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# **ANALYZING PROGRAMMATIC ACTORS: METHODOLOGICAL AND THEORETICAL CHALLENGES FOR THE UNDERSTANDING OF POLICY CHANGE**

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In most policy process research, policy change is analyzed as a consequence of exogenous factors, thereby reducing the resistance of actors favoring stability, especially veto players (Tsebelis 2002). In the 1970s and 1980s the question of decision making disappeared from the research agenda to let the broader issues concerning the policy process (from agenda setting to implementation) and policy change take its place. Thus, in the analysis of policy change, two orientations became dominant. The first was to stress the role of exogenous variables (i.e., economic, knowledge-oriented, technological, political, and international contexts) in order to explain changes in the policy process. The second was to focus on the constraints that limit policymakers in their capacity to influence policy.

This is especially the case for the neo-institutionalist approaches (Hall/Taylor 1996, Peters 1999). They tend to consider the middle range policy dynamic as a very stable process, a feature enshrined in the notion of path dependence applied by Douglas North to economic development (1983; 1990), then by Paul Pierson to policy studies (1993; 2004), and afterwards widely diffused. As explained by Mahoney and Thelen (2009), “The connection between institution and persistence makes it natural for all of these approaches to focus on explaining continuity rather than change” (p. 4). In this process, the role of the actors is limited to maintaining stability and the common problem is “the focus on stability and exogenous shock” (p.5). In this way, neo-institutionalism, like the punctuated equilibrium theory (Baumgartner, Jones and Mortensen, 2014), helps to explain the conditions and timing of policy change (e.g., the emergence and diffusion of a new policy image, policy failures, or a policy paradigm crisis), but do little to explain the process of change itself, its content, and the role of policymakers in this process. Even when neo-institutionalist authors take the role of policymakers more directly into account, they consider these actors to play a role only by developing some explicit veto strategies to block policy or by using discreet strategies to incrementally and gradually change policy (Streeck and Thelen 2005).

In the more recent policy analysis literature, the role of actors in policy change has been taken more directly into account in three different ways: by stressing the role of policy brokers (Jenkins-Smith and al., 2014), by focusing on political leaders (Helms, 2012), and by relating types of change agents with types of policy change in a neo-institutionalist perspective (Mahoney, Thelen, 2009). But these approaches have not proposed a sufficient and/or a coherent actor-

centered framework to analyze policy change. Approaches focusing on policy brokers mainly explain limited changes in a policy field (broader changes are related to more contextual factors), approaches focused on political leadership tend to neglect other kind of actors and the collective dimension of policy action, the revised neo-institutionalist framework still favors the strong impact of institutions on the shaping of policy actors. Not mentioned here is policy network analysis because even though it is actor-centered, its aim is to explain policy stability more than policy change, the latter of which is related to contextual factors external rather than to different policy networks (Marsh and Rhodes 1992).

The role of policy brokers is examined by different approaches. It is particularly important for the advocacy coalition framework approach (Sabatier and Jenkins-Smith 1999). Policy brokers are defined as actors located outside the existing advocacy coalitions (i.e., experts) involved in a policy-oriented learning process and therefore able to shape acceptable proposals for the different advocacy coalitions involved in a given policy sector. The role of brokers involved in negotiations between different policy actors is also stressed by some network analysis approaches (Fernandez and Gould 1994). These policy brokers share some similarities with policy entrepreneurs defined by Kingdon (1984): they are simultaneously advocates of policy proposals with extensive experience in a specific policy field and brokers with a great capacity to negotiate. But in Kingdon's multiple streams framework, the role of these specific actors is limited to agenda setting. More generally, the approaches that take into account the role of policy brokers are limited in their ability to explain change because the success of brokering is dependent of the acceptance of compromises by other policy actors. Thus, more important changes are explained by changes in the broader policy context, as is the case in the advocacy coalition framework. Exogenous factors still play a stronger role than endogenous factors as drivers of policy change.

Analysis focusing on political leaders try to explain more important policy changes by examining the role of another type of individual policy actor. These studies (Helms 2012) underline the importance of personal, political, and institutional resources (i.e., the role of presidential institutions in then case of the US; see Skrowonek 2001). There are two main critiques of this approach. First, authors advocating this approach tend to overstress the degree of change linked to political change and to neglect the role of the context (i.e., the case of the role of Margaret Thatcher; see debate between Marsh 1994 and Moon 1995). Second, these authors neglect the fact that political leaders usually do no elaborate policy proposals alone. Thus, it is necessary to take into account the role of their staff and more generally different kind of actors influencing their policy conceptions (such as think tanks) and their allies in the policy process (for an example in the defense sector: Irondelle 2011). The main conclusion drawn here is that actors (even political actors) in policy change should be more deeply analyzed as collective actors than as individual actors.

A third approach that turned more attention to the role of actors in policy change is neo-institutionalism. Streeck and Thelen's (2005) edited volume that insisted on the gradual dimension of change has been complemented by a framework that takes policy actors more systematically into account (Mahoney and Thelen 2009). The different types of gradual change they define are related to four explanatory variables: the strength of veto players, the level of discretion in interpretation, the enforcement of policy decisions, and change agents and coalitions with institutional challengers or supporters. Nevertheless, institutions and the political context (veto points and players) remain the main explanatory variables in this approach, and they serve to explain the type of (gradual) change more than the content of change. The status of actors, meanwhile, is rather ambiguous; they are at once a dependent (their strategies are highly influenced by institutions) and an independent variable (in order to explain the type of change). The main purpose of the approach is to extend the typology of gradual change with a typology of

change agents related to them: insurgents (related to displacement), symbionts (related to policy drift), subversive actors (related to layering), and opportunists (related to conversion). Because actors are more institutionally than sociologically defined, this analytical perspective does not propose an all-encompassing actor-centered framework.

