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Responses of Centralised and Decentralised Countries to COVID-19: the case of France and Sweden

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The COVID-19 pandemic has profoundly impacted global public health systems and economic frameworks. Many researchers have delved into these effects and widely discussed the ramifications. Building upon existing literature, this paper comparatively analyses the strategies adopted by France and Sweden in responding to the COVID-19 outbreak, emphasising the effectiveness and implications of the approaches undertaken by countries with centralised versus decentralised political systems to overcome COVID-19. Through comprehensive review of literature, news reports, and other sources, this study reveals psychological resistance and disdain towards COVID-19 vaccination among the populace under France's centralised government system, alongside significant issues of "Tyranny of Experts" within Sweden's decentralised governance framework.

1. Introduction

COVID-19, as a global public health emergency, has rigorously tested healthcare systems worldwide and precipitated a critical examination of state governance and response strategies. France and Sweden have been selected for a comparative study, investigating the divergent responses of centralised versus decentralised governments to the pandemic and the underlying reasons for these differences.

The manuscript will embark on a theoretical dissection of the disparities in policy execution between centralised and decentralised nations, with an empirical comparison of the healthcare expenditures and vaccination rollouts during the pandemic, shedding light on resource allocation within the health sector. Subsequent sections will outline the specific strategies employed by France and Sweden, with a focus on evaluating the challenges encountered in outbreak management and the application of learned knowledge and theoretical

constructs to potential solutions. In response to the phenomenon of vaccine hesitancy in France, this paper argues that the nudge is a better remedy, while the introduction of some degree of centralisation could effectively address the problem of tyranny of the experts in Sweden. This approach aims to offer a nuanced perspective on crisis management effectiveness across different political frameworks.

2. Review of the Implemented Policies

This section will focus on the response of France and Sweden to the COVID-19 pandemic, aiming to provide readers with a broad framework for further understanding the situation in these two countries regarding their responses to the pandemic.

On March 17, 2020, France initiated a strict nationwide lockdown that lasted about 55 days, necessitating written justification for outings and imposing fines up to 450 euros for non-compliance.[1] The initial vaccine rollout began on December 27, 2020, in nursing homes but faced criticism for its slow pace. By the end of January 2021, over 500 vaccination centres were established across France, aiming to expedite vaccine distribution. Starting in spring 2021, vaccination efforts were expanded to the entire population, significantly accelerating the process.[2] Additionally, the rapid increase in vaccination rates was partly due to mandatory vaccination policies for healthcare workers (see Fig. 1 for worldwide vaccination rates).

Sweden's strategy for responding to the COVID-19 pandemic relied significantly on citizen autonomy and voluntary behavioural adjustments, thus avoiding the imposition of a nationwide blockade. The Swedish government did not take measures to restrict the free movement of citizens within the country, borders remained open to European countries, and the public transportation system continued

1 FRANCE 24, "In Pictures: A Look Back, One Year after France Went into Lockdown." *France 24*, March 17, 2021. https://www.france24.com/en/france/20210317-in-pictures-a-look-back-one-year-after-france-went-into-lockdown.

2 Coralie Gandré and Zeynep Or, "*Transition Measures: Planning Services,*" April 2021. https://Eurohealthobservatory.who.int/Monitors/Hsrm/All-Updates/Hsrm/France/Transition-Measures-Planning-Services.

to function.[3] The Public Health Agency of Sweden was given overall responsibility for infectious disease control,[4] including developing relevant regulations as well as providing advice and guidelines. This approach was designed to ensure effective management of infectious diseases, such as COVID-19, emphasising the central role of scientific expertise in public health policy development. Through this strategy, Sweden tried to find a balance between safeguarding civil liberties and maintaining public health.

