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Why France Failed to Contain the COVID-19 Pandemic

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Why France Failed to Contain the COVID-19 Pandemic

Peng Shuyi[1]

Abstract: *Compared with France's world-class healthcare system, the country's response to COVID-19 pandemic is far from being satisfied. With more than 100,000 confirmed cases and a relatively high level of fatality,, France actually becomes one of the worst-hit countries by COVID-19 pandemic, although the country is the sixth largest economic power in the world. The comparison between France and Germany (as countries with strong comparability in many ways and as the most powerful member states in the EU) could further help people better understand France's failure to efficiently respond to this public health emergency. The main factors that have caused such an undesirable result include lack of decisive actions with relatively low recognition of the severity of the disease at the beginning stage, relatively limited bed capacity due to the budget cuts, and the shortage of test means. In addition, the pandemic further exposed social problems relating to social inequality and aging population, over which the French government has been struggling for a quiet long time.*

Keywords: France; COVID-19 pandemic; Low awareness of the crisis

1. French health care and hospital system

1.1 Health care system

French health care system was created in the aftermath of World War II, within the framework of France's construction of social security system. Organized according to the Bismarckian model, it was initially an employment/business-based system, aimed at working people and their families; It has been gradually expanded to

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cover all the population with the creation of "Universal health coverage" (CMU, Couverture maladie universelle) and MAE (MAE, Aide médicale d'Etat) on 1999. CMU protected those not covered through employment/business-based schemes, while MAE aims at the undocumented residents.

French health system is currently a multi-layered insurance-based system, having elements of both Beveridge and Bismarck, increasing towards the mixed model. It follows the principle of universality and solidarity. Universality means universal coverage, namely all people have access to healthcare; solidarity implies those with greater wealth and better health finance those with less health and in poorer health.

The first layer is state-sponsored statutory social health insurance (SHI), covers almost the entire population, funded initially by wage-based contributions shared between employers and employees. The contributions have been increasingly replaced or reinforced by earmarked income tax—the "General Social Contribution" (contribution sociale généralisée; CSG) based on all income—as well as specific taxes such as taxes on potentially harmful consumption (tobacco, alcohol) and taxes on pharmaceutical companies. The percentage level of reimbursement by SHI varies, depending on the type of treatment received and from whom. Normally, it will pay for about 70% of general practice (GP) fees and between 30% and 65% of prescribed medicines.

The second layer is voluntary health insurance (VHI). As complementary insurance, it aims at providing better coverage for medical goods and services that are poorly covered by SHI. It finances 14% of total health expenditure and covers more than 90% of the population. VHI could be purchased by individuals or by employers for their employees, 85% of VHI are offered by employers. Two actors play key roles in this field, commercial insurance companies and Mutual insurance companies[2]. The

[2] Mutual insurance companies are non-profit-making basis, aiming at achieving mutual aid among their members by avoiding differentiation in premiums for a given level of coverage.

former represents 13% of the total VHI contracts while the latter 82%. The third actor is provident institutions, they have a non-profit-making aim and have specialized in mandatory group contacts, which account for 5% of the total VHI contracts.

The third layer is the publicly financed complementary universal health coverage (UCM) created in 1999, replaced in 2016 by the so-called "Universal health protection" (PUMA (protection universelle maladie), aiming at granting an automatic and continuous right to health care in France to those who are legally resident in the country but without any of the mandatory health care insurance, it covers around 7% of the population.

Despite the above triple protection, individuals still need to pay a little part of the total fee, but the out-of-pocket (OOP) payment counts only 7-8% of the total fee, almost the lowest in EU.

In general, less healthy and less wealthy persons have better insurance coverage, the serious debilitating or chronic illness such as cancer, heart disease, diabetes is almost free of charge; people whose income is below a minimum ceiling are paid by state.

1.2 Hospital system

French is a public-private mixed model in the provision of health care services.[3] state plays a key role in the field.

