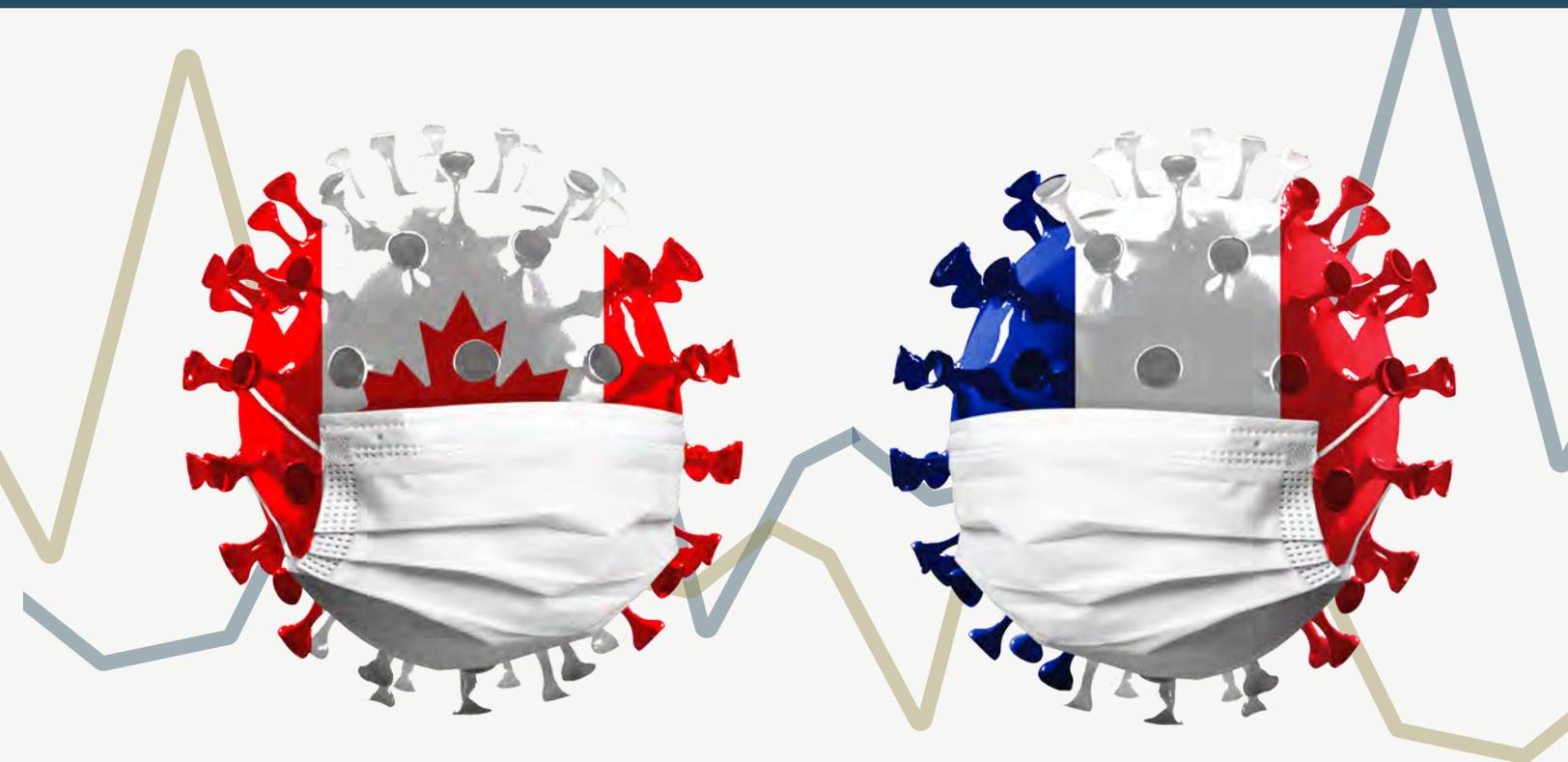


# France and Canada:

## CONTRASTING UNITARY VS. FEDERAL RESPONSES TO THE COVID-19 PANDEMIC

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Forum of Federations

The Global Network on Federalism and Devolved Governance

## **France and Canada: Contrasting Unitary vs. Federal Responses to the COVID-19 Pandemic**

Éric Desrochers

### **Introduction**

In both France and Canada, the first recorded cases of the novel coronavirus appeared in late January 2020. The first recorded death, however, came earlier in France (February 15) than in Canada (March 9). Both countries enacted measures to track the spread of the virus and limit international travel in February. In that month France also began to limit large gatherings (Baloge & Hubé 2021). However, their more serious efforts came shortly after the WHO declared COVID-19 a pandemic, on March 11, 2020. France and Canada each passed a series of health and economic responses that would have different impacts on the spread of the virus, as well as on other factors such as the economy and democratic governance. France and Canada are interesting cases to contrast, as while France is a centralized unitary country, Canada is a decentralized federation, with different levels of government playing a role in combatting different aspects of the pandemic.

