The French response to COVID-19: intrinsic difficulties at the interface of science, public health, and policy

Faced with criticisms, French authorities claim that their policy towards the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has been evidence-based—they appointed an advisory board of 11 scientists to help manage the crisis. However, in situations where decision makers face radical uncertainty, sticking to conventional approaches might jeopardise the science-policy interface.

First, just looking at the evolution of confirmed cases does not allow drawing of real-time lessons for policy.[1] Although the outbreak started concomitantly in South Korea, Italy, and France—on Feb 1, 2020, the number of confirmed cases of coronavirus disease 2019 (COVID-19) were 12 in South Korea, six in France and three in Italy—South Korea was able to control the epidemic 6 weeks later,[2] while a rapid increase of cases was clear in Italy and starting in France. In spite of WHO recommendations,[3] a South Korean strategy of mass testing, contact tracing, and physical distancing was not adopted in France and Italy, and the biggest step was a lockdown of the country as late as March 9 in Italy and March 17 in France. France did not have the logistic capacity to promote mass testing, due to the limited number of accredited laboratories (only 45 in public facilities) and the limited availability of SARS-COV-2 reagents for RT-PCR. But, rather than explicitly setting the goal of scaling up testing with priorities (health-care professionals, vulnerable groups) until capacities became sufficient, authorities argued that systematic testing was not needed as soon as the epidemic had generalised (phase 3 of national guidelines).[4] This policy was only reversed on March 28, with the aim of managing a way out from the lockdown.[5]

Second, maintaining the first round of national elections on March 15 but enforcing a closure of schools at the same time was in contrast with social science literature establishing that disaster communication should avoid confronting the population with a double-bind situation through dissonant incentives.[6] Third, preliminary—although inconclusive—results about the use of hydroxychloroquine and azithromycin for treatment of COVID-19[7] have fuelled ethical controversies in the biomedical community with extensive media coverage. Only referring to randomised clinical trials to prove efficacy of treatment without considering alternative evaluation methods for providing quicker evidence in a context of urgency[8] has reduced the ability of authorities to mitigate the effect of irrational online rumours[9] and regulate prescription practices of health professionals.

On March 24, a second experts' committee was nominated, complementary to the first one.[10] This committee for analysis of research and expertise includes 12 experts, ten of them being different from the members seated in the Scientific Advisory Board, and is chaired by Françoise Barré-Sinoussi, virologist and recipient of the Nobel Prize of Medicine in 2008. The second committee seems an implicit recognition of the intrinsic difficulties of directly using science in political management of a health crisis.

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