Health services are provided by independent physicians (the self-employed doctors) and hospitals. There are different kinds of hospitals: public hospitals, private non-profit-making hospitals funded especially by foundations, religious organizations or mutual-insurance associations, and private profit-making hospitals funded increasingly by large international groups. The regulatory framework for hospitals

[3] Karine Chevreul et al., "France Health system review", *Health Systems in Transition*, Vol.17, No.3, 2015, URC Eco http://www.euro.who.int/__data/assets/pdf_file/0011/297938/France-HiT.pdf

formulated by government applies equally to all the hospitals. Primary care that does not require hospitalization is largely carried out by independent physicians working in their own practices, while hospital beds are predominantly offered by public or private non-profit-making hospitals, in general, public health institutions account for 61% of hospital beds.

There is also a combined health and social care sector, the so-called "medico-social" sector (établissement hospitalier pour personnes âgées dépendantes, EHPAD), namely the nursing houses, which provide nursing care and supportive services to dependent elderly people. France has currently 7000 nursing houses, 40% of which are public, with more than 700 000 persons living there.

1.3 Strengths and vulnerabilities exposed by COVID-19 pandemic

The French health care system is rated as one of the best in the world, its main advantage is: state plays a key role in the field, which ensure not only a universal coverage, but also a better protection for the poorest and the lest healthy people, that's one of the reasons why the French are broadly satisfied with their health care system and proud of it.

In the case of COVID-19 pandemic, once hospitalized, the cost will be totally covered by the insurances. Just as mentioned the health official: whatever the cost of the hospitalization, social health insurance will ensure that the coronavirus "does not cost a penny". For the patients with mild symptoms who (only the severe cases can be hospitalized), the cost will be covered by SHI and VHI, the latter will cover about 30% of the final invoice. Cost of coronavirus test are also shared between SHI and VHI.

However, the system is under increasing stress due to the deficit—the SHI has faced large deficits over the past 20 years. Reducing deficit in order to ensure the long-term sustainability of the system has been being the priority, and resulted some negative impacts, especially the cut of hospital beds.

In order to reduce the deficit of SHI, outpatient surgeries without overnight in hospital have been encouraged, leading to the decrease of hospital beds. The statistics showed that outpatient surgery went from 36.2% in 2009 to 54% in 2016, but the government thought it's not enough, the former Minister of Health Agnès Buzyn once pointed out that: "In surgery, the goal is that by 2022, seven of ten patients who enter the hospital in the morning will leave in the evening, compared to five today." Which means increasing ambulatory medicine to 55% and ambulatory surgery to 70%[4]. This allows to close more beds and therefore to save more money. In 2019, more than 50 hospital emergency rooms across France have held strike against the funding cuts. Emergency room doctors and nurses have protest outside the French health ministry, warning that budget cuts were leading France's world-class health system to the brink of collapse and putting patients' lives at risk. As pointed Christophe Prudhomme, an emergency room doctor "Over the past 20 years, little by little, I've seen the breaking of our health system. We have a very good system, but if these cuts continue, we'll be joining the misery of the NHS (of UK) and I fear people who need treatment won't get treated." Another one said: "Our health system was among the best in the world, but I'm afraid it's collapsing."[5] Unfortunately, what they said was becoming true when facing COVID-19 pandemic in 2020. We will come back to this point later.

Furthermore, COVID-19 pandemic also revealed some other weaknesses of French health care and hospital system:

First of all, the hospital-centric approach. France adopts a hospital-centric approach. Resources is concentrated on hospitals at the expense of basic health care. With the arrival of COVID-19, hospital capacity must be preserved for the most severe patients, who represent around 20% of all those affected, then primary care medicine is essential to conduct an initial triage. But the liberal doctors were not

[4] « Favoriser l'ambulatoire à l'hôpital pour faire des économies », La Santé Publique, 07/11/2017, https://www.lasantepublique.fr/favoriser-ambulatoire-hopital-economies

[5] "French medics warn health service is on brink of collapse", The Guardian, 11/Jun/2019, https://www.theguardian.com/world/2019/jun/11/french-medics-health-service-collapse-doctors-nurses-protest-outside-french-health-ministry-strikes

clearly and quickly informed about their role to play and what to do, and they are not equipped with basic protections such as medical masks, that's why they can't effectively help to relieve the pressure on hospitals.

