

## How democratic institutions dealt with COVID-19: A case study of the United States of America and France

---

Robert B. Willows

OCTOBER EDITION - 'POLITICS MONTH'

### Abstract

This paper analyses the democratic institutions of the United States and France, regarding the media, science, and politics relating to COVID-19 pandemic. As democratic institutions are central to this paper, it is extensively defined, avoiding any possible vagueness that an incoherent definition might provide. Furthermore, the conditions that resulted from the COVID-19 virus are analysed, focusing on the fiscal stimulus and public health protocols, and comparing them in relation to both the United States and France. The focus shifts to the drugs hydroxychloroquine and remdesivir, exploring the conditions around the drugs, analysing and comparing the actions institutions have taken within the respective nations, as well as between the nations. The institutions that are key in both nations include the presidential offices and the representatives of the presidents. The Food and Drug Administration (FDA) in the United States, the CS-COVID council that was created to handle the protocols and regulations in France, The decentralised Federal government of the United States, and the centralised Unitary State of France are critical in the comparison of the institutions and actions relating to the pandemic.

---

### Keywords

*Democracy, COVID-19, United States of America, France, media, science, institutions*

## Introduction

The current global COVID-19 pandemic has placed democratic institutions under pressure to efficiently and swiftly deliver on their respective mandates. The pandemic has highlighted the relationship between the media, science, and politics. The institutions that have taken responsibility for aspects of the pandemic have come under scrutiny, and with that, questions have come up that relate to democratic institutions, the media, science, and politics. I have chosen to compare the circumstances surrounding the drugs hydroxychloroquine and remdesivir from the United States (US) and France. In addition, I explore the initial lockdown regulations and the stimulus packages of the respective nations. I will then explicitly define institutions and their role in terms of this paper. Additionally, I will use definitions found in sociological and economic literature to aid my definition of political institutions, followed by the exploration of the ‘meat and potatoes’ of the situation on COVID-19 in the respective nations. The study will touch on the situation around hydroxychloroquine and remdesivir and the institutions that direct the use of these drugs, followed by a comparison and analysis of the findings.

## Defining Institutions

Within the social sciences, institutions are central, and therefore crucial to political science. Parties, governments, and legislatures as institutions all include the framework in which states tend to be studied. It was assumed that the concept of an institution was self-evident and easily identifiable, but no clear definition was ever given to what constitutes an institution. Throughout history, the attempts at defining institutions became more tangible, as stated in the 1950’s by Talcott Parsons (1954) that institutions include the patterns that define the legitimacy and expected behaviour of people as they act out roles that are structurally important in a social system. Nearly half a century later, Scott (1995) defined institutions as normative, cognitive, and regulatory structures and activities that provide stability and meaning to social behaviour. Blondel (2008) includes activities to this definition, and when applied to politics, what it would exclude is small. The definition of an institution needs clarification, as institutionalisation raises questions of clarification. A broad definition is given to institutionalisation by Huntington (1968), as the process through which organisations achieve stability and value, in addition to highlighting the characteristics that affect it, which are adaptability, complexity, autonomy, and coherence. The development of

institutions over time now comes to the fore, and Blondel (2008) states that an institution's strength appears to originate from outside its confines, especially in the political realm. It is crucial to look at the components of institutions when defining it, as well as how institutionalisation occurs. Throughout the literature of institutions in this study, there is often little to no definition given to institutions, giving the perception that the concept is self-evident and unproblematic.