Unlike punctuated equilibrium, policy networks, or the advocacy coalition framework, we propose here a mainly endogenous explanation of change rather than one based on institutional, political, societal, or economic context, focused on small groups of individuals behaving as collective actors, sharing a similar perception of a policy problem sustaining policy change proposals and defined as programmatic actors (Genieys, Hassenteufel, 2012, 2015, Hassenteufel and al., 2010). This analytical framework is based on the hypothesis that collective actors can come together around a common policy change program rather than around a common interest or common values (i.e. epistemic communities).

The notion of programmatic actors is rooted in a double shift in the sociology of elites. First, it shifts the focus of research, in the manner of Laumann and Knoke (2002), to internal domains of state activity, each with a distinctive policy history (King, Lieberman, 2009). This is seen as a necessary complement to the dominant sociology of elites, which concentrates more on how policies are shaped by pressures from outside the state (Domhoff, 1990). Second, the sociology of elites is combined with policy studies in order to take into account the analysis of the policy change programs of elite groups in specific policy domains and how these actors succeed (or not) in influencing and participating to policy decision processes in relation with their program that contains four main dimensions: a common definition of the problem they want to tackle; a common perception of the reasons why the policy should change; a common repertory of policy measures and proposed instruments; and a common understanding of how these different instruments lead to a new orientation of the policy, despite lock-ins and veto-groups.

The actors we seek to identify and analyze differ in important ways from the actors constructed by prior research. Most obviously, unlike Kingdon's "policy entrepreneurs" or Jobert and Muller's "mediators," (Jobert, Muller, 1987; Muller, 1995) we are looking for collective, and not individual actors. Unlike groups such as the French *Grand Corps* (Kessler, 1986; Suleiman, 1978) these groups are not bound by pre-constituted personal or professional links, although these may in some cases prove to be useful power resources. Unlike advocacy coalitions (Sabatier and Jenkins-Smith, 1999), they are comprised of individuals who already occupy positions in which they command resources and potentially wield public authority – which may include delegated authority in the case, for example, of German sectoral self-governance. Unlike policy communities (Marsh, Rhodes, 1992), the shared idea that binds them is in the nature of a policy solution rather than simply attachment to a sector and its interests. While their focus on policy outputs may at times lead programmatic elites to act as "instrument constituencies" (Voss, Simons, 2014) for specific policy elements, their action is not limited to this level, but also includes a broader programmatic vision of sectorial policies.

The Programmatic Actor Framework also incorporates the premise proposed by Orren and Skowronek (2004) that authority, in the sense of control over rule making, is desired for its own sake. Unlike the civil servants studied by Hecl (1974), thus, a strong initial assumption of the Programmatic Actor Framework is that programmatic elites are motivated as much by the competition for authority as by a desire to solve policy "puzzles." While authority, as noted above, is distinct from power, acquiring it requires access to power resources.

In this paper we start with the methodological implications of the analysis of this kind of policy change actors, then we present the main empirical cases which already used this framework: our

first study on health policy reforms in France in the 1980's and the 1990's, the role of programmatic actors in healthcare reforms in other countries (in the USA and in Europe), and studies on other policy domains (mainly in the defense sector).

## **1. The methodological mix for the analysis of programmatic actors**

The programmatic actor framework requires a method that uncovers the complex connections between the constitutive elements of policy actors – their social backgrounds, occupational careers and specializations, formal position-holding, reputations for policy influence, and not least shared ideas – with what they actually do when reaching decisions that produce policy change. From a methodological point of view the notion of programmatic actors rests on two premises: (1) the importance of considering professional trajectories in public policy domains over extended periods and (2) the importance of competition in the framing of public policies. The concept relates the content of policy programs to the formation of collective policy actors with distinctive sociological and intellectual characteristics. It posits that the transformative power of policy actors in specific policy domains is derived from programs for policy change and from resources (such as professional knowledge/expertise and location in key power positions) sufficient to decide and even implement change proposals. Unlike “policy brokers” in the advocacy coalitions sketched by Sabatier and Jenkins-Smith (1999) or by Fernandez and Gould (1994), the influence of programmatic actors on the policy process is seen to derive in part to their occupational backgrounds. The focus is on actors’ career trajectories (in order to understand the accumulation of resources, i.e. their capacity to change a public policy), their cognitive frameworks and policy change proposals (in order to understand the orientation and content of change they promote), and their interventions in the policy-making process (in order to understand the nature and the scope of their change action).

From this starting point, the challenge for the analysis of programmatic actors is to establish a research protocol applicable allowing to investigate two closely linked objects: 1) the structure of sectoral policy elites and its potential transformation; 2) the capacity of this (or these) actors to determine the content of the policies.

The methods for identifying policy change elites have been developed in our previous work, has been tested on the French (1980-2007) and the American cases (1988-2008). The mixture of methods, from sociology of elites (positional, reputational, relational and decisional methods) and public policy (cognitive and decision analysis), enables groups of relevant elites to be identified, their degree of cohesion to be analyzed, and the power they exert through their capacity to impose the public action programs they support to be understood. Once the trajectories of these actors have been analyzed, a more endogenous explanatory framework for the transformation of policy actor’s power can be proposed.

To this end, we begun by defining a set of potentially powerful positions in the selected sector to which we then apply temporal sorting to find the subgroup of individuals whose long careers within the sectors suggests a strong commitment to, and a significant influence on, the formulation of sectoral public policy. A first phase in this research design is to define comparable sets of such positions for the period under study. This large initial population can be constructed from a list of positions of potential influence in each national case. Such positions are defined as those with the institutional potential to participate in policy-relevant decisions, as well as those – possibly outside the formal boundaries of the sector. A condition is to identify an initial array of institutions in which we expect to find such positions. ‘Key informant interviews’ allow both to target specific positions and to clarify the institutional configuration. The precise

definition and number of positions retained in this phase highly depends on national organizational structures and procedures. This population of potentially influential positions provides an empirical starting point, from which it is necessary winnow down a smaller group of relevant individuals.

To reduce the population we use a “funnel effect” by applying two criteria: i) length of career and ii) presumed influence on sectoral policies. For the first, we calculate for any given individual the time spent in selected positions, retaining only those who spend more than 5 years holding a high-level position in the policy sector. This requires retracing the careers of the actors identified in the first phase through the use of publically available biographical data. To the individuals initially retained can subsequently be applied a second criterion of policy relevance. An initial entry point into the necessarily imprecise criterion of “relevance” is observable participation in the debates or, better, the policy-making associated with moments of actual or potential reform in each case.