This paper assumes that policies enacted have at least some effects in curbing the spread of the COVID-19 virus, an assumption that is borne out by current epidemiological research (Haug *et al.* 2020; Hsiang *et al.* 2020; Kramer & Retnakaran 2020). While the exact effect of policies on decreasing spread cannot be determined here – given that this study includes only two countries – it is nevertheless fair to assume that they have at least had *some* effect, or that political actors are acting under this assumption (Potvin 2020).

## **The Health Response to the Pandemic**

The policy response to the COVID-19 pandemic has unsurprisingly taken forms centered on prevention, identification, and isolation of infection. As vaccines became available, they became a new focus of policymakers and public alike. This section offers an overview of the French and Canadian policy responses to the pandemic, as well as of some of their consequences in terms of confirmed cases and deaths. There is a special concentration on lockdowns, mask-wearing mandates, testing, vaccination, case numbers and deaths.

France's response to the pandemic was characteristically centralized in not only the national government, but in the hands of the President. Framing the pandemic as a "war" (Baloge & Hubé 2021), French President Emmanuel Macron has been aided by the Secretariat General for National Defence and Security, composed of his own appointees, as well as new advisory boards made up of experts. This has come at the expense of existing health authorities. The response to the pandemic throughout France has been directed by prefects and regional health agencies, both responsive to Paris rather than to local elected officials or citizens.

Canada's response has differed from that of France, with Canadian decision-making more decentralized, as provinces have been legislating within their traditional policy areas (Lecours *et al.* 2020). While each province enacted measures according to its own criteria and design, the focus here is on general trends and dynamics, with some examples to illustrate.

## Lockdowns<sup>1</sup>

France started by closing nurseries, schools, and universities, followed closely by that of all “nonessential” public places, after cases continued to rise. This included the need for a written justification to leave one’s home, under penalty of a fine. This initial lockdown was progressively lifted in May and June 2020 (Chamboredon *et al.* 2020; Hassenteufel 2020; Or *et al.* 2021). This easing of restrictions was eventually followed by a rise in cases, leading to the introduction of a curfew in the country’s largest cities in October. With cases continuing to rise, a national lockdown came into effect in November 2020, which now excluded some services which had been closed during the first wave, such as schools and nurseries (Hassenteufel 2020; Or *et al.* 2021). This was followed up by a gradual reopening at the end of November and beginning of December. Another lockdown came into effect in March 2021, followed once again by a gradual easing of measures from April (Ministère des Solidarités et de la Santé 2021a) to July 2021, including the lifting of the curfew. A newly introduced vaccine passport was then implemented to limit the spread of the Delta variant, with new public health directives determining in what contexts it would be required (Gouvernement de la République française 2021).

Canada entered a state of lockdown shortly after the WHO declared COVID-19 a pandemic. This decision did not come from Ottawa, as it is the provinces and territories that enacted their own lockdown measures in rapid succession (Breton & Tabbara 2020). As in other policy areas, provinces responded to the pandemic in similar ways. The first easing of restrictions also came

<sup>1</sup> I use the term “lockdown” to cover a large umbrella of measures including closing or limiting the occupancy of public places and/or businesses, limiting travel and mobility, imposing curfews, etc.

about around the same time, in May 2020. Provinces differed in their precise measures, but they all shared the same principles of closing nonessential business and gathering places, while shifting others to virtual options, whenever possible, followed by a reopening with some criteria in place to mitigate risks of contagion (Lecours *et al.* 2020; Wallner 2020). Some went as far as to limit or put conditions on the free movement of persons within Canada itself. It is afterwards that differences are most striking, with a variation of lockdowns and reopenings. The four Atlantic provinces created a “bubble” of their own, with their residents being allowed free movement within, but imposing a 14-day quarantine on those coming from elsewhere (Lecours *et al.* 2020). This was all despite the provinces’ weak constitutional authority to limit mobility rights. However, since the federal government did not overtly oppose these decisions, courts similarly acted out of their typical deference (Lecours *et al.* 2020; Macfarlane 2020; Robitaille 2020).

While provinces generally followed a similar pattern of opening and closing according to the rise and fall of case numbers, they differed in some specific policies, and Québec was the only province to have enacted a curfew, from January 9 to May 27, 2021 (Radio-Canada 2021). In general, provinces followed a pattern of further easing of restrictions, as vaccination rates increased, and cases decreased. However, with the arrival of the Delta variant and the beginning of a “fourth wave”, provinces halted further relaxing of measures, and have all implemented or announced their own provincial vaccine passports, with varying timelines and specifications.