Second, the less use of telemedicine. Telemedicine has two major advantages, avoid the contact with patients and avoid thus the eventual infection; ensure the continuity of health care for the confined people, so it's also an effective way to limit the overburden of hospital. But in France, barely 2,000 doctors practiced telemedicine at the end of 2019. Despite the encouragement of government and rapid mobilization of teleconsultation platforms Since March 8th 2020, most of the doctors are still not used to using telemedicine.

Third, the shortage of staff in nursing houses. Older people are more at risk of coronavirus, but due to the shortage of staff, it's difficult to limit the epidemic from spreading in nursing houses, one third of them were affected by COVID-19 pandemic. Although "due to technical issues", the Minister of health Olivier Veran said, date collection and update in nursing houses is difficult, but deaths number there is "objectively chilling"[6]. Finally, the French authorities has had to make a nationwide call for volunteers such as retired doctors and medical students to help.

2. French response to COVID-19

The first three confirmed cases of COVID-19 in France was reported on the 24 January 2020. According to the statistics published by French government, as of April 22, France has reported 159,297 confirmed cases and 20,829 deaths,[7] one of the highest in EU in terms of death. Since nursing house deaths were not included in the official death toll for a period of time, so the number of deaths may be much higher.

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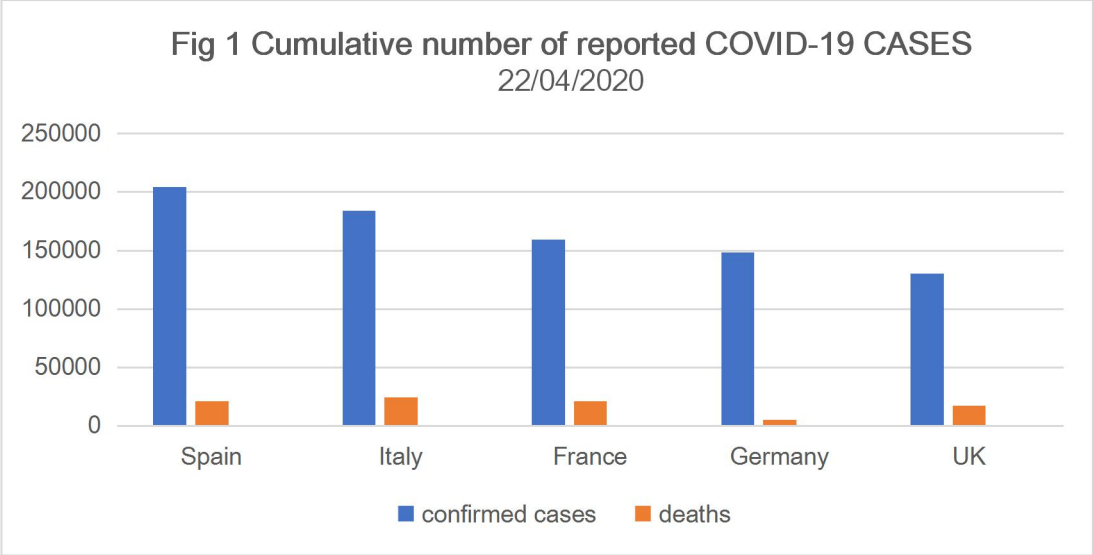
[6] "France struggles with 'chilling' COVID-19 data from nursing homes", msn news, /04/09/2020, https://www.msn.com/en-us/news/world/france-struggles-with-chilling-COVID-19-data-from-nursing-homes/ar-BB12m05W