3. Data Analysis

The high degree of autonomy of public institutions is a feature specific to the Swedish context, as well as the fact that the constitution does not allow the national government to impose a state of national emergency and thus centralise power in peacetime.[5] This left Sweden with no sound legal basis to impose blockades and restrict population movement during COVID-19, resulting in public institutions retaining autonomy during the crisis. Importantly, Sweden's ban on ministerial governance meant that ministers and politicians were prevented from interfering in the day-to-day functioning of state institutions, granting a high degree of professional autonomy to the state's public health experts. In addition to this, agencies have limited authorisation to implement policies at the regional and municipal level, unless supported by the parliament. This kind of restriction has made the administration of the various regions more independent and has enabled decentralisation.[6]

3 Sabine Kuhlmann et. al., "Tracing Divergence in Crisis Governance: Responses to the COVID-19 Pandemic in France, Germany and Sweden Compared," *International Review of Administrative Sciences* 87 (3), 2021. 002085232097935. https://doi.org/10.1177/0020852320979359.

4 The Public Health Agency of Sweden, "*Our Mission - the Public Health Agency of Sweden*," March 14, 2023. https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/about-us/our-mission/.

5 Evangelia Petridou, "Politics and Administration in Times of Crisis: Explaining the Swedish Response to the COVID-19 Crisis," *European Policy Analysis* 6 (2), 2020. https://doi.org/10.1002/epa2.1095.

6 Jakob Laage-Thomsen and Søren Lund Frandsen, "Pandemic Preparedness Systems and Diverging COVID-19 Responses within Similar Public Health Regimes: A Comparative Study of Expert Perceptions of Pandemic Response in Denmark, Norway, and Sweden," *Globalization and Health* 18 (1), 2022. https://doi.org/10.1186/s12992-022-00799-4.

In contrast, France's centralised approach embeds government regulatory powers within a strong bureaucratic framework, where government regulatory powers and strong bureaucratic structures are deeply embedded in its political culture. The strong centralisation of power gives the central government significant influence and control over local governments.[7] This theoretically allows decisions to be made quickly and nationally, but it also implies a lack of consultation and transparency in the decision-making process, preventing it from being tailored to a particular region.

However, France, as one of the European countries most affected by COVID-19, has had its centralised health system increasingly criticised for the strategies it has adopted.[8] Multiple sources suggest that France's economic policy failures have fuelled broader public doubts about the central government's ability to manage the crisis. For example, failed attempts at reflation, the loss of competitiveness in the European integration process and the disintegration of industrial policy instruments, combined with uncontrolled public spending, have adversely affected economic growth.[9] The structural weaknesses of the French public health system in response to COVID-19 have been pointed out including the high level of bureaucratisation and the lack of effective coordination between the various levels of health agencies.[10] The centralisation of the decision-making process was highlighted, including the neglect of local needs and solutions, which affected the implementation of effective policies, such as slow detection, tracing, and isolation strategies, as well as the criticism of vaccination strategies. However, one could agree that in France, more centralised decision-making may allow for more effective coordination of healthcare resources across the country, thanks to

7 Sabine Kuhlmann et. al., "Tracing Divergence in Crisis Governance".

8 Patrick Hassenteufel, "Handling the COVID-19 Crisis in France: Paradoxes of a Centralised State-Led Health System," *European Policy Analysis* 6 (2), 2020, 170–79. https://doi.org/10.1002/epa2.1104.

9 Pierre-André Buigues and Elie Cohen, "The Failure of French Industrial Policy," *Journal of Industry, Competition and Trade* 20 (2), 2020, 249–77. https://doi.org/10.1007/s10842-019-00325-0.

10 Zeynep Or et. al., "France's Response to the Covid-19 Pandemic: Between a Rock and a Hard Place," *Health Economics, Policy and Law* 17 (1), 2021, 1–13. https://doi.org/10.1017/s1744133121000165.

a more transparent and integrated data policy, again facilitated by a strong central government.[11] Nevertheless, from the observed failures of French measures, the opposition to centralisation of power has been supported by empirical evidence.

Two years after the outbreak, healthcare spending in Sweden in 2022 has returned to its pre-pandemic average, while healthcare spending in France remains high (Table 1). This difference may stem from the two countries' different strategies for managing healthcare resources and policy decisions. Sweden may have focused more on inter-regional coordination and cooperation, adjusting healthcare expenditures in a timely manner according to the actual pandemic situation. In contrast, France's case shows that its centralised system can lead to hierarchical crisis management in the face of external shocks. And, in the early stages of the pandemic, local forces continued to follow this model without adapting it to local conditions.[12] France may therefore be more exposed to a higher degree of centralisation, where the president and central government may not be able to observe and respond to the specifics of each region in a nuanced way, leading to continued high healthcare expenditures. In addition, the French government adjusted its spending allocation scheme after the outbreak, realising the long-term health risks posed by the COVID-19. It decided to maintain healthcare spending at a high level to deal with possible future health crises. However, this decision in France may become almost irreversible. In highly centralised systems, once changes are implemented, it is hard to scale back. These changes create jobs and reallocate resources, suggesting that the cancellation of these programs will be very unpopular, not only out of consideration of social dissatisfaction, but also because the government may need a larger budget in the future.