Almond and Powell (1960) draw distinctions between 'institutional interest groups' and three other groups in the context of 'interest articulation', and focus more on the phenomena in organisations such as legislatures, political executives, bureaucracies, churches, and political executives, in addition to stating that institutions refer to formal norms. It is again not defining institutions, but rather referring to it in an off-hand manner. Almond and Powell (1966) later on referred to 'formal and institutional channels', including the mass media, parties, legislatures, bureaucracies, and cabinets. The first time this issue was truly raised was in 1985 by Lawson (1985). The definition according to Lawson (1985): "An institution is a structure with established, important functions to perform; with well specified rules for carrying out these functions; and with a clear set of rules governing the relationships between the people who occupy those roles". March and Olson (1989) subsequently provided a definition, but still echoing the 'such as' phrases we discovered: "In most contemporary theories of politics, traditional political institutions, such as the legislature, the legal system and the state, as well as traditional economic institutions, such as the firm, have receded in importance from the position they held in earlier theories". The writing around institutions continues to see the definition of institutions as unproblematic, which leaves the answer on what an institution is, still vague. It would be valuable to look at other disciplines and the definitions given to institutions, but it would also lead to a more diverse definition, as other disciplines define institutions according to their practices.

Goodin (1996) defines a social institution as reoccurring, stable, and valued patterns of behaviour. Other sociologists state that institutions cover both activities and organisations, with organisations being the focus, whereas in economics, the focus is placed on the procedures. Blondel (2008) states that institutions cannot be based solely on rules, as the behaviour of individuals are affected by collective group activities. The behaviour of individuals, or rules, is agreed upon by the participants in an institution, but they are also recognised from external observers. Politics is rarely a process of decisions taking place between individuals; it rather takes place between groups in a system (Blondel

2008). Consequently, politics emphasises organisations rather than the processes, as the processes are only relevant in a specific organisation. Blondel (2008) further posits that procedures are then only legitimised through an organisation whose authority is recognised by individuals, but that is not to say the decision-making is confined to the borders of the institution. Therefore, authority is central to political institutions, with the procedures to be supported and defended by the organisation itself. The definition of an institution in the political context is orientated around organisations that are able to make authoritative decisions, and are able to develop practises in the form of procedures and rules (Blondel 2008). The question of institutionalisation is then whether an institution and the arrangements can become more or less institutional. According to Huntington (1968), organisations and procedures gradually attain value and stability. Thus, an organisation that has well-defined procedures, rules, and goals are less likely to be 'institutionalised' in the sense of losing authority than those with weak procedures, rules, and goals. Goals can be defined in terms of the power the organisation holds, and as long as the organisation holds power, it can defend the interests and goals. As an institution changes over time, it is possible for it to lose its function, and either change its purpose or wither away. Essentially, institutional change occurs through accident, evolution, or intention. The longer an institution is in existence, the more 'institutionalised' it becomes (Blondel 2008).

In relation to politics, an institution and the relationship with the polity is crucial, as the purpose of political institutions is to affect them in their entirety. The main reason why institutions may lose their authority or lose their functions comes down to three challenges. Firstly, they fail in including the norms and preferences that condition their members; secondly, substitutes may arise that fulfil the functions that the institution may have had control over; lastly, they may fail in performing the functions that they are assigned to take on (Blondel 2008). Support is central to institutions, and when confidence is lost, it can result in the 'de-institutionalisation' of an organisation. This is crucial to the question of whether the institution can be studied independently from the support they have (Blondel 2008). However, it seems unrealistic to tie the support to an institution and its characteristics. It does appear to be realistic that parties, legislatures, constitutions, and governments with few followers persist by using coercion. The question then becomes whether, in the event of near complete collapse of an institution, it can still be referred to as institution, or merely a 'pseudo-institution' (Blondel 2008). Though there is no coherent definition of institutions across the social sciences, it can be said that politics continue to be met by bodies such as legislatures, governments, and parties.

