Alexis PELLIER

The Politics
behind Covid-19
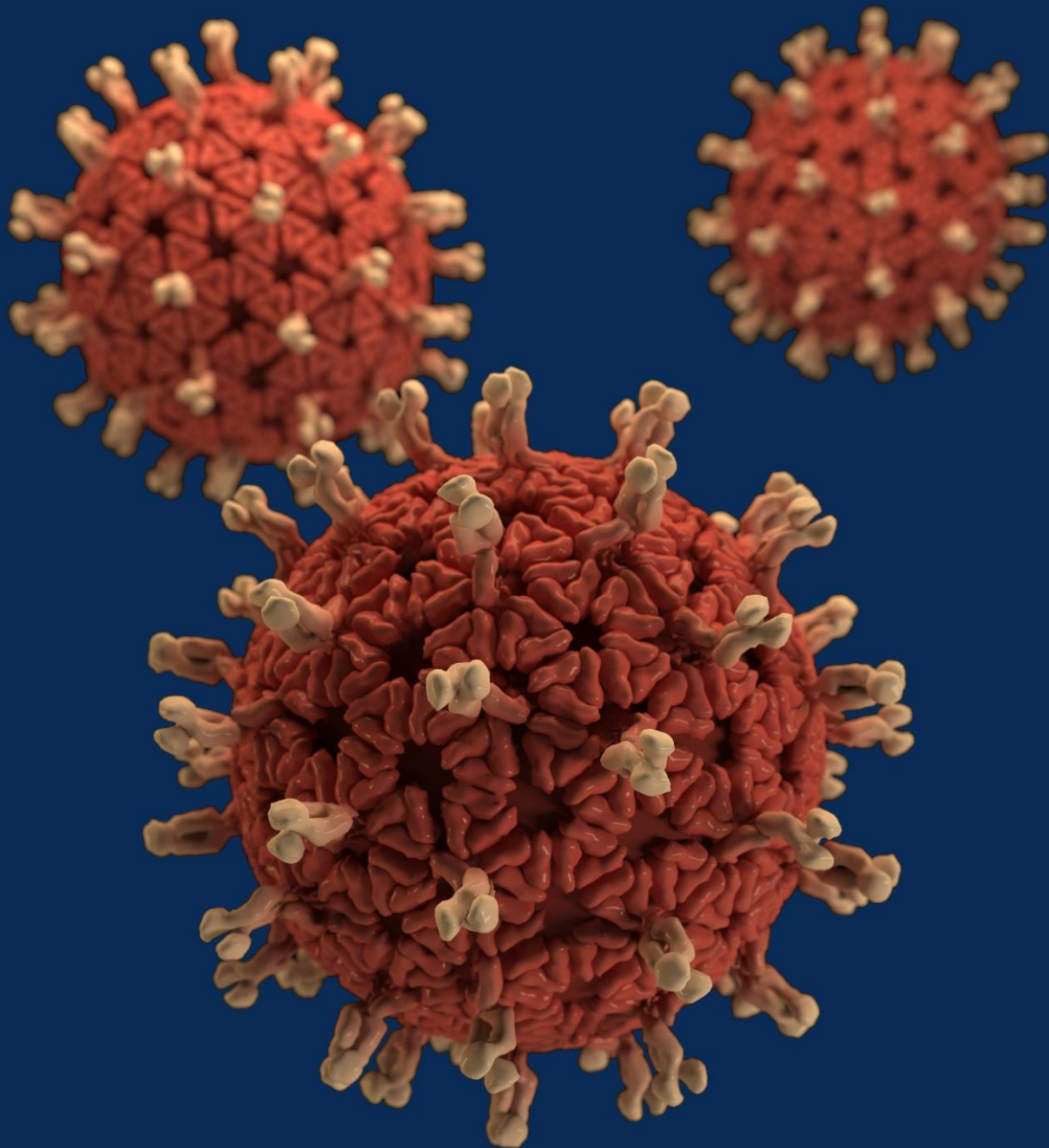
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Abstract

Crises have at least one bright side by revealing the strengths and the flaws, bringing out the best and the worst of the societies going through them. In this regard, several countries, such as France, have to draw a lesson from their failure to better prevent this health crisis despite the considerable amount of resources they own and the toolkit at their disposal. Although portrayed as a technical issue, countries' response to Covid-19 is first of all political and depends mainly on historical and social factors.