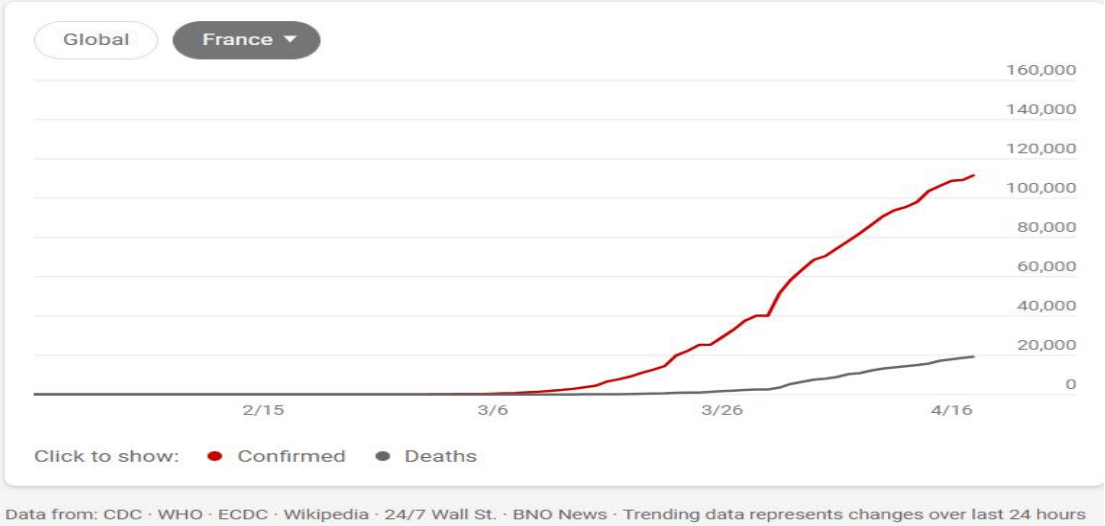
[7] Cartes et chiffres sur l'évolution de l'épidémie du Coronavirus COVID-19, 22/04/2020, https://www.ouest-france.fr/sante/virus/coronavirus/tableau-de-bord-evolution-epidemie-COVID-19-carte-chiffres-graphiques/

Although the trajectory of France is less tragic than that of Italy or Spain, its death rate is much higher than that of Germany. As of April 22, Germany had 145,694 confirmed cases and 4,879 deaths. In the following sections, the author gives a brief overview of how France handles the COVID-19 pandemic.



Source:Cartes et chiffres sur l'évolution de l'épidémie du Coronavirus COVID-19, 22/04/2020, https://www.ouest-france.fr/sante/virus/coronavirus/tableau-de-bord-evolution-epidemie-COVID-19-carte-chiffres-graphiques/

2.1 The four-stage strategy



Source: CDC.

To respond to COVID-19 pandemic, France has implemented the “four stages” mothed set by the government in the “national pandemic influenza prevention and control plan” in October 2011. These phases represent above all the evolution of the epidemic management according to its diffusion.

Stage 1: Prevent or stop the entry of virus (January 24- March 6)

Theoretically, Stage 1 began since the 24 January, the day when the first cases were confirmed. This stage aimed at stopping entry of virus into France from outside. During this phase, the measures such as case detecting and isolating, contact tracing were implemented. Persons showing symptoms or returning from the risk area were isolated. In early February, confirmed cases must isolate for 14 days.

Stage 2: Contain the spread of the coronavirus (March 6-March 14)

According to the statement of French government, France officially stepped into stage 2 since March 6. Stage 2 aimed at slowing down the spread of the virus. It is essentially a matter of saving time so that the health system could prepare. More measures were implemented, such as closure of school, closure of museums, travel restriction, cancellation of large events (concerts, sporting events etc.), prohibition of public gatherings of more than 5000 people in closed space, visits suspended in establishments for the elderly etc.

Stage 3: “Epidemic stage” (March14 - May 11)

Since March 14, France stepped officially into stage 3. In this phrase, the virus actively circulates throughout the territory, the cases were rapidly increased, that signals the start of the epidemic wave. From March 16, French government announced more tougher measures to minimize contact and travel, the near-total

lockdown was imposed by the government from March 17 both to contain the spread of the coronavirus and to decrease the number of hospitalizations, residents were ordered to stay at home except to buy food, go to work, seek medical care or get some exercise on their own. Since the situation continued to deteriorate, the lockdown initially planned to last some days has been extended several times, and will last until at least May 11. From mid-April, France, like most of the European Union member has closed the borders to non-European countries.