Democracy does not develop in a smooth and rapid style, but it is the most acceptable regulatory intervention that is available in contemporary politics. The democratic institutions that existed since the time of Ancient Rome are political parties and bureaucracies (Von Beyme 2008). These institutions are still central to modern democracies, but they are not alone. New institutions were later created to carry the parliamentary responsibilities of governments. Some examples of institutions that are the least democratic are the Supreme Court in the US, and the Court of Cassation in France. These are regarded as the least democratic, as they are, at least in the case of the Supreme Court, a check on volatile democratic decisions of an elitist society. Institutions such as planning authorities, national banks, and governments are also central to democratic systems (Von Beyme 2008). The French semi-presidential system and the German constitutional court were some of the most influential institutions in history. Instead of the state, the governments are usually the central institution of analysis. In the US, 'institution' was used in a vague manner, describing institutions as a pattern of cultural traits that shape and distribute a particular set of values (Von Beyme 2008). These include the separation of power and federalism. For this paper, I will focus on organisations whose authority are recognised and accompanied by procedures or rules, as Blondel (2008) explained, in addition to being present in democratic systems.

## **Institutions in the USA and France**

In the light of the COVID-19 pandemic, democratic institutions is at the forefront of scrutiny, particularly the trust in these institutions. The media is a key role-player when it comes to the communication of government and related institutions. In a sense, media houses are a democratic institutions, as they hold the values of individuals in the system, and this is true in both the US and France. The US have a decentralised federal government, meaning that state senators and governors have an important function and larger constituency, yet the federal government in the president's administration receives the most praise or critique in their decision-making and substantial power (Dudley 1881). France, on the other hand, is a centralised state, which essentially leaves the central government to perform public tasks through central ministries that lead to the eventual implantation of policy and rules that are stringently applied across the nation, rather than suggestions and recommendations found in a more decentralised system. The recommendations of a decentralised authority are less likely to be adhered to by the individual citizens (Yan et al. 2020). The link one can make between the US and France is their ability, and the importance, of rhetorical

speech. This can frame and push certain arguments to overturn the opinion of the public, as well as the legislatures in the future to support a claim or push the agenda on a particular topic (Conley 2007).

The social welfare programmes and COVID-19 related relief funds will also be compared by looking at the government institutions that first authorised the relief and, second, distributed the relief. Political parties in both the US and France played a role in the regulations throughout the pandemic; this will also be scrutinised as it relates to the overall public health and economic condition after the pandemic. Essentially, this paper will be looking at the balance each government has made to save lives and support the economy. In France, the government initiated the lockdown on 16 March 2020, and the \$50 billion stimulus package for businesses was adopted on 17 March 2020 along with the travel ban (Narayan et al., 2020). In the US, in terms of their CARES Act, \$2.2 trillion was set aside as relief for state and local governments, businesses, and individuals, in addition to the healthcare system. A further \$10 billion was set aside for airport operations and tourism grants, with \$5 billion on community development block grants to state and local governments. The US also allocated \$46 billion in direct loans to airlines and businesses critical to national security, and \$32 billion in grants to passenger and cargo airlines under strict conditions (Nhamo et al. 2020). The travel ban in the US was initiated on 31 January 2020, the stimulus package on 6 March 2020, and lockdown on 19 March 2020 (Narayan et al. 2020).

## **Science, the media and politics**

The effort and scale of communicating scientific knowledge over the extent of the pandemic is extraordinary. The extraordinary use of technology to communicate information across the globe in near real time is used by scientists to spread information about the virus to inform governments and government officials, and the public as well. Social media platforms have also become central to the dialogue and critique of developments related to the pandemic (Daly et al. 2020). The increased knowledge of the spread, containment, and treatment of the virus has yielded rapid developments of tests, containment strategies, vaccines, and treatments that are guided by data from testing within the scientific community. However, as the ease of disseminating information through technology continues, the spread of disinformation is more relevant than ever before. The spread of misinformation can lead to populist claims, whether deliberate or not. Science is based on trial, error, and correlation, often with conflicting results or the changing of previous results with updated data and methods. The urgent need for medical

solutions, keeping the public informed, combined with the flood of COVID-19 related information have highlighted the pitfalls of the communication of science. Preliminary research papers are a prime example of using information that has not been reviewed and used to fuel conspiracy theories, such as the origins of the outbreak of COVID-19, and these are often repeated by government officials (Banco & Lippman 2021).