11 Gail Davies, and Jacquelin Burgess, "Challenging the 'View from Nowhere': Citizen Reflections on Specialist Expertise in a Deliberative Process," *Health & Place* 10 (4), 2004, 349–61. https://doi.org/10.1016/j.healthplace.2004.08.005.

12 Davide Vampa, "COVID-19 and Territorial Policy Dynamics in Western Europe: Comparing France, Spain, Italy, Germany, and the United Kingdom," *Publius: The Journal of Federalism* 51 (4), 2021. https://doi.org/10.1093/publius/pjab017.

Moreover, this reflects the difference in the two countries' strategies for budget allocation. High healthcare spending may squeeze French investment in other important areas such as defence and education. Although there is a possibility of a rebound from the pandemic, over-concentration of spending in one area may not be an optimal strategy given the limited financial resources of the government. Therefore, France should conduct a more comprehensive profit-and-loss analysis in its future fiscal planning to ensure a balanced development of public services and sectors. For example, the return on money invested in healthcare can be compared to the return on money invested in education, rather than maintaining the same high level of healthcare spending simply because of the risk of a rebound. The returns on health care spending may diminish as COVID-19 is no longer a key issue.

From the available data, it can be observed that under a more centralised system of governance, the COVID-19 vaccination rate in France shows a lead of about 5 to 6 percentage points compared to Sweden (Table 2). The reason for the higher vaccination rate in France may be related to its mandatory vaccination measures. However, the difference between the two countries appears particularly striking when looking at the data on booster vaccinations, where Sweden exceeds France's vaccination rate by a full 23 percentage points. This difference may partly explain why the proportion of total injections is 18 doses per 100 residents higher in Sweden than in France. Booster shots have been highly effective against the rapid increase in new coronavirus infections and deaths resulting from the ongoing emergence of new variants of the virus, particularly the Delta and Omicron. All findings from currently available studies support the effectiveness of booster vaccines against SARS-CoV-2 variants, including Omicron.[13,14]

Given this situation, and in conjunction with France's centralised system, the country should consider developing and implementing

13 Santenna Chenchula et. al, "Current Evidence on Efficacy of COVID-19 Booster Dose Vaccination against the Omicron Variant: A Systematic Review," *Journal of Medical Virology* 94 (7), 2022. https://doi.org/10.1002/jmv.27697.

14 Zichun Wei et. al., "The Importance of Booster Vaccination in the Context of Omicron Wave," *Frontiers in Immunology* 13 (September 2022). https://doi.org/10.3389/fimmu.2022.977972.

policies to initiate booster vaccination programs based on current public health needs and realities. A decentralised system allows individuals to adjust their responses according to the evolving environment and types of risks without government intervention.[15] Sweden is at the forefront of booster vaccination, suggesting that residents are more inclined to choose their own booster shots to strengthen personal protection. This reflects the success of the Swedish people who have acted in a decentralised governance system in the fight against COVID-19, thus supporting the longevity and comprehensiveness of the fight against the pandemic.

4. Challenges and Potential Solutions

This section primarily examines the challenges of France and Sweden to the COVID-19 pandemic, with a specific focus on the issue of vaccine resistance and 'Tyranny of Experts' respectively. It further illustrates how the nudge can serve as an effective solution in France and argues that the Swedish government, as a decentralised authority, could appropriately introduce centralisation in the face of such events.

