

# China

First Confirmed Case	Population	Confirmed Cases (as of September 29, 2020)	Recovered Cases (as of September 29, 2020)
December 31, 2019	1.39 Billion	90,509	85,415

Authors: Agnes Gatome-Munyua

As COVID-19 began to spread rapidly around the world, Chinese health officials identified two priorities to guide their response: timeliness and access. These measures were largely effective, while many countries have continued to grapple with sustainable containment policies, China has seen community transmission drop. On August 23, 2020, Reuters reported that China had seen eight consecutive days with no local transmission of COVID-19.<sup>[1]</sup>

## A triaged approach for rapid response

The rapid spread of COVID-19 underscored the importance of timeliness in controlling the outbreak. In response to the exponential spread of infection, Chinese officials developed a strategy, dubbed the “Four Early’s,” that sought to minimize infection by identifying, addressing, and conducting contact tracing for infections as soon as possible. The pillars of this strategy — early detection, early reporting, early isolation and early treatment — were bolstered by a triaged approach for different regions based on the level of risk identified. The strategy allowed policymakers to direct resources more efficiently to where they were most needed.

In low-risk areas — that is, areas without suspected or confirmed cases — a “prevent importation” principle was followed. This emphasized screening, monitoring, detection and reporting, and stipulated that any patients with a fever be referred immediately for further testing. In medium-risk areas, categorized by low incidence with some community spread, the goal was to prevent importation of new cases and stop local transmission. This was achieved by thorough epidemiological investigations, in which community health workers used a “grid-based” technique to log household health in their communities and provide support to those in isolation. In some instances, this support included delivering essential medicines from pharmacies to households whose members were unable to visit the store themselves. These same practices were carried forward in high risk areas, which also included further triaging to address the needs of high-risk patients and implemented strict prevention and control measures.

In addition to rapid response rates — the turnaround time for lab reports was about 12 hours. This approach also emphasized the local context. This was achieved by prioritizing the role of primary health care providers in each stage of detection, testing, and patient management. Moreover, the rapid flow of information from central levels into each province, partially bolstered by a “wartime pandemic control system,” helped ensure that information was effectively translated, and standardized practices were followed.

## Increasing access to quality care

To successfully curb the spread of COVID-19, officials recognized that access to high quality health services could not be a barrier to any patients. Free treatment policies for all citizens were established, and information that these services were available was widely disseminated. In response to broad reluctance to visit clinics for non-COVID related conditions in the early months of the pandemic, telemedicine options have surged in China. This created an important stop-gap for overburdened clinics and may serve as a harbinger for a permanent change to the way some health services are accessed in China, especially for rural patients.

Sustainably increasing access to care requires that guarantees to patients are matched by similar guarantees to providers. This gives providers confidence that their labor will be appropriately compensated, and removes any disincentives to taking on increased caseloads in order to effectively address need. In China, this support manifested in the form of per-person, per-day premiums for working with COVID-19 patients, along with paid rest time to prevent provider burn out. Aligning demand-side assurances with supply-side incentives helped strengthen system responsiveness and allowed China to more effectively

identify and track emerging cases.

## **Building on success**

In the aftermath of the COVID-19 pandemic, officials have indicated that things won't exactly go "back to normal" for the Chinese health care system. Rather, experts say that this experience may serve as a catalyst, in much the same way the response to SARS in 2003 did, to expedite new reforms.

[1] <https://www.reuters.com/article/us-health-coronavirus-china-cases/china-reports-16-new-covid-19-cases-eighth-day-without-local-infections-idUSKBN25K01>