In this paper, the author proposes a biosocial approach to understand France's setbacks in handling the health crisis while other countries such as Germany, Singapore and the state of Kerala (India) have brilliantly succeeded. Their time management and preparedness, the efficiency of their social organization, and the use of data were essential to their success. Therefore, Alexis PELLIER makes a comparison of Germany and France's decision-making traditions, highlighting the efficiency of a decentralized approach versus a highly centralized one that hinders local initiative and mobilization.

In a second phase, the author explores France's healthcare system to shed light on its assets, as one of the most performant health system in the world, but also its weaknesses as an insufficiently coordinated hospital-centric system which has suffered from strategic mistakes such as the non-use of the vast amount of health data available and the country's limited testing capacity. At this point, it becomes evident that France's difficult situation is due to complex decision-making, preparedness and coordination rather than a lack of funding.

Finally, Alexis presents the success of Kerala, a state in Southern India, which has proved to be at the forefront of the outbreak response. Kerala has been remarkable in managing and coordinating infrastructure and human resources by relying on a highly educated, organized and mobilized society. More than huge figures and indices, the Indian state's example is a role model in achieving more with less, making economic analysis of development insufficient in explaining the strengths and the weaknesses of any given society. In countries' response to Covid-19, human and long-term factors such as good governance, preparedness, education, a mobilized and empowered civil society among others have contributed more to their success.

The politics behind Covid-19

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Introduction

Around the world, Covid-19 seems to have at least a notable bright side to it; a bold reminder to people that countries' healthcare systems could not only save lives but also protect the stability of our economies and political communities; our livelihood as we know it. Like a domino, the health crisis is leading to an economic and social disaster, the costs of which far outweigh the ones of a long-term investment in a good and accessible healthcare system.

In that regard, France seemed to have done it all right. In a report published in 2000, the World Health Organization (WHO) stated that France *"provides the best overall health care"*[1] followed by Italy and Spain. The country of Louis Pasteur could be proud to provide its citizens with the *"enjoyment of the highest attainable standards of health"* [2]. And yet, 20 years later, France's healthcare system is under intense pressure and faces "an unprecedented health crisis" due to the spread of the Covid-19 which has already caused more than 21 856 deaths out of 159 467 identified cases [3]. On April 24th 2020, France had the fourth-highest number of reported cases in the world, which is not as serious as the USA, Spain, and Italy but certainly worse than Germany, Singapore, and the State of Kerala (India) [4].

How did France end up in such a bad situation? This article is a humble attempt to shed light on the French Covid-19 story and illustrate the political responsibility weighing on France's death toll. This piece aims to highlight the flaws of centralized decision-making, the mismanagement of healthcare resources, and acknowledge the merits of countries which performed better in handling the outbreak.

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[1] World Health Organization, 2000. *The World Health Report 2000 – Health systems: Improving performance*. Retrieved under: https://www.who.int/whr/2000/media_centre/press_release/en/

[2] World Health Organization, 1946. Constitution of the World Health Organization. Retrieved under: https://www.who.int/governance/eb/who_constitution_en.pdf

[3] John Hopkins University of Medicine. *Covid-19 Map*. Retrieved under: https://coronavirus.jhu.edu/map.html

[4] Ibid.

1. The politics behind the curve and the value of time

The infection rate curve that has been popular across news networks, has helped the viewers understand the interplay of protective measures such as lockdown and physical distancing, time, and the health system's capacity. However, it has often missed the point in explaining the politics behind it.

This graph presents two curves with on the X-axis, the passing of time since the first case, and on the Y-axis, the number of infected cases; the horizontal line parallel to the X-axis indicates the health system capacity or medical centers' number of beds. Without counter-measures, we are likely to end up with the first curve where infected cases exceed care providers' capabilities, resulting in skyrocketing deaths. Facing this threat, governments have strived to buy time and "flatten the curve" by putting their countries under lockdown while enforcing physical distancing to reach the second curve where the number of cases remains under the ceiling.