In a nutshell the empirical analysis of programmatic actors involves five main steps. The first is to identify actors who may belong to an elite group in a given policy domain. This means selecting a population of actors who hold positions plausibly linked to important decisions in the policy domain being studied. Second, individuals need to be identified who, over time, have held several powerful positions in the domain. Third, the extent to which careers of all those identified have been similar or disparate in contours and trajectories is investigated. Fourth, the extent to which occupational socialization appears to have spawned a group identity based on reciprocal esteem and interaction is assessed. Fifth, the extent to which the identified individuals have espoused a distinct intellectual program over a significant period of time is judged in terms of four dimensions: (1) objectives or general policy goals; (2) shared formulations of problems to be solved and diagnoses of how this should be accomplished; (3) widely articulated arguments and reasons that justify preferred policy changes; and (4) agreed measures and instruments to accomplish the changes.<sup>1</sup>

In the programmatic actor framework the power of policy actors sharing certain characteristics that allows them to constitute themselves into relatively homogenous groups focused on specific sets of sectorial policies is characterized by three kinds of resources: (1) a collective intervention capacity in the policy-making process based on a common professional trajectory; (2) an active presence and influence in loci of intellectual reflection about sectorial policy ideas and reforms; and (3) the institutionalization of their authority by placing themselves in new positions of power created by implementation of policies they advocate. In order to capture both the capacity of these programmatic actors to transform policies according to their policy change proposals and the ways in which, in turn, these policy changes affect their structure, position, and power, two aspects are explored. First, the ways in which these specific policy actors have intervened in the policy-making process – for example, through proposals for change or the provision of new tools for implementing change – are investigated. Thus, it is necessary to precisely study its members’ interactions with other actors and groups in the policy domain over at least a decade’s time (especially veto players). The other dimension is the analysis, over the same time period, of the content and the implementation of policy decisions in order to understand how they affect the position and the power of these actors and determine the intensity of the policy change. In this perspective, two dimensions play a key role in explaining the success of some of the proposals put forward by programmatic actors: (1) the nature and level of resources (knowledge, institutional position, legitimacy and degree of acceptance of the proposals, degree of fit between

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<sup>1</sup> Identifying a policy change program empirically must satisfy two requirements. The first is that discursive materials in the form of media interviews, reports, speeches, and points of view voiced in

the proposals and the problems they promise to solve) compared to those of other actors defending the status quo (veto players) or other policy change proposals (concurrent programmatic groups) and (2) the strategies followed by these actors, often based on a policy learning process concerning not only the nature of the main problems in the policy fields but also the policy tools (content, potential impact, way of implementation) and the formal and informal rules structuring the interactions between the different actors of the policy field (strategic policy learning) (May 1992).

THE METHODOLOGICAL MIX	
	<b>Identification of a programmatic group of actors</b>
-	Positional analysis: <b>key positions</b> (in the policy process) holders (in the long term)
-	Sociological analysis of <b>individual trajectories</b> : social origins, training, professional careers (based on biographical data and interviews) of actors holding key positions in the long term
	<b>Analysis of the homogeneity of a programmatic group of actors</b>
-	Relational analysis: <b>personal links</b> between the actors (based on interviews, observation and network analysis)
-	Discourse analysis: analysis of the <b>policy change program</b> and the role of key expertise institutions (based on documents, public discourses, interviews)
	<b>Analysis of the power of a programmatic group of actors</b>
-	<b>Resource</b> analysis (compared to the other policy actors)
-	Analysis of <b>policy decision processes</b> in the long term (interviews, archives)

## 2. The original case: the programmatic elite transforming the French Healthcare State (1981-2007)

An initial study was conducted in 1997-1998 and covered health policy during the left-of-center presidential administrations of François Mitterrand between 1981 and 1995 (Hassenteufel and al., 1999). A follow-up study was conducted in 2006-2007 and covered health policy during the right-of-center presidential administrations of Jacques Chirac between 1995 and 2007 (Hassenteufel and al., 2008). We shed the light on the development of a group of actors sharing an institutional reform program based on the will to strengthen the autonomy of the state vis-à-vis the

traditionally powerful non-state actors (especially social partners and doctors). What unifies these actors is not so much a shared policy problem but a common desire to gain “autonomy” vis-à-vis powerful actors such as former policy elites, interest groups, or cross-sectoral actors such as the Finance Ministry by increasing their resources through institutional reforms; also the wish to be “taken seriously” by these same actors and the need to achieve targets set by political leaders (who were careful to specify ends but not means). Taken together, these findings are consistent with the hypothesis that competition among elites provides a creative dynamic for reform in otherwise stable institutional settings (Genieys and Smyrl 2008). The shaping of “programmatic actors” involved in intra-elite competition provides a plausible explanation for the empirical observation of governance changes towards an autonomous regulatory state in health care. Our studies also show the need to analyze reforms in the long term: the strengthening of programmatic actors is not only a cause but also a consequence of former governance reforms which increase their resources (especially their strategic position in the policy decision and regulation process). The constitution of a policy core executive in health insurance policy is a long term process which started in the 1980’s and explains continuity in the French reform path.