While the French response to the pandemic was always centred in Paris, the Canadian response was typical of pre-pandemic decision-making, centred in the federal, provincial, and territorial capitals. In this sense, the provinces acted very much as unitary states, imposing restrictions from

on high, often clashing with mayors (Radio-Canada 2020; Raymond 2020). While they acknowledged that a regional (sub-provincial) approach was necessary, it appears to have been a very top-down process, with provincial governments and health authorities creating tiered systems to impose different restrictions according to local data. While these different approaches have yielded predictably divergent results, the federal government's more hands-off approach had the advantage of minimizing conflict between governments and of limiting potentially contradictory and confusing overlapping measures<sup>2</sup> (Sim & Breton 2020). After all, regional disparities in the spread of the virus are at the heart of the justification for provinces' implementation of differentiated responses, along with a general sense that intergovernmental conflict would undermine efforts to combat the pandemic (Lecours *et al.* 2020).

The federal government, on the other hand, has taken on the responsibility of quarantining those arriving from outside Canada. While there were initial calls for Ottawa to invoke the *Emergencies Act*, it did not do so. This is because it is a fundamentally different law from that of France, requiring the consent of the provinces, who opposed it unanimously. Trudeau may also have felt apprehensive about following in the footsteps of his father, former Prime Minister Pierre-Elliot Trudeau, by invoking this law (Schertzer & Paquet 2020; Lecours *et al.* 2020). There were, however, some *ad hoc* interventions of the Canadian Armed Forces, who were deployed, at the behest of the provinces of Ontario and Québec, in long-term care facilities, which were hit particularly hard by the first wave of the pandemic (Lecours *et al.* 2020).

<sup>2</sup> This became an especially salient point in comparison with the United States' response to the pandemic under Donald Trump, which was characterized by some intense intergovernmental conflicts.

In many ways, the French and Canadian lockdowns were similar, with patterns of closing and opening again following increases or decreases in case numbers<sup>3</sup>. Aside from a few policy differences, the main distinction between how Canada and France administered their lockdowns is, unsurprisingly, in the differences in the involvement of the different levels of government. While decisions in France were taken in Paris, those in Canada were made primarily at the federal and provincial levels, with a great many of them exclusively in provincial capitals.

### Masks

As elsewhere, the initial position of French health authorities was that the average citizen did not need masks and that they should be reserved for healthcare workers. It was only in July 2020 that mask-wearing became compulsory indoors, and in September outdoors. This initial policy appears to have been motivated by a shortage of masks in the early stages of the pandemic. After the H1N1 pandemic in 2009, the government's supply of masks was deemed excessive, and, when its stocks began to expire, they were destroyed without being entirely replaced, causing a shortage of masks in the early months of the pandemic, even among healthcare providers (Hassenteufel 2020; Or *et al.* 2021; Baloge & Hubé 2021). By May 2020, supplies of face masks had been secured once again, as public health authorities prepared for an easing of restrictions, and to begin to mandate face masks in various circumstances. From June to September, various compulsory mask-wearing measures were enacted (Or *et al.* 2021), and masks were provided to the poor, who could also be reimbursed for their own purchases of face masks (Hassenteufel 2020). The mandatory wearing of masks outdoors was lifted in June 2021

<sup>3</sup> The situation has been different in Canada's Atlantic provinces, where governments have pursued a strategy closer to that of some East Asian and other Pacific states, which aimed for a far lower number of cases before reopening.

(Gomes 2021) but has since been reintroduced in select *départements* and *communes* after the arrival of the Delta variant, according to their case numbers (France Info 2021).

Canada faced similar issues as France in terms of mask procurement and stockpiles in the early stages of the pandemic. Face masks had been stockpiled by public health authorities after the 2003 SARS and 2009 H1N1 epidemics. However, a great number of them had expired without being replaced and had been destroyed (Leo 2020; Martell & Warburton 2020). This also led to initial declarations that face masks were not needed to combat the spread of the coronavirus, followed by retractions of those prior statements, new recommendations to wear face masks, and then provincial laws mandating their use (Dyer 2020). Mandatory mask mandates depended on the province, Québec being the first to implement in July (Yoon 2020), while Alberta was the last to do so, in December; although some cities and sectors already required masks (CBC News 2020; Babych 2020). These differences have depended on provinces' specific situations, as well as on more ambiguous political considerations, such as party ideology and public sentiment. There has been a similar pattern with the relaxation of mandatory mask wearing in indoor areas in some provinces in spring and summer 2021, with many provinces (Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Prince Edward Island, and Saskatchewan) doing so, only to change course with the rise in Delta variant cases. As of September 21, 2021, Nova Scotia is the only province which has yet to reinstate its mask mandate. Ontario and Quebec, on the other hand, have kept their indoor mask mandates since their implementation.

Canada's experience with face masks was like the experience in France – an initial shortage, which was solved after a few months – but with the added complexity of provincial decision-making. Most Canadian provinces have, however, begun to relax mask mandates to an extent not yet seen in France.