But at this stage, France's testing range has been limited due to the lack of testing capacity, only a certain group of people could be tested, and French health authorities tried to step up measures to test more people. The labs of the city were allowed to perform the tests, while previously, only the labs of hospitals could do so. But, according to what the President Macron said, by May 11 the date of lifting the lockdown, France could be able to test anyone showing symptoms.

In this stage, with the national-wide outbreak of the pandemic, hospitals were at high risk of getting overwhelmed, especially in the Grand Est region and the Region of Paris—regions that was hit the more severely by the disease. In fact, the Grand Est region was considered overwhelmed, and army helicopters were mobilized to transport patients to neighbour countries such as Switzerland, Germany and Luxembourg, in order to free up the hospital beds. According to what the President Macron said, it's the biggest crisis since the Second World War. Besides the military forces, social forces were also widely mobilized in the effort to cope with the pandemic, patients were transferred by plane, or even high-speed train from hospitals of the east to the west, medical students and retired medical staff were also mobilized to give a hand in the hospitals and nursing houses.

From May 11, According to what the Prime Minister said on April 19th, France will begin to lift its strict lockdown conditions, in a slow and gradual way: schools, creches and business would progressively re-open will the university should remain closed; Restaurants and cafés will not reopen until at least early summer while

public gatherings will be allowed until mid-July; The most vulnerable people (elderly, severely disabled, chronically ill) were still asked to remain at home at least until the end of the year. People was advised to adopt telecommuting, minimize the use of public transport and stagger work timings after lifting the confinement. People need to wear masks on public transport, the masks are going to be distributed to the citizens, free of charge. The external borders of the Schengen Area and the Schengen Associated States may remain closed until September in order to prevent another eventual wave of Coronavirus infection that may be caused by an outer factor. In Short, Life will not go back to normal after May 11th, there will still be a lot of uncertainties.

Stage 4: Theoretically, in this phase, the pandemic will be under control, focus will be put on the evaluation of its impact on both social and economic terms, the preparation for a possible new wave and the revival of economy.

France is currently at stage 3. According to what the President Macron said, progress had been made. Although the confirmed cases are still high, the deaths are slowing down. Nevertheless, the country has not won the battle yet.

3. France versus Germany

With more than 100,000 confirmed cases and the highest death roll in the world, France's response to the coronavirus public health emergency is considered to be a failure, especially compared with France's world-class health care system. On the contrary, Germany has been resisting the epidemic wave and doing better than most of the European countries including France, its mortality rate is extremely low (refer to fig 1). The comparison between France and Germany, two similarly sized, most powerful countries in EU could help us to better understand why France failed in his battle again the disease. Several factors could explain:

3.1 Testing capacity

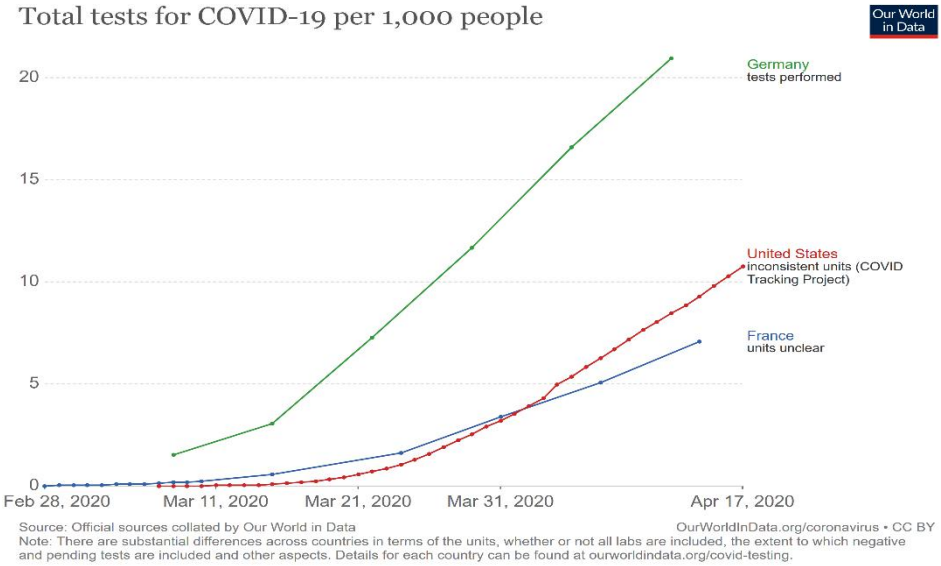
Testing is the pillar of German strategy to battle again the pandemic from the very beginning. In Germany, testing for COVID-19 began at a very early stage, two or three weeks before his neighbor: from the first confirmed case in Bavaria in mid-January, a massive screening policy was put into place on the initiative of the Robert-Koch Institute, a benchmark establishment for applied research and public health, on relying on independent laboratories. According to Prof. Dr. Christian Drosten, director of the institute of virology at the Charité – Universitätsmedizin Berlin, one of Europe's largest university hospitals, German's success in battling the coronavirus depended on its vast program of screening[8]. Each week, between 300,000 and 500,000 people are tested, exceeding the target of 200,000 per day set by the government. Both people showing symptoms and those who have been in contact with the confirmed case were tested. And tests were carried out in both hospitals and general practitioners, sometimes even directly on the cars. The objective is to isolate the confirmed cases as quickly as possible.