More precisely we observed, since the 1980’s, the shaping of a relatively small group of specialized senior civil servants, sharing reform ideas in a policy sector traditionally dominated by non state actors. This group has been labeled “programmatic elite” (Genieys and Hassenteufel 2015) for two reasons: they all belong to the administrative elite (having studied at Sciences Po in Paris, then been strongly selected to enter the ENA and belonging to prestigious administrative “corps”) and are strongly intertwined because of personal links. In our 1997-1998 study, we first identified 133 individuals who occupied senior administrative positions in the health insurance and family policy sectors between 1981 and 1997<sup>2</sup>. These individuals were selected initially on the basis of two institutional criteria: membership in a minister’s personal staff (“*cabinet ministériel*”) or holding a senior administrative position (director or deputy director of a central administrative unit). The objective was to identify actors who might possibly have influenced both the decision-making process and the contents of policies<sup>3</sup>. Because we identified all senior administrators concerned with policy-making in the health insurance sector between 1981-1997, we sought to reduce this large population to those deemed reputationally to have important influence on policy-making<sup>4</sup>. This entailed investigating, on the basis of interviews, three aspects of these individuals’ career trajectories:

- accumulation of a specific area of expertise derived from a specific social learning process, especially within administrative bodies such as the *Cour des Comptes* (Budgetary Control), the *Inspection Générale des Affaires Sociales* (Inspectorate for the Welfare Sector) or the *Direction de la Sécurité Sociale* (Social Security Directorate) that asserted themselves as key institutions where ideas for health insurance reforms originated;
- longevity in the two sectors as indicated by successively holding multiple positions of power that facilitated interventions when defining public policies and provided relative autonomy from the

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<sup>2</sup> Utilizing existing biographical materials for all these individuals, we assembled aggregate profiles of their social backgrounds. Collection of biographical data for these high level civil servants was made from a cross section of different sources: *Bérard-Quélin, Directory of former ENA students, Trombinoscope, Bottin administratif, Who’s Who in France ?*

<sup>3</sup> Wanting to introduce a qualitative dimension derived from the selected individuals’ reputations for policy influence, we then conducted semi-structured interviews with 32 senior civil servants and 9 “social experts” whom we considered to constitute an external control group, asking each of these 41 respondents for names of actors he or she “deemed important” for understanding decision-making processes in the health policy domain.

<sup>4</sup> Methodologically speaking, we used a *funneling technique* that reduced the global population of 133 individuals to 27 key or core actors. We then studied the historical settings of these actors’ careers in the policy sector, as well the ideas and public policy programs associated with them.



- political elite of Ministers and MPs;
- inter-personal bonds as indicated by considerable amounts of mutual respect.

The policy learning process from the cost containment policies in the 1980s and the early 1990's played a central role for the formation of this new group of programmatic actors. For a long period the senior civil servants of the health insurance sector faced the experience of being defeated by interest groups whenever they tried to implement measures to solve the problems of the structural financial crisis. Three main failures of previous cost containment policies had been identified in several public reports on the health insurance system since the beginning of the 1990's: the lack of constraints on doctors, the limits of hospital budgets and the lack of control by the State. So even though the formal involvement of interest groups and oppositional actors in France never reached the level of Germany the senior civil servants have been aware of the de facto veto power of associations at least since the early 1990's when the socialist government failed to implement capped budgets (global envelopes) because of the strong mobilization of health profession's organizations, especially doctors.

The desire to restrict the power of interest groups and to give the state even more direct regulatory competencies bound together leading civil servants despite their different party-political affiliation. This desire was complemented by common problem perceptions and policy goals. The leading figures of the health administration shared a vision of a state that takes the financial constraints seriously and has the power to set and implement targets for expenditures. They internalized the problem of financial constraints, rather than allowing these to be imposed externally by the Ministry of Finance. This in turn contributed to consolidate the collective identity of these actors, who must not only give evidence of their internal coherence but also show that they can do better than their competitors in their own terms. In this context, the affirmation of the centrality of the role of the state in health care policy can be seen as the central element in a collective strategy.

What followed from both the political and the policy goals was a general critique of the Bismarckian inclusion of interest groups in health policy making. While the structural financial crisis of the health insurance system has been a necessary background for the formation of the programmatic elite it does not provide a sufficient explanation for the reform program. The civil servants did not only learn from political experience but also had a common platform to develop their program. It was within the *Cour des Comptes* and the IGAS and around a few leading figures of the Elders generation that a new orientation for social policy was forged—one that in effect “domesticated” budgetary constraints. The game of negotiating and balancing among ministries, which is central to the French system of government, naturally leads programmatic elites in the context of more-or-less permanent austerity to appropriate tools of budgetary control in order to overcome them. Two linked strategies can be observed: efforts to have a collective impact on the content of policy and efforts to establish and defend a collective identity *vis-à-vis* the cohesive budgetary elite in the Ministry of Finance.

Of major importance was a planning commission led by Raymond Soubie in the early 1990s where the main principles of the institutional changes in the reforms passed in 1996, 2004 and 2009 were defined (Bras, Tabuteau, 2009). The ideas developed in this framework were taken up by the senior directors of the *Direction de la Sécurité Sociale* (DSS) in their negotiations with the cabinets of the Prime Minister and the Minister for Social Affairs. The most important elements of the 1996 and 2004 reforms, moreover, were directly intended to empower precisely this programmatic group. By requiring an annual parliamentary vote on the social budget without providing the parliament itself with any autonomous capacity for expertise, it provided a recurring opportunity for agenda-setting and decision making to the administrative unit who

prepare the budgets on which the parliament is to vote: the *Direction de la sécurité sociale* (DSS). Other example: the new national union of sickness funds (UNCAM) was from 2005 to 2015 directed by a senior civil servant, former member of the Health Minister's cabinet. Other members of this group can be found at the head of the regional hospital agencies, and since 2010 of the new regional health agencies.

Consolidation of these new roles facilitated the homogenization of the programmatic elite, which was forced to clarify its ideas in order to face up to rival elites. Affirming the state's centrality in social policy became a shared strategy when dealing with employers and labor unions, whose capacity to "govern" the policy domain as they had under the former welfare state model was diminished. Formation of new elite coalitions demonstrated how introducing greater democratic governance in areas of state action led to a substantial transformation of state power.