4.1 France

There is vaccine hesitancy among the French populace. Despite the availability of vaccination services, individuals are influenced by factors such as complacency and confidence to delay or refuse vaccination,[16] which is detrimental to the uptake of booster shots. The reluctance of the French public towards vaccination can stem from various causes, including the impact of politicisation. Nearly 25% of French adults would not proactively seek out COVID-19 vaccination, pointing to politicisation as a factor in the French vaccine attitude.[17] Hesitancy may result from the recent anti-vaccine or anti-

15 Peter T. Leeson and Louis Rouanet, "Externality and COVID-19," *Southern Economic Journal* 87 (4), 2021.. https://doi.org/10.1002/soej.12497.

16 Noni E. MacDonald, "Vaccine Hesitancy: Definition, Scope and Determinants," *Vaccine* 33 (34), 2015, 4161–64. https://doi.org/10.1016/j.vaccine.2015.04.036.

17 Jeremy K. Ward et. al., "The French Public's Attitudes to a Future COVID-19 Vaccine: The Politicization of a Public Health Issue," *Social Science & Medicine* 265 (November 2020), 113-414. https://doi.org/10.1016/j.socscimed.2020.113414.

universal vaccination campaigns by the extreme left and right groups. As articulated by political economist Anthony de Jasay,[18] political institutions can be akin to certain drugs, inducing addiction in some and allergic reactions in others, or sometimes both. Consequently, vaccine hesitancy may be due to the fact that certain segments of the French populace may have developed a form of institutional hypersensitivity as a response to a series of top-down and stringent measures. On the other hand, this hesitancy could also reflect the increasing politicisation of debates around the pandemic. Moreover, about 40% of French citizens believe government agencies are not best suited to manage key policy issues, with particularly low trust in sectors and the European Union.[19] This echoes the analysis indicating that groups with lower trust in the government are more resistant to receiving the COVID-19 vaccine, with this factor having the strongest correlation with vaccine willingness.[20] There is widespread apprehension about vaccine safety in Europe, with France displaying notable levels of scepticism as 45% of participants voiced significant doubts about vaccines.[21] Furthermore, the French public's readiness to get vaccinated during the COVID-19 outbreak was initially low and remained largely unchanged,[22] potentially reflecting a lack of trust in the country's crisis management tactics. This hesitancy contributed to delays in vaccine uptake. The French are split on the necessity of compulsory COVID-19 vaccinations. A study found that 43% of participants supported mandatory vaccination starting in 2021, while

18 Anthony De Jasay, *The State*, Liberty Fund, 1998.

19 Alistair Cole et. al., "Political Trust in France's Multi-Level Government," *Journal of Trust Research* 8 (1), 2018, 45–67. https://doi.org/10.1080/21515581.2018.1457534.

20 Nathalie Bajos, Alexis Spire, and Léna Silberzan, "The Social Specificities of Hostility toward Vaccination against Covid-19 in Franc,." Edited by Sanjay Kumar Singh Patel. *PLOS ONE* 17 (1), 2022. e0262192. https://doi.org/10.1371/journal.pone.0262192.

21 Heidi J Larson et. al. 2016. "The State of Vaccine Confidence 2016: Global Insights through a 67-Country Survey," *EBioMedicine* 12 (October 2016), 295–301. https://doi.org/10.1016/j.ebiom.2016.08.042.

22 L. Cambon, M. Schwarzinger, and F. Alla, "Increasing Acceptance of a Vaccination Program for Coronavirus Disease 2019 in France: A Challenge for One of the World's Most Vaccine-Hesitant Countries," *Vaccine* 40 (2), 2021. https://doi.org/10.1016/j.vaccine.2021.11.023.

42% opposed it. Younger individuals were more inclined to oppose mandatory vaccination, with opposition rates of 54% and 61% in the 18-24 and 25-34 age groups respectively.[23]

This phenomenon can be explained in terms of psychological rebellion, a concept that provides a framework for understanding people's reactions to coercive measures. When people feel limited in their choices and freedom by external demands, they may develop a motivational state that pushes them to reject rules and persuasion to maintain or regain their own sense of autonomy and control.[24] In the context of vaccinations, this may lead people to delay vaccinations or reject them altogether, even when doing so may affect their own health and that of others. In a centralised polity such as France, the public has demonstrated a clear wariness of the policies implemented by the central government over time. With the COVID-19 outbreak, the French government's mandatory lockdown measures and vaccination policies combined with past controversies and misbehaviour in the health policy area caused public distrust. For instance, the fact that redistributive mechanisms of the health insurance system failed to overcome barriers caused by social health inequalities may have led to widespread public dissatisfaction and psychological rebellion against government directives.[25] This rebellious mentality is not only directed at specific health measures but is also a manifestation of an overall distrust of the government in terms of the effectiveness of its actions and the transparency of its administration.