Compared with Germany who has Europe's best pharmaceutical industry which allowed an extensive testing, the testing rate was much lower in France (10,000 cases each day). The main reason is the lack of nasal PCR tests which allow immediate detection of the virus, which need to be imported from abroad. "We are totally incapable of testing on a very large scale because there is no molecular biology industry in France".[9] Explains Michel Bendahan, pharmacist biologist. That's why France has adopted a selective testing strategy, only those who have showed severe symptoms, or had been in "close contact" with a confirmed case, or who had travelled to a risk zone could be tested. After WHO's calling for massive test of all suspected cases, France reviewed his method and set a new objective—gradually multiply the number of tests from 10,000 each day to 50,000 at the end of April, 60,000 in May

[8] "Is Germany Handling the Coronavirus Crisis Better Than France?" LEADERS, 08/04/2020, https://www.leadersleague.com/en/news/is-germany-handling-the-coronavirus-crisis-better-than-france

[9] « Coronavirus : pourquoi l'Allemagne semble-t-elle mieux gérer l'épidémie que la France ? » Franceinfo, 03/04/2020, https://www.francetvinfo.fr/sante/maladie/coronavirus/coronavirus-pourquoi-l-allemagne-semble-t-elle-mieux-gerer-l-epidemie-que-la-france_3894519.html

and 100,000 by June.



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er reason for France's lag on testing is its highly centralized health system: before March 9, only several hospitals had the right to do carry out tests. On the contrary, Germany's decentralized health system seems to have helped encouraging the rapid development of tests in the laboratories located in the whole country, as well as their early use. According to François Heisbourg, member of the Foundation for Strategic Research, who was involved in France's disaster planning 15 years ago: "On testing, we have seen a beautiful centralized system failing abjectly."[10] Only from March 9 that France gave the green light to all labs of the city to do the test, but it seemed too late.

According to experts, Early testing helped the country's public health officials get a better understanding of there the outbreaks were and how far the disease had spread before things got out of control. But France doesn't produce its own testing kits, which hindered him from carrying out more tests, that's why he couldn't get a clear picture of how the things go and thus respond as quickly as possible.

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[10] "Mobilising against a pandemic France's Napoleonic approach to COVID-19", *The Economist*, 04/04/2020, https://www.economist.com/europe/2020/04/04/frances-napoleonic-approach-to-COVID-19

3.2 Hospital-bed capacity

In terms of hospital-bed capacity, France is also far behind its neighbor. Germany is particularly well equipped in intensive care with 28,000 intensive care beds, and 25,000 of which are equipped with respirators, that makes him one of the best equipped OECD countries. This could be explained by the fact that Germany has two of the main respirator manufacturers in the world, Draeger and Löwenstein. After the epidemic, Germany quickly increased his bed capacity to 40,000, 30,000 of which are equipped with respirators. This greatly facilitates the care of the seriously ill patients and avoid the collapse of the hospitals: on March, 31,5% of the beds were still empty, stated the Minister of Health Jens Spahn.[11] That's why German could accept the patients from Eastern France (the most badly affected areas of France) since mid-March.