This programmatic group used the opening of policy windows (Kingdon 2003) by the financial context and the intervention of political actors in governmental positions to push the three major reform steps concerning the governance structures of the French system: the "plan Juppé" in 1996, the law on health insurance (2004) and the "Hospital, patient, health and territory act" in 2009. In the three cases senior civil servants from the DSS and governmental advisors (the French "cabinets" are mainly composed from senior civil servant) were key actors in the decision process (Hassenteufel, 2012). The 1996 "plan Juppé" was not passed by law but by governmental decrees ("ordonnances"): it was elaborated by a small group of senior civil servants (advisors of the Prime Minister, advisors of the President, and Social security specialists coming from the DSS); the institutional aspects of the 2004 health insurance law (creation of the UNCAM and the HAS) were worked out by the head of the DSS; the changes in the governance of the health system included in the 2009 law were decided in the more general administrative reform framework of the "révision générale des politiques publiques", directly organized by the general secretariat of the French President. The creation of regional health agencies (ARS) was negotiated mainly between senior civil servants: advisors of the President, of the Prime Minister, of the Health Minister and members of the DSS (Pierru, Rolland, 2016).

A main consequence of this change process is a new institutional balance of power inside the executive branch. Members of the elite are concentrated in the DSS, which consists of forty senior professional staff members possessing high technical knowledge, much administrative *savoir faire*, and extensive specialization in health insurance policies. They are in a position to take autonomous control of social insurance from the Ministry of Finance. The DSS was central in promoting ideas that became the intellectual foundation of health insurance aspects of the Juppé Reform of 1996, including the imposition of an overall budget cap for ambulatory and hospital care, strengthening of the general director of the sickness fund directly appointed by the government, tighter control of the negotiation of collective agreements between sickness funds and doctors' unions, and enforcing a gate-keeper role for the general practitioners. It was not a coincidence that the Directorate's staff increased significantly in number and acquired the means to propose new orientations for social policy. Actors whose vision centered on "social progress" gave way to new social policy elite that put forward a budget-controlled approach to social policies to the point of transforming the Directorate into a quasi-ministry for a "social budget." In 2004, according to one actor we interviewed, the health insurance act "came 99% from the DSS." An inter-ministerial conflict during 2004 over this reform pitted the social policy elite against a rival elite based in the Ministry of Finance and facilitated measuring how the balance of power has been inverted in favor of the social policy elites. The DSS used the argument of budgetary constraint to its advantage and ensured the durability of the French welfare model, that is, a sustainable *Sécurité Sociale*.

The trajectory of the Social Policy Managers corresponded to the trajectory of elites who made a career commitment to the social policy sector two decades earlier. There was not only the shared acceptance of budget constraints on social policies, but also the desire to employ policies strategically vis-à-vis elites inside and outside the state in policy-making struggles.

### **3. Programmatic actors in the USA: the key role of long timers in health insurance reforms (1988-2010)**

The analysis in terms of programmatic actors was then mobilized to study the last two attempts at major healthcare reforms in the United States since the 1990s. It allowed the empirical study of the transformation of the helm of the two branches of power in the United States in the area of health insurance policy between 1988 and 2010. The longitudinal analysis of the professional trajectories of the health policy elites between the Clinton and Obama administrations reveals the emergence of a group of "long-timers." Possessing unique sociological characteristics—such as the duration of their careers, experience in the legislative and executive branches of government, and research in the failure of the Clinton reform effort—these actors came back in force in the health sector during the Obama era, playing a central role in directing the reform politics from within. The monopolization of power of Clinton administration veterans accompanied by some allied newcomers led to the definition of a bipartisan and consensual programmatic orientation at the expense of a more progressive and divisive approach (the “public option”).

In our empirical study we focused on policy actors who have occupied “influential power positions” at the helm of the executive or legislative branches of government for a length of time. First, we selected the health sector and the period 1988-2010<sup>5</sup> in order to identify this population empirically and focus on a particular set of power positions. Limiting the scope of our top positions with ‘potential influences’ for decision-making thus allowed us to identify 944 (538 in the Executive branch and 406 in the Congress) persons holding key positions in the two sides of power, including both ‘senior appointee’ [S.A.] among the executive as well as congressional committee staffers (Darviche & al., 2013: 13). The programmatic actor framework therefore permitted us to identify health policy ‘long-timers’ a sub-population of 151 (16%) potential policy elites among our sample of 944 elites who had worked for at least six years in a range of positions (Darviche & al., 2013: 13)<sup>6</sup>. These long-timers based on merged figures for health sectors include 88 senior appointees out of 538 (16.3%) of the sample population and 63 Congress committee staffers out of 406 (15.5%).

Commonalities among health policies ‘long-timers’ include having graduated from prestigious universities in the American case: they tend to have been educated within *Schools of Public Policy*. Initial training in a public health school (graduate) often continues with a mid-career professional appointment that researchers or teachers undertake with a change of political majority (the revolving door effect). This professional detour is common in many schools of public policy or public health in the Washington DC area (Georgetown U., Georges Mason U. John Hopkins U.

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<sup>5</sup> Thus we included three Republican administrations and three Democratic administrations. We studied the workings of Congress from its 100<sup>th</sup> legislature to its 111<sup>th</sup>, in effect twelve legislatures including 5 half-legislatures when the sitting president held a majority in both houses: Clinton during the 103<sup>rd</sup>, Bush Jr. during the 107<sup>th</sup>, 108<sup>th</sup> and 109<sup>th</sup> and lastly Obama during the 111<sup>th</sup>.

<sup>6</sup> Long-timers are defined in contrast to short-timers. Generally speaking, the careers of the political executive branch last on average between 2 and 3 years, in fact characterizing the 'inner-and-outer system' (Mackenzie, 1987). On the Congressional side, the staffers typically occupy positions between 2 and 3 years before experiencing a turnover (Salisbury and Shepsle, 1981: 382).

etc.). The length and type of specialization of these sector specific careers is what distinguishes professional pathways. Our OPERA Research Program on transformations at the highest levels of power in the health insurance sectors in the USA illustrates how the average length of sectorial careers exceeds twenty years (Darviche & al., 2013). Nevertheless, as we illustrate further on, often as a result of changing political majorities, 'long-timers' tend to transfer with the 'insider-and-outsider' system into the private sector while still working in the health sector before returning to take up new positions of influence (Darviche & al., 2013: 23-25).