The treatment of the virus has also been influenced by preliminary information. For example, the US Food and Drug Administration (FDA) approved the use of remdesivir for emergency use in the treatment of COVID-19. Dampening the positive news, other clinical trials of the drug showed no benefits in the treatment of COVID-19 (FDA 2020). Repeating the fact that scientific research is underpinned by trial, error, and the limitations of the available data, many reporters and journalists that are scientifically orientated will highlight these facts when reporting on the findings, especially during a pandemic. The relations between science and politics is not perfect, as scientific evidence can and is discredited as it does not serve the political need for politicians or society, and likewise, science requires the political support for funding and infrastructure.

Most nations have implemented protocols such as social distancing, sanitising, and wearing masks, as suggested by scientific research to stem the spread of the virus. These measures have shown to work when adhered to by the general public (Qian & Jiang 2020). Nations with low infection rates have steadily been easing restrictions and opening their economies. The discourse that is present in the media, even in countries with high numbers of infections per day, is about the reopening of their economies with good arguments, which include the mental health and well-being of individuals, the micro- and macro-economic circumstances in nations, all of which require diligent political will to address. The uncertainties that the pandemic has highlighted have made politicians and members of the public anxious and through the media, scientists, and health practitioners can either exacerbate or relieve the sense of security in these times.

## **Hydroxychloroquine and Remdesivir**

An intense topic at the height of the pandemic was the treatment of COVID-19 infected patients with remdesivir. Remdesivir is a broad-spectrum antiviral medication initially developed to treat hepatitis C and respiratory syncytial virus, and later used in trials for the possible treatment of the Ebola virus, before suggested as a treatment for COVID-19 (Bryant 2020). Another drug,

chloroquine or hydroxychloroquine, was also pushed in the limelight by scientists, and most notably former US president Donald Trump, based on anecdotal accounts and preliminary research. Hydroxychloroquine is an anti-malarial medication, and used against non-organ specific autoimmune diseases and skin disorders (Yusuf et al. 2017). To understand and later compare the support and approval of the public and drug administrations of the respective nations, we must first create a timeline of the trials, approvals, and disapprovals of the drugs for the treatment of COVID-19. In March 2020, the World Health Organization (WHO) launched the Solidarity therapeutics trial, which included a variety of medicines (Hordijk & Patnaik 2020). At this time, many nations have approved the use of hydroxychloroquine and remdesivir. Hydroxychloroquine was approved for emergency use by the FDA in the US as early as March and April 2020, with a word of caution from the FDA (FDA 2020). The European Medicine Agency issued that hydroxychloroquine is only to be used in clinical trials or emergency programmes in April 2020 (EMA 2020). After multiple clinical trials that concluded hydroxychloroquine is not beneficial in the treatment of COVID-19 and in contradiction of public health officials, former president Trump promoted the use of the drug (BBC 2020). As the trials came back negative, we can see that the institutions mandating the distribution and use of hydroxychloroquine, except in the case of former president Trump, who continued his support for the drug prior to the presidential elections that he eventually lost. Polling in the US showed 46% of voters supported the use of hydroxychloroquine as a treatment for COVID-19, and the divide showed that the majority (71%) of republicans supported it, whereas the majority (65%) democrats opposed it (Yermal 2020). The French president has also shown support for the use of the drug in the early stages of the pandemic, meeting with Didier Raoult, a researcher who believes the drug to be effective in the treatment of COVID-19 patients. This came from public pressure or public support for the drug, as polling suggested that 59% of the French population supported the use of the drug, with support being highest on the far left and far right, as well as supporters of the 'yellow vests' movement (Sciama 2020). Professor Raoult was appointed to the 'scientific council' (CS-COVID) that advised the French government on the therapeutic and health choices in early March 2020, only to resign a few days later because of a disagreement with the network, and criticism from the wider health community (Mucchielli 2020). It is important to note that the polling presented here does not represent the true value of public support, but it does give an indication of the support for the drug.