Furthermore, legal rulings like the one by the European Court of Human Rights on August 24, 2021, which upheld mandatory vaccinations for French firefighters,[26] illustrate that even legally

23 Amandine Gagneux-Brunon et. al., "Public Opinion on a Mandatory COVID-19 Vaccination Policy in France: A Cross Sectional Survey," *Clinical Microbiology and Infection* 28 (3), 2021. https://doi.org/10.1016/j.cmi.2021.10.016.

24 Rabia Bokhari and Khurram Shahzad, "Explaining Resistance to the COVID-19 Preventive Measures: A Psychological Reactance Perspective," *Sustainability* 14 (8), 2022, 4476. https://doi.org/10.3390/su14084476.

25 Olivier Nay et. al., "Achieving Universal Health Coverage in France: Policy Reforms and the Challenge of Inequalities," *The Lancet* 387 (10034), 2016, 2236–49. https://doi.org/10.1016/s0140-6736(16)00580-8.

26 European Court of Human Rights, "*Requests for Interim Measures from*

endorsed mandates can stir a sense of resistance among individuals. Such opposition may stem from perceptions that these mandates infringe upon personal autonomy. Legally, it has been suggested that utilising the Article 15 exemption mechanism by more Council of Europe states could bolster vaccine development and combat vaccine hesitancy.[27] This mechanism permits states to implement extraordinary measures during public health crises, like mandatory vaccinations, aiming to mitigate the impacts of vaccine hesitancy on inoculation rates. However, this strategy risks intensifying the public's aversion to mandatory vaccination measures, potentially leading to a more pronounced backlash.

Within France's centralised framework, enforcing coercive public health measures risks invoking "hard paternalism," which refers to the forced interference in people's independent choices, potentially provoking public discontent and resistance. To alleviate such tensions, the government should explore employing "nudging" as a subtler strategic alternative.

Nudge, as an intervention strategy, aims to direct people to take a particular action while preserving their freedom to choose other paths according to their personal wishes.[28] This strategy could theoretically be effective in increasing vaccination rates in France without the implementation of coercive measures. It also increases the public's willingness to participate and take initiative, thus reduces the potentially negative effects of centralised politics in France. A study showed the significance of the inclusion of an implementation intention cue in flu vaccination reminder emails prompting recipients to explicitly write down the planned flu vaccination. The move to date and time can significantly increase vaccination rates.[29] On a related note, it has been

672 Members of the French Fire Service Concerning the Law on the Management of the Public Health Crisis Fall Outside the Scope of Rule 39 of the Rules of Court," August 24, 2021. https://hudoc.echr.coe.int/eng-press#%20.

27 Silvio Roberto Vinceti, "COVID-19 Compulsory Vaccination and the European Court of Human Rights." *Acta Bio-Medica: Atenei Parmensis* 92 (S6), 2021. e2021472. https://doi.org/10.23750/abm.v92iS6.12333.

28 Richard H. Thaler and Cass R Sunstein, *Nudge: Improving Decisions about Health, Wealth, and Happiness* (New York: Penguin Books, 2008).

29 L. K. Milkman et. al., "Using Implementation Intentions Prompts to

suggested that nudging measures can increase the social acceptance of vaccination.[30] In light of this finding, France may need to consider the use of booster measures to increase public acceptance of a mandatory vaccination policy before implementing it. This strategy can help enhance individual and public health protection, especially in terms of boosting herd immunity.

Under a centralised system of government, the implementation of a home quarantine policy does not rely solely on coercive legal means. Effective outbreak control can also be achieved through non-coercive interventions, such as providing clear and accurate information about the outbreak and ensuring that people in home confinement have access to necessities and medical supplies. The government can use reminder-based communication strategies to clearly communicate the transmission mechanism of the outbreak, the importance of home confinement, and relevant health guidelines to the public through radio and other media. This deliberate design of how information or choices are presented can influence individual behaviour.[31] It implies that through specific design, such types of nudging strategies can steer people towards intended outcomes. In contrast, simple information transmission involves providing objective factual data or information without attempting to influence behaviours or decision-making.