The analysis of career paths of 'long-timers' in health care reform with Democratic Party leanings reveals two important and related aspects of their trajectories: a circulation characterized by a return to health policy-making after a passage in the private sector, and participation in forums to rethink health policy design (Genieys, forthcoming). The analysis of this back and forth circulation in the back offices within the two branches of power shows two subtypes of trajectories. The 'institutional migrant' trajectory corresponds to those circulating between the two branches of power (Administration and Congress). The 'technocratic facilitator' trajectory refers to those who return in the same branch of power (executive or legislative) after a passage in the private sector. Moreover, the long duration of the study made it possible to distinguish between those who participated in the Clinton Plan's political battles, the 'Clinton veterans,' from those who came to power after the 'newcomers.' Finally, with regard to their circulation in the private sector, the study shows that the 'long-timer' Democrats, unlike the Republicans, generally favor the non-profit private sector (e.g. foundations, think tanks). They were collectively engaged in health reform forums in Washington DC (Alliance for Health Reform, Bipartisan Policy Center) to learn from the failure of the Clinton administration.

This analysis of the relations between programmatic and policy elites allows us to revisit some fundamental works of American politics on this question (Skocpol 1996, Hacker 1997). Indeed, the three programmatic orientations in competition in the Clinton era—the models of 'single-payer', 'play-or-play,' and 'managed competition'—are often differentiated according to the role they assigned to the state and the market. There was also a real power struggle for the orientation of government policies between Washingtonians (insiders with a 'long-timer' profile) and 'strangers' (outsiders policy entrepreneur profiles). Of course, this intra-elite conflict was not the only reason for the failure of the Clinton administration's health reform effort. The predominance of executive power (Clinton Task Force) as well as the weakness of the budget argument (criticism of the CBO) also favored the collapse. On the other hand, the policy reform failure durably anchored the principle of "divided we fail" in the minds of the future 'long-timers.'

Our study shows that Democratic long-timers mobilized during the Bush years in Washington think tanks to conceptualize and plan for a new health reform project, bringing some Republicans (Alliance for Health Reform etc.) on board in the effort. In this context, some of the Clinton reform veterans researched and came to clearly understand the causes of their policy failure in order to avoid the same mistakes. The idea of a "catch all" reform, mixing private and public interests, was put forward as the cornerstone of a possible bipartisan consensus. The success of the "Romneycare" health reform in the state of Massachusetts gave meaning to their approach. The quest for a bipartisan consensus then imposed a logic of negotiation with interest groups, making the formulation of a progressive (liberal) programmatic orientation unlikely. Similarly, in the context of the financial crisis, the question of the 'cost content' of the reform in view of the "scoring process" of the CBO seemed to be an important prerequisite for most 'long-timers'. In addition to the memory of the Clinton failure, this problem was familiar to them because many of them had held positions in the HHS financial administration (CMS [ex HCFA]),

at the OMB (Office of Management Budget), or in the Ways & Means Committee of the House of Representatives or the Senate Finance Committee.

The programmatic actor framework allowed us to show at the same time how the long-timers first conquered strategic positions in the two branches of power, and defended their preferences and the bi-partisan programmatic orientation, and led negotiations 'behind the secret doors.' The return of key Clinton veterans, accompanied by some new entrants rallied to the cause, took place in two stages. The first is concretized by a colonization of the key positions in the health commission of Congress since the Democrats' victory in the midterm elections of 2006 (110th Congress). From there, reflection work occurred within the CBO to link the recovery of deficits of the health insurance system with the health reform project. After the victory of Barack Obama in the 2008 presidential election, the Clinton veterans took key positions in administration (White House & HHS). In this context, some of the institutional migrants left Congress to help their colleagues in the White House to establish a unified elite front, one that shared the desire to achieve a 'comprehensive health reform.' This quasi-monopolistic position within the back offices of the two branches of power facilitated President Obama's choice to let Congress write the reform quickly behind closed doors while respecting the 'cost containment' imperative. In this particular context, the long-timers had sufficient political resources to govern the reform from the inside. The refusal to break their unity in the face of the more progressive programmatic orientation, known as the 'public option,' advanced by the Tri-Committee of the House of Representatives can be seen as one of the results.

#### **4. Comparing programmatic actors: healthcare reforms in Western Europe**

In a comparative study (Hassenteufel and al., 2009 and 2010) we analyzed governance changes in the health care systems of France, Germany, Spain, and England since the 1990's. This chronological starting point corresponds to the switch to a Labor government in England; the path-breaking 1996 reform conducted by the Prime Minister Alain Juppé in France; the 1992 structural health care reform in Germany; and the regionalization of the health care system in Spain. In each of our national cases, the loss of autonomy by non-state actors was the outcome of a pattern of reform that, at first glance, may seem contradictory. A first wave of reform, in each case, emphasized devolution of authority and internal competition. This was followed, however, by further budgetary, regulatory and – in France – constitutional reforms whose intent was the opposite: to reassert the authority of the state. What we observe, in our four cases, is that elements of a regulatory state structured around independent agencies and the management of limited internal competition is being super-imposed on nationally diverse pre-existing health care systems. A direct consequence of this is the limited but significant reduction of the autonomy of the non-state actors. In France and England, the clinical autonomy of the medical profession, although still strong, is for the first time being called into question. In Germany and France, the status of sickness funds has been standardized, and the role of the social partners decreased. In Spain, finally, regulation in the name of equity has become a tool in the hands of national authorities seeking to reclaim a measure of influence in a radically de-centralized system.