Remdesivir was similarly approved by the FDA for emergency use authorisation in May 2020, but former President Trump announced the drug was available for



compassionate use on COVID-19 patients (Naftulin 2020; Hordijk & Patnaik 2020). Mid-May brought licencing deals from Gilead, the company producing remdesivir, to provide nations with the drug for the treatment of COVID-19 patients, and later the preliminary results of the Solidarity trial (Hordijk & Patnaik, 2020). The implications for the members of CS-COVID of France and their connections with the pharmaceutical company did raise eyebrows, especially when it came to the testing of potential treatments (Mucchielli 2020). The Trump administration ordered nearly all the remdesivir stock on June 29, with the European Medicines Agency conditionally approving the use of remdesivir a few days later (Hordijk & Patnaikof 2020). As the trials of remdesivir came back strong, we see many nations scrambling to secure the treatment for their citizens. The positive clinical trials of remdesivir and the narrative of 'returning to normal' wanted by former president Trump and President Macron, as well as the public, could be the reason why remdesivir was less politicised than hydroxychloroquine. Nevertheless, the processes remdesivir and hydroxychloroquine have undergone is quite similar. Both hydroxychloroquine and remdesivir have followed a pendulum swing-like pattern, neatly presented in an article by Sattui et al. (2020). It also shows the peril that the open sharing of data can have on the public during a pandemic. There is a need to counter the pitfall of sharing preliminary results as conclusive.

## **Comparison of the findings**

The stimulus packages, along with the initiation of the lockdown and travel ban in the US and France, indicate that they take the pandemic, as well as the consequences of their actions on the economy, very seriously. The decisions made by the institutions are very similar in that they implemented public health protocols to stem the initial spread of the virus, and fiscal support to citizens affected by the economic impact of the virus. The manner in which the policies were implemented varies in terms of context and governing systems. The US federal government has set aside a comprehensive stimulus package and a stringent travel ban, but the lockdown was merely suggested to the states to implement at their discretion. The rhetoric shown by former president Trump divided the citizens, and ultimately led to governors and senators blaming Trump for the situation in the US. Frances' decisions on public health mainly relied on the CS-COVID council as applied to the entire nation, although the council and President Macron were affected by the controversy.

In France, the public support for the then untested hydroxychloroquine was high,

which consequently obligated President Macron to pursue the possibility of using the drug as a treatment for COVID-19, despite criticism from the broader scientific community. One of the members of the council, Professor Raoult, was in support of the drug publicly, only to leave the council a few days later. In the context of the US, the FDA is the main authority that ultimately decides whether a particular drug is safe to use on the population in the treatment of viruses. Former president Trump's rhetoric in the media certainly played a role in the first approval for emergency use by the FDA, but later the decision was cautioned, based on new preliminary data on hydroxychloroquine. The public support for the drug in the US was also not as high, close to 50%, which suggests that former President Trump did not have to push the drug for the well-being of the US citizens, but rather for personal and economic gains.

Both remdesivir and hydroxychloroquine showed positive results in the initial trials. The FDA in the US approved the drugs for emergency use, and shortly after accompanied it with warnings showing that they take into account the research that is being done as well as the sentiment from the public, while dismissing the support shown from former president Trump. The CS-COVID council in France waited for the clinical results of both drugs and guidance from the WHO before making a decision, despite pressure from the public, President Macron, and other health officials.

## **Analysis of the findings**

The fiscal support of both governments and officials remains positive. The implementation of lockdown and travel bans by both nations were taken seriously, but the decentralised government of the US made it impossible to mandate every single state under the same restrictions, and eventually led back to the criticism of the Trump administration for not enforcing the policies. It is clear that the use of remdesivir and the caution of hydroxychloroquine has been the main feature in the treatment of the pandemic, with the FDA backtracking on their decisions based on preliminary data, while the CS-COVID council waited for the results to make an informed decision. Both President Macron and former President Trump supported the use of hydroxychloroquine in the initial stages, Macron not only supporting it under pressure from the public, but under scrutiny of the scientific community. Trump, however, supported the drug for an extended period, despite no public pressure to do so, and in contradiction with public health officials and agencies.