However, concerns are raised about nudging strategies, pointing to the possibility of infringement on individual autonomy, the perception of manipulation, especially when the actual effect is not evident.[32] Although nudging measures are considered ethically acceptable as they capitalise on human cognitive biases in the decision-making process while respecting individual autonomy, factors like socio-

Enhance Influenza Vaccination Rates," *Proceedings of the National Academy of Sciences* 108 (26), 2011, 10415–20. https://doi.org/10.1073/pnas.1103170108.

30 Adriaan Barbaroux et. al., "Nudging Health Care Workers towards a Flu Shot: Reminders Are Accepted but Not Necessarily Effective. A Randomized Controlled Study among Residents in General Practice in France," *Family Practice* 38 (4), 2021. https://doi.org/10.1093/fampra/cmab001.

31 Richard H. Thaler and Cass R Sunstein, *Nudge*.

32 Alejandro Hortal, "Nudges: A Promising Behavioral Public Policy Tool to Reduce Vaccine Hesitancy," *Revista Brasileira de Políticas Públicas* 12 (1), 2022. https://doi.org/10.5102/rbpp.v12i1.7993.

cultural background need to be considered. This is to ensure that the measure is tailored to the needs of the individual.[33]

4.2 Sweden

During the pandemic, Sweden's corresponding responses were controlled by policy experts, which led to the manifestation of "tyranny of experts" phenomenon. As technocrats moved from their traditional role as advisors to policymakers, they mixed scientific and value-based judgment. For example, experts believed asymptomatic individuals were unlikely to spread the virus, prompting calls for stricter measures and harsh criticism of the public health authority. However, the people who complained faced severe censure.[34] By emphasising scientific certainty to oppose preventive measures and rejecting outside criticism, they monopolised problem definition and policy making.[35]

Questions have been raised about the collaborative relationship between all levels of government in the Swedish public health system,[36] arguing that Sweden's strategy may be based on faulty assumptions such as asymptomatic infected people do not transmit the virus, causing Sweden's initial mortality rate to be higher than other countries. "Tyranny of Experts" manifests here with experts over-relying on their initial assumptions without sufficiently considering other possibilities or accepting external criticism and suggestions, thereby formulating failed response policies.

33 Hiroshi Murayama et. al., "Applying Nudge to Public Health Policy: Practical Examples and Tips for Designing Nudge Interventions," *International Journal of Environmental Research and Public Health* 20 (5), 2023. 3962. https://doi.org/10.3390/ijerph20053962.

34 Gretchen Vogel, "'It's Been So, so Surreal.' Critics of Sweden's Lax Pandemic Policies Face Fierce Backlash," *www.science.org*., October 6, 2020. https://www.science.org/content/article/it-s-been-so-so-surreal-critics-sweden-s-lax-pandemic-policies-face-fierce-backlash.

35 Staffan Andersson et. al., "Democracy and Technocracy in Sweden's Experience of the COVID-19 Pandemic," *Frontiers in Political Science* 4 (May 2022). https://doi.org/10.3389/fpos.2022.832518.

36 Jon Pierre, "Nudges against Pandemics: Sweden's COVID-19 Containment Strategy in Perspective," *Policy and Society* 39 (3), 2020: 1–16. https://doi.org/10.1080/14494035.2020.1783787.

The centralisation of power among epidemic prevention expert groups in the Swedish COVID-19 administration is to some extent like the French national centralisation system. In France, centralisation is primarily expressed in the broad powers and decision-making capacity of the president, who is often perceived to possess a more comprehensive understanding of the overall state of the nation due to the nature of their role. In contrast, in Sweden, although the outbreak experts had specialised knowledge in the field of disease prevention and control, their decision-making could be knowledge biased. Their perspectives are often limited to their areas of expertise and may not adequately consider broader societal impacts.[37] Furthermore, policies developed by experts are usually implemented nationally rather than adapted to local circumstances. This renders communication of response measures to the public complex, leading to confusion among individuals regarding what applies to where and when.[38] From this perspective, this practice of experts constitutes a form of "Tyranny of Experts", whereby experts wield excessive decision-making power without adequate democratic oversight and social participation.