Raising the line while flattening the curve

Source: Adapted from CDC and Kumar Rajaram, UCLA
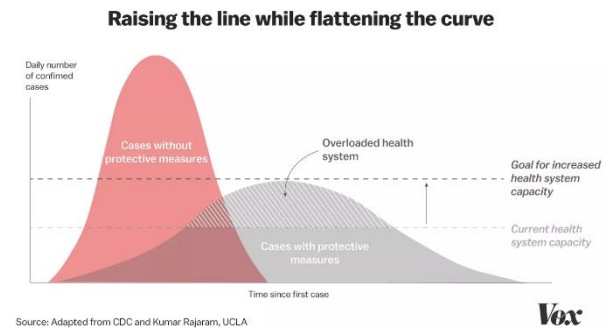
This widely-spread narrative has helped the viewers to get a technical explanation of the issue. Indeed, the extreme consequences of pandemics are evitable depending on our readiness to take quick and efficient action. "Time since first case" is the key element of this political equation. Here, political responsibility is not only about building a good healthcare system with enough beds and caregivers, but taking early decisions and implementing them as soon as the first case is identified, to avoid more damage. Compared to Singapore's timely reaction, France did perform poorly. Aware of the Chinese outbreak in late December, Singapore started to prepare in the following days, conducting research on the virus, heightening border control and surveillance, and implementing temperature screening for inbound flights from China. When the first case of Covid-19 in Singapore was found on January 23rd, the country quickly implemented containment, isolation, and testing measures, which resulted in a low Covid-19 mortality rate (6 death as of April 10th 2020) [5]. In contrast, France's first cases were confirmed on January 24th 2020 while lockdown and physical distancing were implemented on March 12th 2020 ; more than two months after the outbreak in China and forty-eight days after the first confirmed cases in France. Despite the country's strong economic ties with Wuhan, where the outbreak originated, France failed to take rapid action, resulting in a far more serious situation than Singapore's.

2. Centralized rule's burden of responsibilities

Why is France falling behind? One of the answers to this question may be found in the country's traditional centralized rule which hinders local initiative and timely decision-making. We will make a comparison with Germany whose decentralized government was a key component of the country's success story in better managing the pandemic.

France's delayed response was compounded by its decision-making process tardiness due to what The Economist referred as "France's Napoleonic approach to Covid-19" [6]. Indeed, France has a long history of centralized rule. While

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[5] Australian Institute of International Affairs, March 26th 2020. *Southeast Asia's Responses to the COVID-19 Pandemic*. Retrieved under:
http://www.internationalaffairs.org.au/australianoutlook/southeast-asias-responses-to-the-covid-19-pandemic/?fbclid=IwAR3YG3FXcspp39UoRMql7q2zpNo3NvP5dsrewO8Xejz9ZTh-2W03PUdKLvU

[6] The Economist, April 4th 2020. *France's Napoleonic approach to covid-19*. Retrieved under:
https://www.economist.com/europe/2020/04/04/frances-napoleonic-approach-to-covid-19

the ruler enjoys great powers and the ability to act quickly, doing wrong is costly, as the government has little excuse for its miscalculations. Hence, strategic mistakes have broader implications and cannot be countered by sublevel initiatives. For instance, in 2012, France had a stockpile of 1.4 billion medical masks thanks to disaster planning in the context of the H1N1 health crisis. In 2020, that stock had reduced to 140 million masks as the government previously changed its strategy to rely on imports from the rest of the world and domestic production capabilities instead of stockpiling the necessary equipment. This strategic mistake resulted in a huge shortage of masks, despite the warning of Francis Delattre, a French senator between 2011 and 2017 [7]. France is now fighting with other countries over masks imports and struggles to produce enough of them domestically, putting its caregivers' lives in jeopardy. On April 17th, the country further enforced centralized rule as the Council of State's ruling (Conseil d'État) restrained the mayors' powers and ability to take initiative in fighting coronavirus to stick to France's national policy [8].