Not only in the US and France, but across the globe, governments followed the

the social distancing, mask wearing, lockdown, and travel ban regulations. These mandates informed the governments of the effectiveness, as well as the citizens through the media. Although there is no clear evidence of direct collaboration in the implementation of hydroxychloroquine as a treatment for COVID-19, it does seem that the French CS-COVID council followed the instructions of the WHO, whereas the FDA followed their own instructions to later be influenced by global studies of both hydroxychloroquine and remdesivir as treatments.

There are clear similarities between the two nations, such as both presidents supporting the use of the aforementioned drug for treating COVID-19, even if it was under different circumstances. France was also restricted and supported by the European Union, where the US could rely on own economic and domestic capabilities. The public support is also starkly different in each nation, and with no imminent election to be concerned about, President Macron had the opportunity to make decisions without concern for the consequences of his re-election. Additionally, the public in both nations have focused on the Presidents' actions rather than the institutions making the decisions. The media, on the other hand, focused on the institutions and presidents, but with more vigour on the presidents. This is the reason the president or a representative of the presidential office more frequently updates the public through a national address or conference than other institutions.

## **Conclusion**

There is similarity in France and the US that the president of each nation has a great influence on the decisions made by other institutions. Although the extent to which they have influence differs, and the final decisions stay with the respective institutions. The results of this paper show that the relationship between politics influencing science can be used for the benefit of politicians, but the institutions overseeing the science aspect will resist, in both centralised and decentralised systems. Further research should be conducted on the particular cases and institutions identified in this paper; however, it is safe to say that the institutions representing science will place science at the top of their agenda, as opposed to interests from the public or other actors. As long as power is distributed across the institution, there should be checks and balances to support scientific claims rather than a political agenda. The media, whether one classifies it as an institution or not, plays a critical role in shaping the public opinion by presenting factual scientific data, but it can be used to support data that is unfounded and most likely serves a political agenda.

## References

Almond, G.A. & Powell, G.B., 1966. *Comparative Politics*. 1st ed. Boston: Little, Brown and Company.

Almond, G.A. & Powell, G.B., 1960. *The politics of the Developing Areas*. 1st ed. Princeton: Princeton University press.

Banco, E. & Lippman, D., 2021. *Politico*. [Online] Available at: <https://www.politico.eu/article/top-trump-officials-pushed-the-coronavirus-lab-leak-theory-investigators-had-doubts/> [Accessed 16 June 2021].

BBC, 2020. *BBC.com*. [Online] Available at: <https://www.bbc.com/news/world-us-canada-53575964> [Accessed 22 May 2021].

Blondel, J., 2008. About Institutions, Mainly, but not Exclusively, Political. In: R.A. Rhodes, S.A. Binder & B.A. Rockman, eds. *Oxford Handbook of Political Institutions*. Oxford: Oxford University Press, pp. 716-730.

Bolsen, T. & Druckman, J.N., 2015. Counteracting the Politicization of Science. *Journal of Communication*, 65(5), pp. 754-769.

Bryant, E., 2020. *National Institutes of Health*. [Online] Available at: <https://www.nih.gov/news-events/nih-research-matters/final-report-confirms-remdesivir-benefits-covid-19> [Accessed 09 June 2021].

Conley, R.S., 2007. Presidential Republics and Divided Government: Law-making and Executive Politics in the United States and France. *Political Science Quarterly*, 122(2), pp. 257-285.

Daly, A.J., Del Fresno García, M. & Bjorklund, P., 2020. Social Media in a New Era: Pandemic, Pitfalls, and Possibilities. *American Journal of Education*, 127(1), pp. 143-151.

