all the necessary controls and preventive measures for the inhabitants of these border areas.

In January 2021, the scheme of one radical week and one flexible week was resumed until March 14, 2021, when President Nicolás Maduro decided to extend it to two radical weeks in a row until April 4, when he announced a method of 7 flexible days and 14 days of radical quarantine, modifying the scheme that had been in place for one year. In November 2021, the national government generated a general opening for the economic and social activity that is still maintained, as well as the weekly reports of the virus monitoring, despite the new variants, making already a process of coexistence between the virus and the new social realities including the economic governmental goals for the year 2022.

3.3. *Virus Containment Strategies at Local Level*

At the national level, the public agencies that made up the Presidential Commission for the Prevention and Control of COVID-19 met daily since March 2020 to analyze the epidemiological situation of the country. These committees were installed at all levels of government in the country, where lines of action were defined. Most of the local structures were made up of the highest authority, the mayor, and security agencies, among other governmental entities.

This would be the beginning, in the following municipal norms and guidelines were established, which were structuring the protocols for epidemiological health containment, emphasizing the epidemiological fencing and the protection of citizens according to the national daily and weekly guidelines.

Another significant aspect in the context of the pandemic period in Venezuela was the previous condition of the economic situation in the country, which had been developing in the midst of economic restrictions, as a consequence of the so-called international blockade that had caused a shortage of access to international purchases of goods and services [14], causing the access to specific items that the government could buy internationally; for the food and health sector, with the intermediation of international allies. After the pandemic, a new scenario emerged, despite the fact that the economic activity and the supply of the economic sector had been promoted and regulated through the private sector, by means of direct imports, without price restrictions and with incentives in import tariff rates.

Based on the COVID and within the framework of the 7+7 quarantine protocol, meetings were held at the municipal level with both businessmen and the unions that represent

them. These articulation spaces made it possible to evaluate their economic development and guarantee the requirements of the municipality, in this case as a micro object of study. These articulation meetings in the midst of social distancing norms were able to generate agreements. The agreements, norms and rules of the flexible and radical weeks established by the national government were oriented in detail and in relation to the local context.

Among the communication strategies employed, we began to develop short videos with a duration between 20 and 30 seconds, which permeated social networks and public opinion. These videos were disseminated through social networks and specifically and directly through the distribution lists created prior to the pandemic. This allowed to increase communication by establishing information and direct attention to the sectors of the economy and it was operated to guarantee from the first week of implementation of the 7+7 method; that food establishments, medical supplies and medicines would operate in the radical weeks between 6:00 am and 12:00 noon and in flexible weeks between 6:00 am and 6:00 pm. Meanwhile, the health system was able to operate during this period 24 hours a day. The other economic sectors were adjusting to the National Emergency Decree and to the guidelines of the national, regional and municipal governments.

Another binding and decisive aspect was the coordination between governmental, security, health and civil society organizations, so that the agreements on schedules and economic sectors that worked were ratified on a weekly basis. Even for the beginning of the flexible weeks and the incorporation of new sectors of the economy, meetings were held at the local level with private business associations, entrepreneurs and other actors. The agreements and rules agreed upon were communicated to the citizenry on a weekly basis as a result of the agreements between local government agencies and security agencies, who guided and guaranteed compliance with the schedules established for the operation of economic activity and the restriction of traffic. This developed a working methodology that was completed with official local government announcements that were issued between the afternoon and evening of each Sunday.

The strategy to communicate the announcements with the explicit norms and rules for the operation of each week that would begin; was ratified through iconographic figures (flyer) containing the prioritized sectors of food, basic services and health that could operate in radical week and flexible week, respectively. In the flexible weeks, the economic sectors that would be incorporated were added, practices that were maintained on a sustained basis. Official communications could be standardized by means of an iconography identifying the municipality [21], to avoid the distortion caused initially by the text messages issued, which did not guarantee in the first weeks any interpretation adjusted to the official information or were even edited and resent with content not adjusted to the corresponding week.

Achieving each one of the agreements allowed the merchants to comply with the established schedules and the

biosecurity norms in their establishments, the municipal government agencies to carry out a supervision adjusted to what was established and the security agencies to carry out patrols in the city, establishing road control points and the corresponding fencing throughout the municipality during the hours and days of circulation restriction during this year of regulated pandemic, and the citizens were able to adjust to each one of the governmental announcements, in the midst of the confusion and constant expectations due to the pandemic itself.

Another aspect revealed during this quarantine period was the ways and means of establishing communication and the use of new information and communication technologies between citizens and government agencies. This aspect stood out at a time when false information or fake news flooded the social networks causing a dangerous circle of disinformation. This process of emerging social communication was decisive and interesting, since empirically society was forced to classify the sources of consultation and guidance on the subject of the pandemic in general.