### Testing

In the first months of the pandemic, France's testing capacity of the general population remained low. It was only in May – to coincide with the end of the first lockdown – that capacity increased. Some have nevertheless cast doubts on the effectiveness of increased testing without adequate contact tracing, with a reduced ability to identify and isolate asymptomatic positive cases. Beyond general lockdown policies, health authorities have therefore been relatively ineffective at limiting the spread of the virus from confirmed positive cases (Or *et al.* 2021).

As in France, testing capacity became an issue early on, due to low supplies of tests (Crowe 2020). As is the case for other areas of Canadian policymaking, testing was an area of intergovernmental cooperation, with Health Canada approving tests, and the provinces tasked with distributing them. This has been especially problematic with rapid tests, where provinces used them to varying degrees, as some provinces disagreed over their accuracy (Rabson 2020; Zimonjic & Kapelos 2021b; Zimonjic 2021).

As of September 21, 2021, France administered 136,149,757 tests, or 2,030,267 per million, whereas Canada has performed 42,287,266 or 1,112,669 per million. France's positivity rate is 4.9%, to Canada's 4.6% (Nirasay 2020; Government of Canada 2021). Only so much can be said

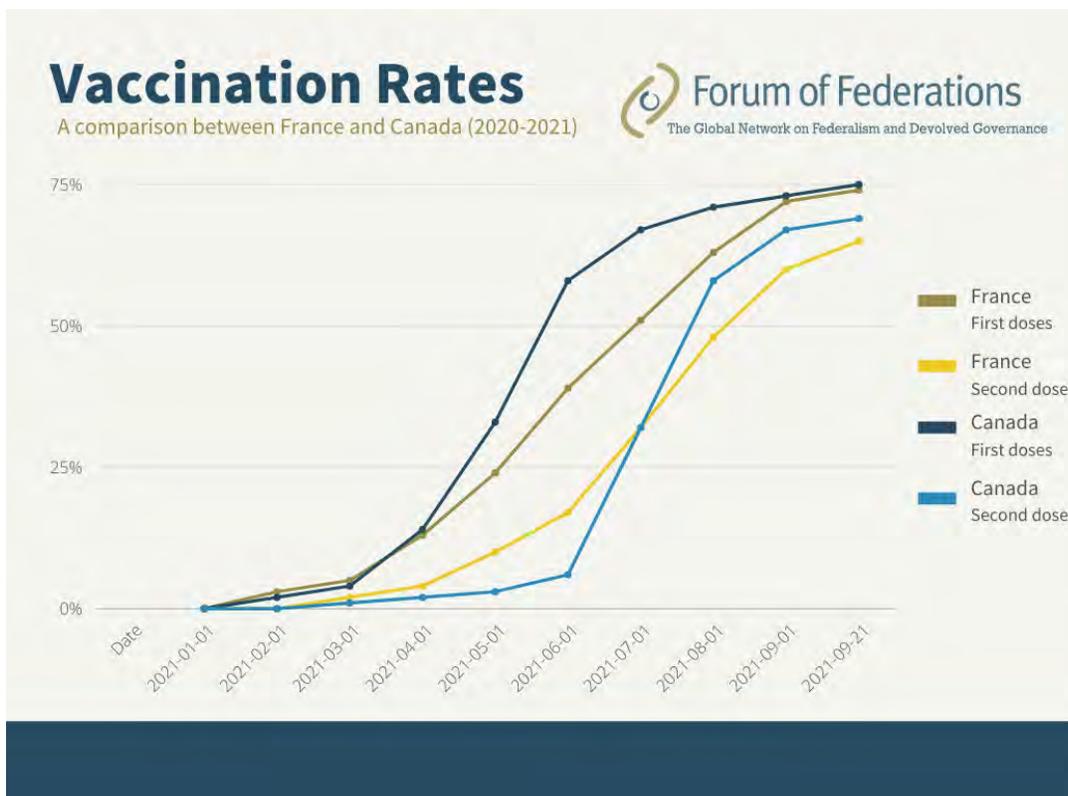
that is based on these results, however, as there are many issues relating to cases which may be going undetected (Edjoc *et al.* 2020; Burstyn *et al.* 2020; Shaman 2021; Pullano *et al.* 2021). This would appear to be especially the case in Canada, with stockpiles of tests going unused (Zimonjic & Kapelos 2021b). These issues will be explored further when discussing deaths.

### Vaccines

France experienced some early delays in its vaccine rollout for a few reasons. First, the Pfizer–BioNTech vaccines were approved ahead of schedule, which caught French health authorities flat-footed, particularly as this occurred between Christmas and New Year’s. They also faced issues on the logistical dimensions of the vaccine rollout, with some difficulties in distributing vaccines effectively. This was especially the case as ethical concerns on the vaccination of the elderly placed in institutions, something that caused a backlog of vaccines. It was therefore behind in its vaccination numbers compared to other EU member states (Caro & Matalon 2020). However, when these initial difficulties were ironed out, France was advantaged by its membership in the EU, a vaccine-producing jurisdiction.