The phenomenon is similar to argument that technocratic solutions are often disconnected from the actual problem, leading to social stratification and internal interest serving in policymaking.[39] The COVID-19 pandemic is a devastating example of this tyranny of the experts, a situation that uniquely illustrates the short-sightedness of the technocratic approach to problem-solving by policy experts, who are motivated by a selfish desire to protect their social status, combined with a subjective view, relying heavily on precedent and theoretical modelling rather than current scientific knowledge.

The results in one study showed that less than half of the population (42%) expressed high or very high trust in the government's response

37 Gail Davies and Jacquelin Burgess, "Challenging the 'view from nowhere"

38 Ulrika Winblad et. al., "Soft Law and Individual Responsibility: A Review of the Swedish Policy Response to COVID-19," *Health Economics, Policy and Law* 17 (1), 2021, 48–61. https://doi.org/10.1017/s1744133121000256.

39 Per L. Bylund, and Mark D. Packard. "Separation of Power and Expertise: Evidence of the Tyranny of Experts in Sweden's COVID-19 Responses," *Southern Economic Journal* 87 (4), 2021. https://doi.org/10.1002/soej.12493.

to the pandemic, while 34% of the respondents expressed low trust.[40] This finding points to the Swedish public's mixed feelings of trust in the government's outbreak policies, echoing the argument that the selection of management strategies does not only depend on their structural efficacy, but is also based on the public's trust in the government.[41] When trust is low, a centralised response may be the best way to avoid confusion.

When the public is sceptical of the government, they may not actively or voluntarily follow the guidelines issued by the government. In this scenario, a centralised response mechanism, in which the state establishes a uniform and comprehensive policy, may be the best way to ensure compliance by the public and to improve the accuracy of the policy. In addition, given that previous analyses have pointed to shortcomings in the policies developed by Swedish experts, centralised management can improve the quality of policy development and implementation by pooling expertise and information and avoiding single-point decision-making failures.

While decentralisation theoretically provided flexibility, it also revealed an over-reliance on herd immunisation and high levels of evidence-based medical protective measures, as well as deficiencies in international cooperation.[42] In this context, centralised management may be a more appropriate solution to the challenges of a large pandemic. It is also observed that a need for increased centralisation to improve decision-making efficiency has emerged in Swedish society.[43] However, this attempt to move towards centralised management

40 Thomas Kallemose et. al. "Political Trust in the Handling of the COVID-19 Pandemic: A Survey in Denmark and Sweden," *BMC Global and Public Health* 1 (1), 2023. https://doi.org/10.1186/s44263-023-00009-2.

41 Evangelia Petridou and Nikolaos Zahariadis, "Staying at Home or Going Out? Leadership Response to the COVID-19 Crisis in Greece and Sweden," *Journal of Contingencies and Crisis Management* (January 2021). https://doi.org/10.1111/1468-5973.12344.

42 Martin Lindström, "The COVID-19 Pandemic and the Swedish Strategy: Epidemiology and Postmodernism," *SSM - Population Health* 11 (August 2020): 100643. https://doi.org/10.1016/j.ssmph.2020.100643.

43 Jostein Askim and Tomas Bergström. "Between Lockdown and Calm Down. Comparing the COVID-19 Responses of Norway and Sweden," Local Government Studies 48 (2), 2022., 1–21. https://doi.org/10.1080/03003930.2021.1964477.

has triggered disputes over the attribution of responsibility between the central and local levels, which has exacerbated the phenomenon of mutual blame-shifting within the bureaucracy, thus affecting the timeliness and effectiveness of public health emergency response.

As Sweden considers a centralised response to the outbreak, care needs to be taken to control the degree of centralisation to avoid challenges posed by over-centralisation similar to those previously faced by France. It is important to distinguish that introducing centralised policies here is for under specific emergency crises such as COVID-19 not the introduction of a national-level centralised system.