Specifically, it was possible to agglutinate and centralize the information and announcements generated after the Sunday agreements at national and municipal level, which were harmonized and consolidated in the Caroní municipality, the locality studied. These reports could be issued by the official accounts of local public agencies, which were disseminated and positioned according to the immediacy of access by citizens in the following order of consumption in the city: first, the information received through WhatsApp through the lists of users built and the pre-existing and emerging thematic groups, second the information disseminated through Instagram and third through Twitter. Finally, through the diversity of social networks and traditional media, press and radio, among others.

Regarding the distribution of WhatsApp specifically, the flyer or communiqués were sent in the following order; list of media, social communicators, security agencies, public institutions, traders by economic sectors, until reaching the last of the existing lists and groups. The sense of positioning through this platform was important because it was an official announcement that arrived directly to the citizen's mobile telephone equipment. At the end of the year 2021, more than 8,000 users were inventoried in general, in relation to a commercial population of almost 6,500 registered businesses in the municipality.

This generated two aspects of communicational security; firstly, that the receiver had information from the official source and secondly that they became, through their WhatsApp statuses, groups and distribution lists, multipliers of the official information. According to our projections, it was estimated that the official information could be reproduced and impact up to 80,000 citizens with the first direct messaging broadcast and so on. This massive communicational phenomenon was becoming a multiplier mode of the official information that was evidenced in the updates in a matter of minutes in WhatsApp statuses and social networks every Sunday, both in the radical week, as

well as in the flexible week, among so many media and social network reports that expanded between the night of each Sunday and the following Monday. This, in addition, would serve for the planning of their activities in the citizenry in the normal week.

4. Conclusion

Humanity experienced unprecedented life processes, some linked to material and immaterial dimensions. Within the material dimension are: the loss of jobs, companies and forms of work, including more significant losses with the confrontation with death, which could be observed massively in the local and global spectrum, through the media. Meanwhile, within the phenomenon of the immaterial, it has been possible to construct an infinity of social representations, derived from the set of emotions, from the fear of the unknown or in the configuration of emotional and psychological reactions as a consequence of uncertainty and the set of eschatological values that contextualize each of the life stories. Individually and collectively, during this period of COVID-19, the existence of the virus and the measures to contain it at the global level have been questioned [22], highlighting even negative perceptions of the process of intervention by global health agencies and governments in each country [9].

In any case, it happens that social processes underlie how individuals and human groups react, assimilate and learn from life episodes, which are constituted in an individual and collective cognitive process. On the fact that in their daily lives people are permanently confronted with life experiences that are learning processes and are part of the social construction made by the individual and society as a structure and cultural foundation. Social processes that will continue to be built, now in new scenarios and with many pending tasks, undoubtedly a rupture occurred in the social and world order.

In this opportunity of research in real time, we incorporated the study of the use of emerging tools, among them social networks and new information and communication technologies, we can affirm from the experience that the effects were positive in the configuration of opinions, evaluations and reactions of the citizenry on the situation of COVID-19, product of the agreements, norms and in the ways in which the social actors could be part of the processes.

We believe that, in the face of new pandemics or similar circumstances, the actions and reactions to this collective experience and the observations of the various segments of society will be decisive for the survival of humanity. However, there are still many questions and research tasks that occupy us as scientific actors.

We also see the importance of similar multilevel intervention processes such as the study presented, which will undoubtedly be correlated with the knowledge systems and social representations of each of the actors involved and their continuity is necessary to develop new studies in their complexity, based on multidisciplinary integrality.

It is also necessary to study how health systems and public policies should be structured, because it is necessary to reorganize and promote new relationships between the State and society, the most relevant distribution systems and the new business models that have emerged from the pandemic. It is up to us; to society and the scientific community to explain how economies are being configured at different territorial scales and development logics; from the local, national and supranational in the immediacy with the management of Big Data and Artificial Intelligence, among many topics that will guide the usefulness of science and scientific and technological development for the sustenance of humanity.

This article concludes that the national quarantine scheme implemented by Venezuela has been fundamental, with an effectiveness at the local level as a result of agreements between most segments of society that was transcendent. The achieved form of information and communication, with explicit norms and rules, as well as the participating actors with defined roles, which was expressed as a strategy of collective action that has been a determining variable; for the safeguard of collective health, the maintenance of the local economy in times of uncertainty, the maintenance and operation of the local economy and for the implementation of biosecurity norms, outstanding and necessary elements that served for the containment of the virus.

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