Although has a first-class health system in the world, France has nevertheless seen COVID-19 stretch its hospital capacity to the limit, due to a much less available intensive care beds, which was 5,000 initially, and were increased to 10,000 gradually, but is still not enough, the government intended to increase the beds to 14,000 or 14,500, it is a race against time as hospitals in some regions was going to be overwhelmed. In some regions such as Seine-Saint-Denis, the poorest department in the great Paris region, the hospitals have been overwhelmed, the increase of deaths there was much more rapid than the rest of Paris region, its death toll was the highest. In addition, the lack of beds has forced doctors to decide who they will save first, in principle, the younger，healthier patients are prioritized.

The gap between France and Germany in terms of hospital-bed capacity could be explained by the budget cuts as we mentioned above. In order to reduce the deficit of Health care insurance, outpatient operations without hospital nights has been encouraged, resulting in the decrease of hospital beds. The statistics showed that

[11] « Coronavirus : pourquoi l'Allemagne semble-t-elle mieux gérer l'épidémie que la France ? », op.cit.

outpatient surgery went from 36.2% in 2009 to 54% in 2016, but the government thought it's not enough, the former Minister of Health Agnès Buzyn once pointed out "In surgery, the goal is that by 2022, seven of ten patients who enter the hospital in the morning will leave in the evening, compared to five today." In detail, it is about "raising ambulatory medicine to 55% and ambulatory surgery to 70%"[12]. In short, the hospital-bed capacity has been declined by about 10% over the last decade.

In addition, the 2019 OECD statistics indicate that France has the third largest healthcare budget in the world, but it falls to the twelfth if relate the expenses to the number of inhabitants, namely it is only the twelfth in the terms of per-capita healthcare spending. According to the French newspaper (Le Monde Diplomatique), in 2019, the per capita medical expenditure was €5,200 in Germany while it's €4,300 in France, but the former has 18 million more people than the latter.

3.3 R&D investment.

R&D plays a key role in determine whether the government could give an effective response to the public health emergency. Germany is one of the leaders among OECD countries in terms of R&D expenditure, which has been growing despite the budgetary restrictions in other areas[13]. More than 90 billion euros are spent each year in the fields of public and private research, against 50 billion euros in France.[14] According to Samuel Alizon, director of research on infectious diseases at the CNRS. "The funding of research and development in France is laughable compared to Germany," that's why "German had already simulated the most probable post-coronavirus scenarios last month, while France is only now beginning to sketch them out."[15]

Due to the tax cuts that the government granted in order to appease the "yellow

[12] « Favoriser l'ambulatoire à l'hôpital pour faire des économies », op.cit.
[13] « Coronavirus : pourquoi l'Allemagne s'en sort mieux que ses voisins européens pour le moment ». op.cit.
[14] "Mobilising against a pandemic France's Napoleonic approach to COVID-19," op.cit.
[15] « Coronavirus : pourquoi l'Allemagne semble-t-elle mieux gérer l'épidémie que la France ? », op.cit.

vest", the draft budget shows that France's spending on research will be €7 billion in 2020, the total higher Education, Research and Innovation budget will be 25.35 billion, increased by 2%[16] compared to the previous year, but still far from the expectation of the scientists.

In fact, at the moment when SARS epidemic emerged in 2002, France has augmented its spending on coronavirus research, but with the disappearance of SARS, the spending had been decreased. "The COVID-19 crisis reminds French government of the importance of scientific research and the need to invest it massively for the long term", according to what President Macron said, He decided to make a much more effort on pledging to invest more than €5 billion over the next decade to strengthen science and research, which means an increase in spending by around €500 million per year, with €50 million due to be released as part of an emergency fund for research on the coronavirus, adding to the €8 million already put up for COVID-19. Tests, treatments and the vaccine were listed as priorities[17].