As with testing, the procurement and rollout of vaccines in Canada were areas of intergovernmental cooperation. The federal government was responsible for procurement, and provinces were responsible for rollout (Hutchins 2020; Lao 2020). While other areas have seen cooperation between governments, vaccines have at times been a source of public intergovernmental conflict. At the start of the pandemic, Canada did not possess facilities capable of producing vaccines, making it reliant on importations. During these delays, provinces were among the federal government’s greatest critics, but once they became available, it was the federal government who criticized some provinces for the slowness of the vaccine’s rollout. Each

province had set its own criteria for the order in which their residents were to be vaccinated. This has usually meant starting with healthcare workers and the most vulnerable, notably the elderly living in long-term care facilities, which were hit hard by the first wave. Beyond these broad strokes, the provinces' plans differed in many ways. For example, Québec's vaccination reservation system was administered by provincial health authorities (Gouvernement du Québec 2021), whereas in Ontario, it was mostly run by individual pharmacies (Queen's Printer for Ontario 2021).



**Figure 1:** Vaccination rates in France and Canada (Redfern 2021; COVID-19 Tracker Canada 2021).

As of September 21, 2021, a total of 96,840,994 doses were administered in France, with 49,707,676 first doses and 47,133,318 second doses (Rozier *et al.* 2021). That resulted in 74.11%

of its population having received at least one dose, while 64.96% had been fully vaccinated by that date (Redfern 2021). In Canada, 55,241,702 doses had been administered, with 28,770,459 first and 26,471,243 second doses, meaning that 75.45% of its population had received at least one dose, while 69.42% were fully vaccinated (COVID-19 Tracker Canada 2021).

While Canada's vaccination efforts started slower and later than France's, they have now caught up and passed them, especially in terms of second doses.

### Cases and Deaths

While these measures were enacted by governments to combat the pandemic, the specific reasons for these measures were to prevent infections and deaths. Both states fall somewhere in the middle of the pack in performance on this measure – being neither the best, nor the worst – but Canada appears to have better limited the spread of the virus and the number of deaths (Cameron 2021). As of September 21, 2021, France had 104,056 confirmed cases per million inhabitants, and Canada 42,128, while France had 1,746 deaths per million to Canada's 728 (KFF 2021). As previously noted, there is every reason to believe that all these figures should have been recorded as higher (Edjoc *et al.* 2020; Burstyn *et al.* 2020; Shaman 2021; Pullano *et al.* 2021), but there is no clear indication that this would have changed their relative performance: despite a lower rate of testing, Canadian test results have only shown a slightly lower rate of positivity, with 4.6% to France's 4.9% (Nirasay 2020; Government of Canada 2021).

The main difference between France and Canada's responses to the pandemic is the level at which decisions were taken. France further centralized the health response, whereas Canada

mostly followed a constitutionally determined division of policy areas between federal and provincial governments. It is still unclear whether these different governance arrangements have had any significant effect on France's and Canada's somewhat divergent results.

### **Pandemic Responses and Effects Outside of Health**

While the COVID-19 pandemic is primarily a health crisis, it has also had significant effects in other areas of policymaking, such as the economy, democratic governance, accountability, and public trust.

#### Economy

To combat the economic consequences of measures to limit transmission, the French national government stepped in, either by introducing new programs, or changing existing ones. These measures took the shape of giving direct aid to those who had lost work due to the pandemic, as well as allowing businesses to defer some of their payments to the central government. These steps were then followed by loans to sectors hit particularly hard by the pandemic. More long-term measures were aimed at supporting new projects in “innovative” sectors of the economy to stimulate the post-pandemic recovery (Or *et al.* 2021).