As opposed to France, the Federal Republic of Germany's decentralized administration has helped the country to cope far more effectively with the outbreak. A notable example could be found in the Länder of Bavaria, one of Germany's federal states, which was able to gain weeks in advance on the Covid-19 pandemics [9]. Germany's earliest community transmission of Covid-19 in Munich was tracked and monitored very closely and locally to isolate the early infected cases. This early health response helped the government of Bavaria to build knowledge about the virus and curb the spreading by imposing a lockdown before the rest of the country. According to Christian Drosten, the top virologist at Berlin's Charite hospital, Bavaria's experience with Covid-19 helped Germany elaborate an effective and early response to the outbreak: "because we had this Munich cohort right at the start… it became clear that with a big push we could inhibit this spreading further". The so-called "Munich Cluster" urged Germany to rely on wide testing to fight the outbreak, now up to 500,000 tests a week while France struggles to conduct 100 000 tests a month as the country's initially decided not to conduct large-scale testing. And yet, this extensive testing strategy is an effective tool to decelerate the spread of the virus, the symptoms of which in cases might be mild or inexistent. France's centralized decision-making has failed to respond best to the Covid-19 outbreak and is, in part, responsible for what could have been avoided. In the meanwhile, Germany was empowered by its decentralized health and decision-making system which has proved heavily resilient. While our societies face more and more common issues, we require more common solutions which is incompatible with an extremely centralized political system.

3. The bright and not-so-bright sides of France's healthcare system

France's healthcare system combines high performance and spending. However, the country has had a mixed performance in dealing with the Covid-19 outbreak. Its hospitals have become quickly overcrowded and under-capacity to handle rising cases. Despite a strong performance, as reflected by many indicators, France's health system suffers from its hospital-centered organization, the low penetration of telemedicine, and the limited use of data-based tools.

Over decades, France has built one of the best performing healthcare systems in the world. It is perhaps reflected in the country's expenditure on healthcare, one of the highest in the world with 11.3% of GDP or about 3 898 € per

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[7] 20 minutes with AFP, 22 mars 2020. *Coronavirus : Comment la France a laissé fondre son stock de masques au fil des années*. Retrieved under: https://www.20minutes.fr/societe/2745539-20200322-coronavirus-comment-france-laisse-fondre-stock-masques-fil-annees

[8] Le Monde, April 17 2020. *Le Conseil d'Etat limite le pouvoir des maires dans la lutte contre le coronavirus*. Retrieved under: https://www.lemonde.fr/societe/article/2020/04/17/le-conseil-d-etat-limite-le-pouvoir-des-maires-dans-la-lutte-contre-le-coronavirus_6036976_3224.html

[9] World Economic Forum. *It was the saltshaker: How Germany meticulously traced its coronavirus outbreak*. Retrieved under: https://www.weforum.org/agenda/2020/04/it-was-the-saltshaker-how-germany-meticulously-traced-its-coronavirus-outbreak

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capita [10]. Among OECD countries, France is only outperformed by the USA (16.9% of GDP), Switzerland (12.2% of GDP), and Germany (11.25% of GDP or about 4 363 euros per capita [11]). In France, access to care is strong as 100% of the country's population is covered by the national health insurance scheme. Public funding covers 77% of healthcare spending and out-of-pocket spending represents only 2% of final household consumption. High-quality care is provided by hospitals and overall effective primary care. As a result, only 8.3% of French are in poor health and the country's life expectancy at birth (82.6 years old) is two years above the OECD average [12].

Despite these figures, France's health system has been shaken – surprisingly for most people – by the coronavirus pandemic, revealing structural flaws. Hospital-centered at the expense of primary care, the country's health system has failed to prevent hospital overcrowding due to the insufficient coordination of care providers. France has been unable to rely on primary care practitioners, who have lacked information and protective equipment, to carry out an initial selection of patients and ensure the continuity of care. The low penetration of telemedicine (2 000 doctors in 2019) and the country's initial decision to not conduct systematic and large-scale testing did not make things any better [13]. Thus, hospitals have been struggling to deal with massive inflows of patients which exceeded the capacity of intensive care units, with only 5 000 hospital beds equipped with a ventilator before the crisis, while the other side of the Rhine had 5 times France's capacity with 25 000 intensive care units. At the end of the day, it has become increasingly apparent that France's difficult experience in coping with the outbreak is mainly due to inadequate decision-making [14], the partition of healthcare providers, and inappropriate investments rather than an overall lack of funding.

4. The Kerala model, a success story from Southern India

In India, one of the Republic's states is actually at the forefront of the pandemic response and stands as one of the world's role model in mitigating the outbreak. Kerala has only 3 deaths out of 427 confirmed cases as of April 21 2020. Moreover, this small state is famous for having an effective model of human development enabled by the mobilization of its highly conscious and educated citizens. Kerala is remarkable in its efforts to "achieve more with less" [15] and provide its citizens with not only the best public health system in India but also a strong social safety net. Let's slowly unfold their success story.