3.4 Crisis awareness

Objectively speaking, although France isn't as powerful as Germany in some fields as mentioned above, he still has good hospitals capacity with thousands of ICU beds and well-trained physicians. It could be listed between the better prepared counties at least in theory. Another key reason that France failed to give an effective respond when facing the spread of the virus, is that French government has completely missed the chance to eliminate the disease as soon as possible. Even the French President Emmanuel Macon acknowledge: "our country was not sufficiently ready for the crisis, we will all draw the consequences."

During the stage 1, the French government did not seem to be clearly aware of

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[16] https://www.nature.com/articles/d41586-019-02953-2

[17] "France reaches for research bazooka, adding over €5B over 10 years to fight COVID-19 and future epidemics", *Science Business*, 20/03/2020, https://sciencebusiness.net/news/france-reaches-research-bazooka-adding-over-eu5b-over-10-years-fight-COVID-19-and-future

the seriousness of the disease, and the health authorities insisted that it was just an influenza, with a very low mortality (1-2%). The citizens were just advised to wash hands, keep a safe distance from others, cover mouths when sneezing etc. Few concrete actions were taken to impose strict social distancing measures or promote large-scale testing. The trade unions continued to mobilize protest against the pension reform. In early March, the government still allowed gatherings of up to 1000 people to proceed, the President Macon even attended himself a theatre performance and visit a retirement house on March 6, partly to show that nothing to be worried while the virus was rapidly spreading. The municipal election still went on as scheduled (although the second round of vote was obliged to be postponed), that's why the government and health officials were severely criticized afterwards.

Two events finally attracted the President's attention: first, the rapid deterioration of Italy's coronavirus situation; second, a mass outbreak linked to a five-day (from 17 - 21 February) 2500-strong church gathering in the east of the country, near the border with Germany. That's why the beginning of the 3rd stage was hastily announced—We noticed that there are only 8 days between stage 2 (began from March 6) and stage 3 (from March 14). In fact, stage 3 even stage 2 should have been declared much earlier!

In short, France has missed the early opportunity to bring the disease under control while Germany was two to three weeks ahead. The French government failed for weeks to take decisive actions. Germany, on the other hand, immediately began to test all the people with symptoms. Now, France is still under lockdown, Meanwhile, Germany plans to reopen part of its economy.

4. Conclusion

Several conclusions can be drawn based on the previous observations.

First, quick decisions and initial actions are critical to bring the outbreak under control before the number of confirmed cases even reaches the so-called crisis level.

Otherwise, it may be too late to prevent a spike in cases which may lead to much pressure on the hospitals. Italy's experience has already showed this. Unfortunately, France partially repeated the path of Italy. The French government failed for weeks to take decisive actions. The country was supposed to be well prepared for the crisis earlier as it's a bit too late when France officially entered its second and third phases of fighting the virus. Furthermore, the relatively limited bed capacity due to the budget cuts and shortage of test means has added the fuel to the fire. On the contrary, Germany did much better.

Second, the COVID-19 pandemic has revealed the problem of dramatic social inequality in France. Many inhabitants in Seine-Saint-Denis, which is the poorest department in the Paris region regrouping a large number of immigrants, are the people from lower classes in both economic and social terms. Many of them work in sectors such as cleanliness, the food industry or nursing houses. That's why Seine-Saint-Denis is above all the least confined department in the region of Paris. The poor living condition (e.g., several people share a small apartment) increased also the chance to be infected. Besides, the supply of care in Seine-Saint-Denis is largely insufficient. Although it is the most populated department, Seine-Saint-Denis has three times fewer doctors than Paris, which actually has less inhabitants.

Third, in France, "around a third of all deaths from the disease have come from within retirement communities".[18] The number of deaths in nursing homes has long been out of the statistics, although French according to the government, it was due to technical reasons, people still suspected that government has been a passive bystander instead of doing something actively for these elder people.

To be brief, the pandemic further exposed the social problems relating to social inequality and aging population, over which the French government has been struggling for a long time.

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[18] "French care homes hit hard as COVID-19 deaths mount", euronews, 08/04/2020, https://www.euronews.com/2020/04/08/french-care-homes-hit-hard-as-COVID-19-deaths-mount

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