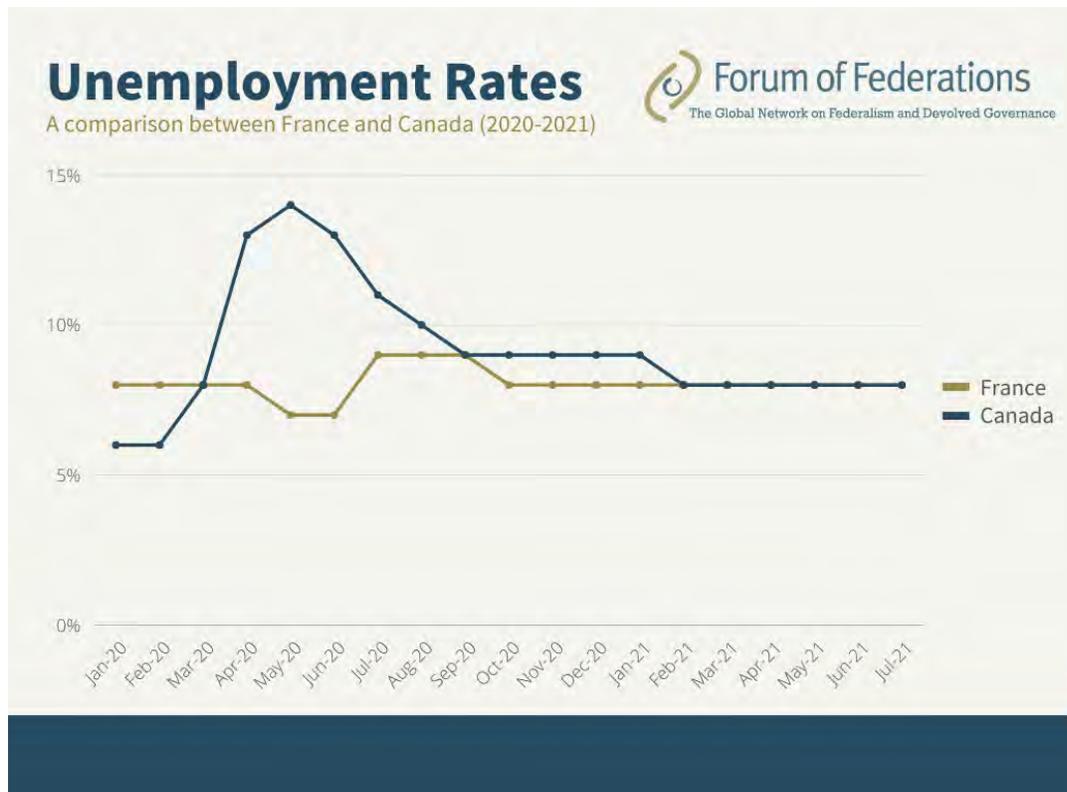
While provinces took on the role of controlling the spread of the virus within Canada, the initial federal response to the pandemic mainly took the form of direct economic relief to citizens and to businesses. These measures were temporary programs, created to give immediate aid in those who had lost employment because of the lockdowns: the Canada Emergency Response Benefit (CERB) and Canada Emergency Student Benefit (CESB). These programs lasted only until the

end of summer 2020, at which time changes had already been made to Canada's Employment Insurance (EI) program. Other grants and tax credits were then awarded, targeting specific demographics. The federal government in Ottawa also created programs aimed at supporting businesses directly, notably through a wage subsidy, as well as through tax credits to small businesses. Because these were temporary programs, they were not met with strong provincial opposition (Lecours *et al.* 2020). While provinces also enacted their own aid programs – or expanded existing ones – to help businesses and individuals, this aid was mostly federal.

As elsewhere, the French and Canadian economies were hit hard by the pandemic. Both saw their GDP shrink, then recover, with France's 3.3% lower than in the fourth quarter of 2019 (Insee 2021c), and Canada's 2% lower than in February 2020 (Statistics Canada 2021b). Public debt as a percentage of GDP also increased between 2019 and 2021, from 98.07% to 115.21% in France (O'Neill 2021b), and from 86.82% to 116.26% in Canada (O'Neill 2021a)<sup>4</sup>. Canada's pre-pandemic (February 2020) unemployment rate was 5.7% to France's 7.7%. However, while France's remained relatively stable – peaking at 9.3% in August 2020, Canada's increased rapidly after the first lockdowns, reaching 13.7% in May 2020, decreasing until November, then oscillating between 7% and 10% over the following months, to finally attain 7.5% in July 2021, comparable to France's 7.9% (OECD 2021). These patterns in Canada's unemployment rate have followed those of lockdowns and reopenings. Initial fears of the virus, paired with direct aid to citizens, help explain this initial spike. However, with the reopening of some businesses, as

<sup>4</sup> Federal government debt has increased from 31% to 48.5%, with the remaining debt coming from provincial governments (Connolly 2021).

well as others' adaptation to working online, this rate decreased, without reaching pre-pandemic levels (OECD 2021).



**Figure 2:** French and Canadian unemployment rates (OECD 2021).

### Democracy and accountability

In both France and Canada, the response to the pandemic has generally empowered the cabinet of the central government, but this tendency has been weaker in Canada, because of its federalism and minority government – at least at the federal level.

France's centralized response to the pandemic has led to some friction between local actors and their nationally appointed counterparts. This has been the case for both local politicians and local health authorities, who were often subservient to a prefect (the central government official in

charge of a *département* or a *région* in France) and national health authorities and councils, respectively. This has therefore led to a pandemic response directed from and responsive to Paris. This was especially problematic in the early stages, but with time, regional differences have been better incorporated into public health measures. This has also meant increased consultation of local elected officials, but national authorities still maintained the final word (Hassenteufel 2020).