To be more specific, 'centralisation' here means policy making should not solely rely on strategies which only take experts' theoretical knowledge; rather, there is a need for comprehensive national-level macro-regulation, taking a broader perspective to oversee the overall situation and considering local needs in formulating methods tailored to different regions. In the future, Sweden must carefully design policies to ensure that centralised policies utilise expert knowledge while avoiding excessive concentration of power in their hands, thus ensuring an effective and adaptable health crisis response mechanism. It should be noted that centralised policies should be treated as a special case in Sweden, as the excessive use may provoke significant political controversy in Sweden as a decentralised country. Therefore, it is necessary to balance the interests of all parties and public opinion when implementing these policies.

5. Conclusion

This paper provides an overview of the different strategies adopted by Sweden and France in responding to the COVID-19 pandemic, discussing the responses and their effectiveness under centralised versus decentralised regimes. France, as a centralised state, faced the dual problems of low public trust in the government and hesitancy to get vaccinated. Although there is no absence of state-level compulsory interventions, Sweden encountered the issue of expert tyranny, which may have led to decision-making that was more skewed towards the

experts' perspective. A moderate degree of policy centralisation in Sweden in response to such health crises may help to mitigate the problem of expert governance. In summary, France may need to consider decentralising to address local concerns in the face of the pandemic, while Sweden might require centralising authority during crises to ensure overall efficacy. Thus, centralised and decentralised powers should complement each other under appropriate circumstances to better navigate public health emergencies, as no single political system is universally applicable to all situations.

Appendix

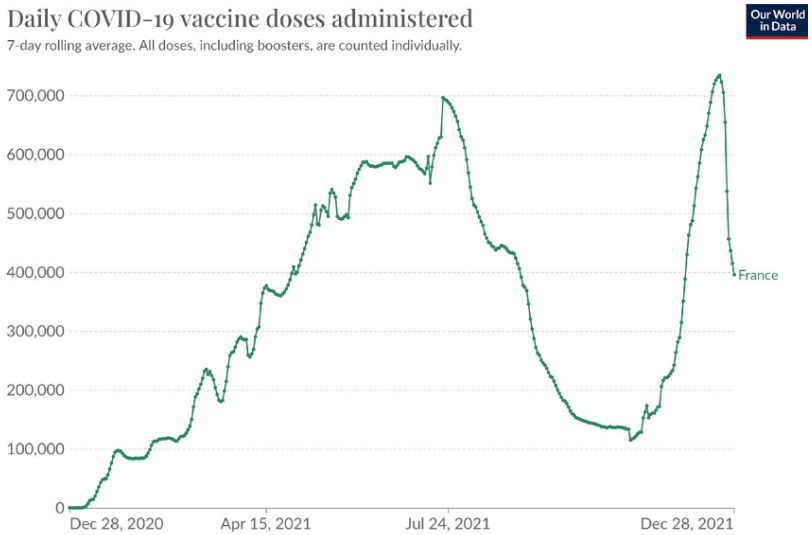

Figure 1: Daily COVID-19 vaccine doses administered, obtained from Our World in Data (2023).[44]

	Sweden	France
2019	10.8%	11.1%
2020	11.3%	12.2%
2022	10.7%	12.1%

Table 1: Health Expenditure as % of GDP, data obtained from The World Bank.[45]

44 Our World in Data, "Coronavirus (COVID-19) Vaccinations - Statistics and Research," *Our World in Data*. 2023. https://ourworldindata.org/covid-vaccinations.

45 The World Bank, "Current Health Expenditure (% of GDP) | Data," *Worldbank.org*. April 7, 2023. https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS.

	France Ends Dec 22 2022	Sweden Ends Dec 18 2022
Total doses per 100 residents	227.3	245.4
Vaccinated in % (at least one dose)	81.1	75.5
Fully vaccinated in %	78.8	73.7
Booster doses per 100 residents	69.0	93.3

Table 2: Vaccination Status, data obtained from Visual and Data Journalism team.[46]

46 Visual, F. T., and Data Journalism team. "Covid-19 Vaccine Tracker: The Global Race to Vaccinate." Ig.ft.com. December 23, 2022. https://ig.ft.com/coronavirus-vaccine-tracker/?areas=gbr&areas=isr&areas=usa&areas=eue&areas=are&areas=chn&areas=chl&cumulative=1&doses=total&populationAdjusted=1.

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