In each of these cases, we began by analyzing preliminary policy documents (reform projects, reports from commissions, white papers, position papers) as well as the ultimate content of laws and regulations. This initial phase, which provided indirect evidence suggesting the importance of endogenous elements, was followed by in-depth interviews with experts and officials directly involved at the highest level of the policy formulation and decision-making processes. These individuals (approximately 70 in all), identified by both positional and reputational methods,

included ministers, health policy advisers, senior civil servants, experts, members of Parliament, and interests group leaders. The particular mix of positions represented in the national interview panels (chiefly senior civil servants in France, for example, while a larger number of members of parliament were interviewed in Germany and advisors predominated in the UK) was determined by the institutional conditions of policy-making in each case. For all interview partners, we sought to determine their subjective understanding of health care policies as well as their direct role in the national policy process. In order to document career trajectories, finally, we used available information about these actors publicly available on the web, in newspapers, and in yearbooks. In France and Spain, we used a largely positional approach, first delimiting a large universe of potential actors and then sorting according to criteria of longevity in the sector to determine candidates for interview. In Britain and Germany, we employed a reputational method, beginning from a few readily identifiable individuals and working out from them. In all four cases, the result was convergent evidence pointing to the existence of a relatively small group (on the order of 30 to 50 individuals) of significant decision makers, with a much smaller inner core of policy architects. In each case, this core group combined the attributes of power, ideas, and purpose as discussed above. Beyond these similarities, some national differences are obvious. Two main parameters were used to compare programmatic actors across countries: their socio-professional homogeneity and their longevity in the policy process. To a lesser extent, degree of direct participation in the decision and the implementation processes have also been taken into account. The groups of programmatic actors we identified present three different configurations.

#### 1. Programmatic elites

In this case the programmatic actors are characterized by a strong internal homogeneity and a great longevity not only in the health care sector (specialization) but also in the whole policy process (decision and implementation). The French case was our main example (for details see part 2 above). The situation in Spain provides additional examples of this dynamic, although the essential element of longevity is less present. It is clear from our findings that the initial transition toward a national health system in the 1980s was the work of a closely-knit group of decision makers bound by professional identity (almost all were physicians) and a policy model derived from a somewhat idealized vision of the British NHS. These men enjoyed, at least for a time, direct access to the highest levels of decision-making. Opposition to their program, largely from employers' federations and their political allies, was overcome thanks to the support of Prime Minister Felipe Gonzales. The limits of the elite's influence, however, became apparent not with respect to their medical model but rather to their commitment to a national system. They were unable – or perhaps unwilling – to prevent the fragmentation of the system along geographical lines. Indeed, as we follow individual careers, we can see actors moving from the center to the regions, maintaining a similar approach to medical questions but adjusting the territorial scope of their programs to match the overall decentralization of the Spanish state.

#### 2. Programmatic coalitions

Its main characteristic is a greater diversity of actors. Participants come from different spheres of the health care policy, not only the civil service but also the Parliament, the academic world, and political parties. The German case was our main example here. Since the beginning of the 1990's a programmatic coalition has emerged composed of two main categories of actors: political actors (the Minister of health<sup>7</sup>, the state secretaries for health, the health policy spokespersons of

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<sup>7</sup> Three factors give the health minister a central role: the *Ressortprinzip* (autonomy for each ministerial administration), the creation of a Ministry of Health separate from the Ministry for Social Affairs since 1991 and the longevity of two ministers: Horst Seehofer, minister for health from 1992 to 1998 and Ulla Schmidt, minister for Health from 2001 to 2009. All the important reforms during this period were adopted under their ministerial mandate.

the leading political parties, the health ministers of some *länder*, members of the parliamentary health commission) as well as the so-called political civil servants (*politische Beamte*) at the top of the federal health administration, appointed at the discretion of the Health Minister<sup>8</sup>. There is a great continuity in the reform process since the structural reform of 1992, prepared at the end of the 1980's by a parliamentary commission for the structural reform of the health insurance system composed of parliamentarians and experts (the *Enquete Kommission Strukturreform der gesetzlichen Krankenversicherung*). This commission can be considered as the matrix of the reform ideas. In it, we find the actors who subsequently play an important role. This programmatic coalition had a clear reform program, combining competition among sickness funds and regulation by the State. The main reforms (1992, 2003, and 2007) were negotiated by the two main political parties (SPD and CDU-CSU): the 2007 reform was prepared and decided by a bipartite commission in charge of elaborating a new reform project, composed of 16 political actors coming from the Parliaments and the *länder* belonging to the two parties of the governmental coalition.

The most recent period in Spain, roughly since 2000, provides us with an example of a particularly fragmented programmatic coalition – or perhaps more accurately of competing coalitions. With the fragmenting of the original 1980's programmatic elite, as recounted above, the center did not disappear altogether. Efforts to reassert the authorities of national ministries have led to concrete results, in particular the 2003 law on “cohesion and quality” in the SNS, which created a number of quasi-independent agencies tasked with ensuring adequacy and equality of care throughout Spain. Compared with our findings in other national cases, or to Spain in earlier periods, nevertheless, this policy-making coalition is peculiarly weak and highly contested.

### 3. Programmatic teams

The main characteristic of this third configuration is that the actors (who are diverse as in the preceding case) are ephemeral. They are directly involved in the policy process (elaboration of solutions and decisions) only for a brief period, generally two or three years. Their role is highly dependent of political leadership as the English case shows. There, the role of generating and promoting programmatic ideas has been played by a loosely-structured group of individuals based in academics and the private sector, but who are called to act as advisors for political leaders. The result, over the ten-year span of the Blair government, was the most purely “programmatic” of the actors encountered in this study: a group of senior advisors structured and motivated almost solely by a shared programmatic vision. Institutional loci for programmatic production and consolidation include the cabinet Office and the Policy Unit of the Prime Minister, the Chancellor of the Exchequer's Council of Economic Advisors, and the Strategy Unit of the Department of Health. The last of these in particular served as a center for the production of programmatic ideas, as well as a springboard for the individuals who promoted them. All of the units were characterized by the strong presence of experts seconded from academics and the private sector, and by direct access to cabinet-level decision-makers. While lacking the linear career paths of the senior civil servants who made up the French programmatic elite for health insurance policy or of German expert civil servants and long-serving parliamentarians, this group would seem to possess the key attributes that we have identified: resources in the form of direct access to the levers of power, a self-conscious identification with a coherent set of programmatic ideas, and a clearly expressed motivation, a will expressed in numerous interviews to “make a difference” by working toward a clear policy goal.

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<sup>8</sup> Their career are less purely administrative: a growing number of the political civil servants in the health sector come from the staff of political parties or from the sickness funds.