By centralizing the pandemic response nationally and within the national executive, Macron has also made himself the primary target of blame. This has led to the creation of parliamentary inquiry commissions in both houses of Parliament and added to a pre-existing climate of dissatisfaction with his presidency, prompting a change in prime minister (Griglio 2020; Hassenteufel 2020; Baloge & Hubé 2021). As the creation of these commissions demonstrate, however, the French Parliament has not taken this executive unilateralism lying down (Griglio 2020). This has especially been the case with France's two most important populist parties – the *Rassemblement national* and *La France insoumise* – whose leaders capitalized on the pandemic to continue to criticize Macron, doing so from their traditional standpoints, *i.e.*, immigration and socioeconomics, respectively (Baloge & Hubé 2021), but also with the more established opposition party *Les Républicains*, from within the halls of Parliament (Griglio 2020; Hassenteufel 2020; Baloge & Hubé 2021).

In Canada, executive dominance by the federal government in Ottawa has been ultimately quite limited, especially in hindsight. There were initial fears and indications that Trudeau's minority government would try to use Parliament's reduced sittings to rule by decree. Instead, Parliament

voted in favour of reduced sittings and virtual committees (The Canadian Press 2020). There had also been rumours that the *Emergencies Act* would be invoked, but it was avoided, thanks in large part to provincial opposition (Schertzer & Paquet 2020; Lecours *et al.* 2020). These two examples highlight important differences between France and Canada's political systems, because Canada's parliamentary, and especially provincial, opposition to the federal executive acted as bulwarks of sorts. However, this parliamentary strength is not a rule of Canadian political life, as its majoritarian electoral system usually translates votes into legislative majorities, with strong party discipline.

Furthermore, the federal opposition parties' hand was weakened throughout the early stages of the pandemic by the fact that no opposition party – save perhaps the *Bloc Québécois* – wanted another election. The Conservatives and Greens were leaderless, and the New Democratic Party did not face favourable results in opinion polls. The federal government's handling was not without scandal, however. The government's choice of the WE Charity to oversee the Canada Student Service Grant (CSSG) had a negative impact on both the government and the charity. There were parliamentary inquiries, calls for investigations of the charity's practices, and the Minister of Finance resigned as a result (Tunney 2021). Once they had elected Erin O'Toole as their leader, Conservatives also increased their criticisms of the government's handling of the pandemic, particularly on questions relating to the border and to vaccine procurement (Zimonjic & Kapelos 2021a). However, this did not have broader implications on the future of the government – which could count on support of the NDP and BQ on confidence votes – and when Parliament was dissolved in August 2021, it was because Prime Minister Justin Trudeau wanted an early election, in the hopes of obtaining a majority. The results of the 2021 federal election

were not those he had hoped for, however – resulting in another Liberal minority government – which does not suggest major changes in parliamentary dynamics in the near future.

Provincial governments, on the other hand, have mostly operated with greater leeway. At the start of the pandemic, seven provinces had majority governments. As of September 2021, all provinces now have majority governments, after elections in five provinces, with all but that of Nova Scotia re-elected. In Canada’s strong executive parliamentary system, this has resulted in decisions being taken by the office of the premier (the first minister of each province), with little visible consultation. This has occasionally resulted in retractions of announced policies ultimately deemed too controversial (Carter 2021).

One element of Canadian executive dominance which has remained unchallenged during the pandemic is its tradition of “executive federalism”, where important decisions are negotiated between federal and provincial governments directly, rather than through legislative intermediaries.

Trudeau’s parliamentary minority and especially Canada’s federal system have limited the dominance of the executive during the pandemic. Although Canada’s federal and provincial executives remain strong – particularly when they have parliamentary majorities, the constitutional division of powers has limited their areas of influence. This contrasts with France, where newly created health councils – and national agents throughout the French territory – contributed to a further empowering of its national executive.

## Public Confidence and Buy-In

One role of government in times of crisis is to lead and to inspire confidence. This can mean to enact policies for the good of their citizens, as well as to incite their citizens to act in ways that minimize the crisis. However, governments often lack the requisite moral authority to do so.

In France, public confidence in the government's ability to combat the pandemic has been undermined by several factors. On the one hand, Macron's presidency was already highly contested before the pandemic, with important national protests in years prior – notably the “Yellow Vest” movement and more recent opposition to pension reform (Hassenteufel 2020). The president's moral authority has been further undercut by fierce opposition from the populist left and right, as well as by pressure for the legitimization of the controversial use of chloroquine as a treatment for COVID-19 by large parts of the French political class, both mainstream and populist (Baloge & Hubé 2021).

This lack of public confidence became quite clear in the results to France's 2020 municipal elections, where Macron's party performed poorly. This was significant, as voters often use municipal elections to send a message to national politicians (Baloge & Hubé 2021). In public addresses, first ministers and other ministers have usually been accompanied by a senior health official, and some press conferences have been led primarily by senior health officials.