Kerala stands out as one of the country's highest developed states in India, with a Human Development Index (HDI) score of 0.834, far above the country's score (0.647), along with the best-performing public health system in India. By contrast, Kerala's GDP of 140 billion USD in 2019 only accounts for 4.6% of India's GDP. Moreover, the state's population of 35 million inhabitants only represents 2.5% of India's 1.366 billion residents. In 2019, the state's per-capita GDP is significantly superior at 4 000 USD compared with 2 143 USD for India. However, when Kerala's per-capita GDP used to be inferior to India's per-capita GDP, the state still scored far better in terms of human development. In the context of the Covid-19 pandemic, Keralites' health system has proved to be superior.

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[10] 260 billion euros for 66,7 million inhabitants.

[11] 360 billion euros for 82,5 million inhabitants.

[12] OECD, November 7th 2019. Healthcare at a glance 2019. Retrieved under: http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm

[13] Institut Montaigne, March 24th 2020. *Public Health in the Time of Covid-19: Three Lessons Learned*. Retrieved under: https://www.institutmontaigne.org/en/blog/public-health-time-covid-19-three-lessons-learned

[14] Forbes, April 1 2020. France Struggles As It Wages 'War' Against The Coronavirus Pandemic. Retrieved under: https://www.forbes.com/sites/joshuacohen/2020/04/01/france-struggles-as-it-wages-war-against-covid-19/#53b5427611ed

[15] The Yale Review of International Studies. *Growth and Success in Kerala*. Retrieved under: http://yris.yira.org/essays/1150

More than huge figures and indices there is something more explaining the unique response of the state to the pandemic. We must acknowledge that "measurable biological and clinical processes" are not only inflected by economic resources or technical capacities but "by society, political economy, belief, desire, to a similar extent as other aspects of social life" (Farmer, et al). In Kerala, the strong civil activity, mobilization, and organization of its citizens, along with a well-functioning and trustworthy governance system contributes to the Covid-19 success story. Moreover, the state's response to the previous pandemic Nipah in 2018 as well as the consecutive floods that happened in the year and after better prepared the state's disaster response, and thus its effectiveness in coping with the Covid-19 outbreak. When the first case of Covid-19 was reported in the state on January 30, the government already had a plan and immediately implemented its first two stages [16]. Furthermore, Kerala was brilliant in managing its infrastructure and human resources with the remarkable coordination of the state's decentralized and public-private healthcare system and strong public participation. They benefited from a set of measures strictly implemented from lockdown to case isolation, contact-tracing, phone monitoring, and community surveillance which ensured compliance with quarantine measures. Also, the state has taken a social approach to the pandemic by delivering supplies at home (e.g. food, medicine) and communicating transparently, and regularly about the outbreak, which has secured people's trust and participation. On March 15, the government launched a "break the chain" campaign to educate people about public hygiene, which proved to be successful as it relied on the active and conscious engagement of Keralites [17]. The state's health system directly benefited from Kerala's social performance as a highly organized and mobilized society.

Conclusion

The performance of our health system is a political issue, whether we accept it or not. Our response to the Covid-19 outbreak is societal and not only medical which reveals the flaws and weaknesses of the collective organization of our lives. Assessing development with economic lenses has proved to be insufficient as GDP-growth fails to reveal anything substantial about qualitative dimensions of society. This is why the richest countries on Earth have not all been the best in dealing with the Covid-19 pandemic. In particular, France has been shaking due to inadequate decision-making, coordination, and preparedness under the weight of a highly centralized rule which has been hardly compensated alone by having one of the best health system in the world. The economic resources put into that system matter less than how the country has been using them and how the social environment have contributed to the response success. Finally, as we explored the Kerala model, we could see that countries that have less could actually achieve more by relying on more human or subjective factors such as good governance, preparedness, highly educated, and mobilized citizens to cope brilliantly in such unprecedented times.

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[16] The Caravan, March 27 2020. *Kerala expands medical infrastructure to fight COVID; religious, social institutions offer facilities*. Retrieved under: https://caravanmagazine.in/health/kerala-religious-social-institutions-facilities-covid
[17] The Guardian. *How the Indian state of Kerala flattened the coronavirus curve*. Retrieved under: https://www.theguardian.com/commentisfree/2020/apr/21/kerala-indian-state-flattened-coronavirus-curve

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