## COMPARISON OF PROGRAMMATIC ACTORS

Country	England	Germany	France	Spain	Spain	Spain
Period	1997-2007	1992-2007	1981-2007	1980's	1990's	2000's
Homogeneity	Low (experts, advisors)	Medium (political actors, senior civil servants)	High (senior civil servants)	High (doctors)	High (experts)	Low (political actors, senior civil servants, experts)
Longevity	Low	High	High	Medium	Medium	Low
Access to the decision process	Direct	Direct (political actors are coalition members)	Direct	Direct	Indirect	Direct
Participation to the implementation process	Limited	Low	Medium	Strong	Low	Low
Type of Programmatic actor	<i>Programmatic team</i>	<i>Strong programmatic Coalition</i>	<i>Programmatic Elite (stable)</i>	<i>Programmatic Elite (ephemeral)</i>	<i>Regional programmatic elites</i>	<i>Weak programmatic coalition</i>
Autonomy of policy from politics	Medium (content only)	Low	Medium (content only)	Medium (content only)	Medium (content only)	Low

### 5. Beyond healthcare: programmatic actors in other policy sectors

All these studies concerned the same policy domain: healthcare (even if in the first study we also worked on family policy reforms in France). It doesn't mean that the programmatic actor framework is only suited for this policy. This is shown by other researches conducted on defense policy (Genieys, 2004; Joana, 2012). In France, if the 1990s was the decade when the "golden age" of military planning initiated by the Fifth Republic came to an end, then the conditions in which the "Leclerc Tank" program was set up and fizzled out, despite its strategic obsolescence and excessive financial cost, is a good example of the role of programmatic actors (Genieys & Michel, 2005). Yet, an analysis of strategic interactions between military land army elites does not allow us to fully understand how the program persisted despite the demise of the Cold War and in the face of new, severe financial constraints. Rather, completing the program seems to be linked to the role played by an internal elite in the sector's administration, highly committed to the project, who believing the "best tank in the world" was being built, managed to oversee the decision-making process. The politics of the professionalization of the French armed forces date back to 1996 and occurred in a similar vein, when President J. Chirac determined how the forces were to be reorganized and managed, with support from Ministry of Defence non-military elites who



took over from “the clan of the diplomats” (Irondelle, 2011). Nevertheless, this reform owes much to the key role played by these Ministry of Defense non-military elites, who all the while excluding representatives from the Treasury and Foreign Affairs Ministry from the process of training those new professionalized army staff, managed to channel the military elites’ resistance for their own ends (Genieys, 2010).

In the US, the reform to transform the American armed forces instigated by Secretary of Defense D. Rumsfeld, following the election of G.W. Bush in 2000, is another example of the effects of shifting roles of elites at the highest levels of the State. Research on this reform largely ignores this aspect, highlighting technical elements instead and importance accorded to developing new military equipment (Adamsky, 2010; Lacquement, 2003; Sapolsky, Friedman, & Rittenhouse Green, 2009). However, Rumsfeld’s reform is testimony to the influence achieved during the 1990s by a proportion of the civil elites within the defense sector, for whom the Pentagon and armed forces have become factors in the American State’s decreasing military capacity. The failure of the Revolution in Military Affairs desired by G.W. Bush’s Defense Secretary (Genieys & Joana, 2017) can thus be explained by the resistance of the military elites and, in particular, the Joint Chiefs of Staff, who defended an alternative model of adaptation to budgetary constraints.

The role of programmatic actors was also stressed in recent PHD on other policy sectors outside the Western world. The programmatic actor framework was used by Benoit Granier (2017) to examine the use of behavioral sciences in Japan’s energy policy in the 2010s. He highlights the key role of a programmatic group of actors, working for think tanks close the Ministry of Economy and Industry (METI) and private companies, in the transfer of behavioral economics from the US (based on the concept of nudges) and its translation into policy instruments adapted to the Japanese energy policy context (*shôene* policy). Nevertheless this group, characterized as a programmatic “nebula”, is loosely coordinated because of institutional conflicts. This explains that in this case an exogenous factor: the Fukushima accident in 2011, played a key role in the opening of a window of opportunity for the introduction of new policy instruments in the Japanese energy policy.

Another PHD using the framework was devoted to the analysis of agriculture policies in Brazil and Mexico (Lecuyer, 2018) with a focus on the issue of small farms. The difference between the policies in the two countries (institutionalization of an extension of small farms policy in Brazil in the 1990’s, dilution of the policy in broader poverty programs in Mexico) is explained by the differences in the structuration of policy actors. In Brazil, a programmatic elite of specialized agronomists defending an “extensionist” program for small farms has been shaped from the 1970’s. Like in other cases the role of similarities in specialized training, the sharing of common experiences (experimentations in the State of Nordeste), the involvement in a specialized institution (EMBRATER), the role of political learning and connections with international organizations and interest groups are key factors in the structuration of a programmatic elite. In Mexico agronomists are more in competition with other experts (hydrologists), less specialized and more dependent of political leaders (strong presidential system); thus they were not able to constitute, like in Brazil, a strong programmatic group with enough resources to drive main policy changes.

The multiplication of different cases using the programmatic actor framework do not only stress the scope of this actor-centered approach of policy change, but also that using the methodological mix we presented does not always led to identify a programmatic group: it can also be a good way to demonstrate the absence or the limited structuration of a programmatic group, which is a main dimension in the understanding of limits in policy change.

## Conclusion (to be completed)

This is why the programmatic actor framework provides an endogenous explanation based on the kind of interactions and resource distribution between three main types of policy actors: programmatic actors, veto players and policy brokers.

### Programmatic Actors and Policy Change

Case n°1: Strong programmatic group (concentration of resources, high level of specialization and autonomy, policy learning in the long term) → programmatic change

Case n°2: limited (or absence of) structuration of a programmatic group and/or strong veto players → continuity

Case n° 3: competition between programmatic groups → programmatic change if one wins, continuity if mutual neutralization between them, or limited change (if negotiated compromise between programmatic groups, role of policy brokers)

Case n°4: key role of policy brokers in the negotiation between programmatic groups and veto players → limited change

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