Trudeau has often tried to serve a role like that of Macron, by making public declarations, urging Canadians to respect public health directives (Zimonjic 2020; Wherry 2020). While Canada has not been immune to the spread of conspiracies and other forms of misinformation, these ideas

have mostly remained at the fringes of its politics. This is in part because of the greater marginalization of the political fringes before the pandemic, a situation quite different from France post-2017. Canada also has strong party discipline, so the most controversial comments and actions have come from those either already expelled from parliamentary groups, or without a seat in the legislature, and lacking the legitimacy of former French presidential candidates. Some scandals have come from major parties, however, with some politicians eschewing their own governments' recommendations and going on foreign holidays (Wherry 2021).

In contrast to the French municipal elections, four of the five provincial elections that were held returned majorities for the outgoing governments, suggesting a certain degree of confidence in their handling of the pandemic, the single defeat coming only in August 2021<sup>5</sup>. Trudeau's Liberal Party has similarly been ahead in the polls throughout most of the pandemic (Fournier 2021b), only to shift during the 2021 electoral campaign, nevertheless maintaining its minority government. While there has been a general "rally 'round the flag" effect, it has not been uniform, especially as some provincial governments are increasingly coming under fire from their voters, notably that of Alberta (Fournier 2021a). There have also been contrasts between some leaders' approval ratings and their polling numbers, as with Prime Minister Trudeau (Angus Reid Institute 2021a) and Ontario Premier Ford (Coletto 2021).

Support for vaccination has risen in both France and Canada, with 71% of the French very willing to be vaccinated or having already received at least one dose of the vaccine as of July 1,

<sup>5</sup> The New Brunswick (September 2020), British Columbia, Saskatchewan (October 2020), and Newfoundland and Labrador (March 2021) elections all resulted in majority governments.

2021 (Odaxa 2021b), to 86% in Canada, as of July 20, 2021 (Angus Reid Institute 2021c). Additionally, in France, 10% said they will probably be vaccinated (Odaxa 2021b), while 3% of Canadians said they will be vaccinated eventually, but want to wait, and 3% were unsure (Angus Reid Institute 2021c). As of September 8, 2021, at least 70% of Canadians approved of mandatory proof of vaccinations, with a majority in every province (Angus Reid Institute 2021h). In France, at least 64% approved of vaccine passports on August 23, 2021 (ELABE 2021). In both cases, respondents showed higher support for mandatory proof of vaccination for those travelling (Angus Reid Institute 2021h; ELABE 2021). As of August 19, 2021, Canadians also mostly approved of provincial (58% national average) and federal (58% national average) governments' response to the pandemic – with difference across provinces<sup>6</sup> (Bricker 2021b). In France, respondents generally (at least 53%) approved of their government's vaccination efforts, with variations depending on the question<sup>7</sup> (Odaxa 2021b), although 52% have a negative view of their government's efforts to tackle the pandemic overall (Odaxa 2021c).

There therefore appears to be a link between support for vaccination and vaccine passports, and overall confidence in governments' ability to properly manage a vaccine strategy. Because these attitudes seem to be at least linked to – if not conditioned by – individual partisan or ideological orientations, which fuel support in some provinces for the federal strategy in Canada – it is not particularly surprising that Macron's embattled presidency does not inspire much confidence. In

<sup>6</sup> The Prairies (Alberta, Saskatchewan/Manitoba) are the only provinces with minority approval of the federal government's handling of the pandemic. These provinces are also where support for the federal Conservatives is strongest. Disapproval of provincial Premier's approach was also concentrated in the Prairies and in Ontario. (Bricker 2021b).

<sup>7</sup> As of July 1, 2021, 53% believed the government inspired confidence on vaccination, 60% believed the government's vaccination efforts were efficient, 68% believed they were coherent, 56% believed they were clear, and 58% believed that the rhythm was adequate (Odaxa 2021b).

this sense, France's centralized response to the pandemic may have undermined the public's buy-in to its strategy, by attaching it to Macron's own unpopularity.

## **Conclusion**

This paper has explored the responses of Canadian and French governments to the COVID-19 pandemic. Canada's federalism has been contrasted with France's unitary governance. In addition to contrasting their policy responses to the health crisis, this paper also briefly surveyed their economic and general political reactions. While the French and Canadian responses have been similar in many ways, they have also differed considerably in France's higher rate of infection and death rates. The two countries also have differed in how their centralized responses to the health crisis may have exacerbated a lack of public confidence and an unwillingness to be vaccinated. However, the role played by federalism is still unclear. In terms of cases and deaths, not all provinces have been as effective, perhaps equalling out in the aggregate. It seems that Canadian provinces have acted as "policy laboratories" – as federalism is sometimes sold – because governments sometimes have been willing to learn from each other's successes and mistakes, and to change course if necessary. At the very least, it does not appear that a policy response based on parallel government actions has had clear adverse effects on Canada's response to the pandemic. In France, such a policy response did have these effects.

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