

## COVID-19 in France: challenges and opportunities

A year into the pandemic, France has been hit hard by COVID-19. Health-care workers and people in the community are exhausted. There have been 4 million reported cases and 90 000 deaths due to COVID-19, as of March 15. This grim milestone is an opportunity to review what has happened, but it is also an opportunity for France to put equity at the centre of its recovery.

In this issue of *The Lancet Public Health*, a series of papers present different aspects of the COVID-19 pandemic in France. In their nationwide epidemiological study, Jean Gaudart and colleagues analysed COVID-19 incidence, morbidity, mortality, and factors potentially associated with the first wave of infections in France. For Gaudart and colleagues, the country “could absorb the shock, thanks to a strong hospital system and a national lockdown”. In another study, Thomas Roederer and colleagues focused their analysis on one of the most vulnerable groups in society and assessed seroprevalence and risk factors in homeless people relocated to emergency shelters. They noted high exposure to SARS-CoV-2 and high asymptomatic seroprevalence. Living in crowded conditions was the strongest factor associated with exposure, underscoring the importance of providing safe, uncrowded accommodation, alongside adequate testing and public health information to this vulnerable population. The study by Michaël Schwarzingger and colleagues investigated COVID-19 vaccine acceptance and its determinants, such as vaccine characteristics or place of vaccination. Although most determinants were hypothetical at the time the study was done (July, 2020), such analyses are particularly important in a country where vaccine confidence has been persistently low. They estimated that 30% of adults were likely to refuse vaccination outright. Latest data from the CoviPrev survey suggest that this proportion has decreased from 32% in December, 2020, to 21% in February, 2021.

Research is crucial in informing public health and government responses, but another important aspect is the role of health democracy—too often neglected—in the decision making process. The inclusion of individuals such as major city mayors or frontline health-care workers, for example, could be key when gaining public trust is difficult but essential. In their Correspondence, Eva Brocard and colleagues from the *Conférence Nationale*

*de Santé* share their perspective on the importance of greater civil society involvement.

While this issue of the journal touches upon several important aspects of the COVID-19 crisis in France, it is far from exhaustive, and several other aspects deserve attention. For example, the latest CoviPrev survey data show that about a third of the French population report symptoms of anxiety or depression; “This is the epidemic behind the pandemic” warns Geneviève Chêne, chief executive of Santé Publique France. The state of mental health and wellbeing in 18–24-year-olds and the most vulnerable is particularly alarming.

A thorough review of the pandemic and its associated responses will be crucial to identify strengths, weaknesses, and possible missed opportunities. The conclusions of the Independent Mission, led by Didier Pittet (University Hospital, Geneva, Switzerland), to assess the French response to the COVID-19 epidemic are eagerly awaited. The Mission has been tasked with assessing the preparation of the country for a pandemic; crisis management (chronology of decisions, governance, and communication); and comparing the health, economic, and social impacts of the pandemic with other countries. Their interim report, published in October, 2020, noted that the French hospital system showed a great capacity to adapt, but it also highlighted structural weaknesses regarding governance and “defects of anticipation, preparation and management.” Such an assessment is key to drawing out lessons learned for future public health crises.

The COVID-19 crisis could be an opportunity for countries to build back fairer, as Sir Michael Marmot discussed in the latest *Lancet Voice*, with equity, health, and wellbeing at the heart of all policy. France is no exception. Socio-economic inequalities have made certain groups especially vulnerable to COVID-19. However, for France, little is known about the extent to which people from minority ethnic groups have been affected. Maybe it is time for public health stakeholders to question a probably outdated restriction on ethnic data collection—a crucial step to map systemic inequalities and inform policies. An ambitious government policy is now needed to mitigate the impacts of the crisis and wholeheartedly tackle inequalities and the sociodeterminants of health. ■ *The Lancet Public Health*

Copyright © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.



Edward Berthelot/Getty Images

For the CoviPrev survey see <https://www.santepubliquefrance.fr/etudes-et-enquetes/coviprev-une-enquete-pour-suivre-l-evolution-des-comportements-et-de-la-sante-mentale-pendant-l-epidemie-de-covid-19>

For the Independent Mission progress report see [https://www.vie-publique.fr/sites/default/files/rapports/fichiers\\_joints/276679-version-anglaise.pdf](https://www.vie-publique.fr/sites/default/files/rapports/fichiers_joints/276679-version-anglaise.pdf)

For *The Lancet Voice* with Sir Michael Marmot see <https://www.thelancet.com/the-lancet-voice>

See [Articles](#) page e202, e210, and e222

See [Correspondence](#) page e201