Medical workers take swabs from high school teachers for nucleic acid tests at a school in Yichang, Hubei province © China Daily/Reuters (Finanncial Times, 2020)

COUNTRY PROFILE: CHINA

Witten by: Maathiny Kirupaharan
Edited by: Emma Fletcher & Giada Portaluppi
Designed by: Rayssa A. Putri

INTRODUCTION

On January 24th Bruce Aylward, a WHO epidemiologist said that "Other countries can take a lesson from China's handling of the COVID-19 epidemic" (Kupferschmidt, 2020). During the past few months China has been in the limelight when it comes to Covid-19. One of the main reasons is because of the way China has dealt with Covid-19.

STATISTICS

The first case of coronavirus was reported in Wuhan, China at the end of December 2019. Since then, it has spread to at least 185 countries, affecting every region around the world. In early February, there were over 15,000 new cases daily in China; however, in September the number of new cases in China have been below 50. As of the 28th September, there have been a total of 90,993 confirmed cases, 4,746 of which were fatal (WHO, 2020).

HEALTHCARE SYSTEM

China's healthcare system has been a topic of debate for many years as reforms were not made at the same pace as economic development. Healthcare coverage, like economic development in China over the last 5+ decades, has not been evenly distributed between rural and urban areas. China has a three-tier healthcare system, with public healthcare serving as the main provider of healthcare. Public hospitals have been under reform for many years as they have been chronically underfunded; however, since 2014, they have achieved greater quality of services and administration (Nofri, 2015). China implements a health insurance system, there are several different types (including the UEBMI, URBMI and NRCM); however, a defining difference is that some coverage is subsidised by the government while other versions are an employee insurance plan that is paid by employers and employees (Meng et al., 2019). For the past few years China has been reforming its healthcare system and has been focusing on expanding the coverage of the healthcare system, especially to the rural villages. China has a basic public health package, established in 1998, which provides everyone with healthcare regardless of their income and residence (Meng et al., 2019).

When the Coronavirus outbreak first began, the local Hubei healthcare system was overwhelmed and struggling to provide adequate care to those in need.. In order to help alleviate the burden, doctors and nurse were pulled from other regions, with infectious disease knowledge required (Liu et al, 2020). More than '330 medical teams and more than 42,000 medical personnel were quickly dispatched from across China' to aid in the COVID response Hubei Province (CGTN, 2020). A key factor in China's ability to rapidly respond and gain control over the virus came down to their ability to rapidly mobilise and direct key sectors. Across China, hospitals began being designated as COVID only facilities, some 'hospitals' being constructed from nothing. Medical manufacturers worked hard to ensure shortages of key medical supplies were not persistent and the government budget, alongside the country's healthcare insurance system, covered all medical expenses due to COVID (CGTN, 2020).

POLITICAL STRUCTURE

Officially titled the People's Republic of China, China is declared a socialist democracy in their constitution (Embassy of China, 2012). The ruling party is the Communist Party of China (CPC), which co-operates with 8 other smaller groups (CGTN, 2017). Laws are passed by the National People's Congress which has 2,989 delegates. Further, China is made up of 22 provinces, 5 autonomous regions and 4 municipalities and these regions elect

people to represent them in the National people's congress (The Economist, 2018).The distinct relationship between the Chinese government and its citizens has arguably played a large role in the success of COVID interventions.

PANDEMIC RESPONSE

China reported to the WHO about 27 pneumonia cases on the 31st of December. From then on, the CPC investigated the outbreak and traced it to a seafood market. On January 1st the Chinese government closed the markets to slow the spread. By January the 3rd there were 44 confirmed cases, at this point China started investigations to identify the causing agent. On January the 9th , they identified a novel coronavirus, 2019-nCoV, and the next day the viral genome was identified and used in developing diagnostic kits (AlTakarli, 2020).

To prevent the spread of the disease China implemented temperature screening in airports, railway stations, bus stations and ferry terminals. This was further expanded to workplaces, shops and the street. Anyone who was believed to be infected had to self-quarantine. The CPC also used technology to keep track of people with the virus. One of them was through an app that would categorise people by using their general health and their travel history to inform people when they needed to

quarantine. Another way the CPC used technology was using street cameras to identify and fine people who were not wearing a mask or anyone who was outside while known to be showing symptoms (AlTakarli, 2020).

On January 22nd, the number of confirmed cases in China was 571, and 375 of them were found in the Hubei provide. During the SARS outbreak there was rapid spread of the disease in Hubei, to prevent this from happening again the CPC announced a lockdown in Wuhan and the Hubei province on January the 24th. This was done by closing the airports and suspending all of the public transport, as well as closing all shops except those providing food and medicine. Any activities with large crowds were cancelled, school and universities were closed, and holidays were extended (AlTakarli, 2020).

The strict quarantine and social distancing enforcements had huge economic costs and since a quarantine to such extent had never been done before, it led to many epidemiologists being sceptical on whether it would work or not. However, since then epidemiologist have said that the lockdown has had huge effects in reducing the spread and controlling the epidemic extended (AlTakarli, 2020). Additionally, China worked extensively will communities to build contact tracing networks and neighbourhood committees. They would go door to door distributing information, questioning residents and tracking

where positive individuals had been and who they had been in contact with.

There was a fear that COVID patients would overwhelm China's existing health care system, leading to the building of several new hospitals in Wuhan specifically for COVID patients. One of the hospitals was Huoshenshan Hospital, which was built in only 10 days and received patients beginning on February the 3rd. It was not just hospitals that were built, medical centres and quarantine facilities were built across the country to accommodate all patients. A huge disinfection campaign was also launched in public facilities and education was provided for people with higher risk of serious disease. Since many of the COVID-related deaths were from older age groups the CPC focused on building special centres to treat old and critical ill patients. Over 40,000 healthcare workers and medical resources were deployed from across the country to support the response in Wuhan (AlTakarli, 2020). China's national health commission kept a track of healthcare workers to prevent and control the disease and thus transmission of COVID within a healthcare setting has been limited, this is very different to the SARs epidemic where most of the transmission was due to healthcare associated infections (AlTakarli, 2020).

By doing all of this the CPC and the Chinese people were able to contain the outbreak within their country borders. By the end of February there has been a decline of numbers and this is still ongoing. This reduction has led to the closure of all temporary covid-19 virus hospitals and lockdown is slowly being lifted and on April the 8th travel restrictions and the lockdown was lifted (AlTakarli, 2020).

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