Dudley, D., 1881. Centralisation in the Federal Government. *The North American Review*, 132(294), pp. 407-246.

EMA, 2020. *ema.europa.eu*. [Online] Available at: <https://www.ema.europa.eu/en/news/covid-19-chloroquine-hydroxychloroquine-only-be-used-clinical-trials-emergency-use-programmes> [Accessed 21 May 2020].

FDA, 2020. *fda.gov*. [Online] Available at: <https://www.fda.gov/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or> [Accessed 22 May 2021].

Goodin, R.E., 1996. *The Theory of Institutional Design*. 1st ed. Cambridge: Cambridge University Press.

Hordijk, L. & Patnaik, P., 2020. Covid-19: EU countries spent over €220m stockpiling remdesivir despite lack of effectiveness, finds investigation, Amsterdam: *BJM*.

Huntington, S.P., 1968. *Political order in changing societies*. 1st ed. London: Yale University Press.

Lawson, K., 1985. *The Human polity*. 1st ed. Boston: Houghton Mifflin.

March, J.G. & Olsen, J.P., 1989. *Rediscovering Institutions*. 1st ed. New York: Free Press.

Mucchielli, L., 2020. Behind the French controversy over the medical treatment of COVID-19: The role of the drug industry. *Journal of Sociology*, 56(4), pp. 736-744.

Naftulin, J., 2020. *Business Insider*. [Online] Available at: <https://www.businessinsider.com/chloroquine-remdesivir-compassionate-use-coronavirus-what-it-means-2020-3?IR=T> [Accessed 20 May 2021].

Narayan, P.K., Phan, D.H. & Lui, G., 2020. Covid-19 Lockdowns, Stimulus Packages, Travel Bans, and Stock returns. *Finance research Letters*, 38(1), pp. 1-7.

Nhamo, G., Dube, K. & Chukodzi, D., 2020. Tourism Economic Stimulus Packages as a Response to Covid-19. *Nature Public health Emergency Collection*, 1(15), pp. 353-374.

Parsons, T., 1954. *Essays in Sociological theory*. 1st ed. Illinois: Glencoe.

Qian, M. & Jiang, J., 2020. COVID-19 and social distancing. *Journal of Public Health: From Theory to Practice*, pp. 1-3.

Sattui, S.E., Liew, J.W., Graef, E.R., Coler-Reilly, A., Berenbaum, F., Duarte-García, A., Harrison, C., König, M.F., Korsten, P., Putman, M.S. & Robinson, P.C., 2020. Swinging the pendulum: lessons learned from public discourse concerning hydroxychloroquine and COVID-19. *Expert review of clinical immunology*, 16(7), pp.659-666.

Sciama, Y., 2020. *Sciencemag.org*. [Online] Available at: <https://www.sciencemag.org/news/2020/04/france-s-president-fueling-hype-over-unproven-coronavirus-treatment> [Accessed 22 May 2021].

Scott, W.R., 1995. *Institutions and organizations*. 1st ed. London : Sage.

Von Beyme, K., 2008. Political Institutions- Old and New. In: R.A. Rhodes, S.A. Binder & B.A. Rockman, eds. *The oxford Handbook of Political Institutions*. Oxford: Oxford University Press, pp. 743-758.

Yan, B., Zhang, X., Wu, L., Zhu, H. & Chen, B., 2020. Why do countries respond differently to COVID-19? A comparative study of Sweden, China, France, and Japan. *The American review of public administration*, 50(6-7), pp.762-769.

Yermal, B., 2020. *Morningconsult.com*. [Online] Available at: <https://morningconsult.com/2020/04/14/hydroxychloroquine-coronavirus-treatment-polling/> [Accessed 23 May 2021].

Yusuf, I.H., Sharma, S., Luqmani, R. & Downes, S.M., 2017. Hydroxychloroquine retinopathy. *Eye*, 31(1), pp. 828-845.