The programmatic action framework: An empirical assessment

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THE PROGRAMMATIC ACTION FRAMEWORK: AN EMPIRICAL ASSESSMENT

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Abstract:

This article starts with a discussion of the analytical issues of the Programmatic Action Framework (PAF); based on the hypothesis that small groups of individuals, sharing a similar analysis of a policy problem sustaining a common policy change program (including orientations, arguments and instruments) giving them a collective identity and behaving strategically as a collective actor, can be main drivers of policy change. We then present the methodological implications of the empirical analysis of such programmatic groups and policy change programs. The methodology of the Programmatic Action Framework combines tools coming from the sociology of elites (positional analysis, analysis of professional trajectories, relational analysis) and the sociology of the policy process. It was first applied in empirical researches on health insurance reforms in France and the USA since the 1980's shedding the light on the key role of specialized policy elites (specialized senior civil servants in France, long-term insiders in the USA). We conclude by stressing that, because of its systematic and encompassing empirical methodology, the Programmatic Action Framework can be used in a comparative way, in other policy sectors than healthcare.

Keywords: Health policy, Policy change, Policy elites, Programmatic Action Framework

Introduction

The programmatic action framework (PAF) was developed in the last decade in order to provide an agency-based explanation of policy change, especially in the healthcare sector (Hassenteufel and al., 2010; Genieys, 2010; Genieys, Hassenteufel, 2012, 2015; Hornung, Bandelow, 2018). Its basic hypothesis is that small groups of individuals, sharing a similar analysis of a policy problem sustaining a common policy change program (including policy orientations, policy frames and policy instruments) giving them a collective identity and behaving strategically as a collective actor, can be main drivers of policy change. These programmatic groups are not only providers of policy ideas and discourses (Bandelow, Hornung, 2019), like policy communities (Haas, 1992), but are directly involved in the whole policy process, from agenda setting to implementation, especially in the decision-making process. They can be sociologically characterized as specialized policy elites, coming from inside or outside the State like policy advisers, but also key actors in decision-making and even implementation.

Unlike most of policy process theories, the programmatic action framework (PAF) doesn't start from an institutional definition of collective actors but on the question of the shaping of a group in relation with a policy change program aggregating individuals occupying different positions in possibly various institutions and organizations, inside and outside the State. The identification of a programmatic group is the starting research question based on the hypothesis of the role of three factors in the shaping of this kind of collective actors: similar and intertwined specialized professional trajectories, a shared policy change program and a common goal: gaining authority in a policy domain in order to become an influential policy elite. The policy change program is a key constitutive element of a programmatic group. It can be defined by five main dimensions: a common definition of the problem different actors want to tackle; a shared perception of the reasons why the policy should change, based on a critique of the existing policy and the identification of policy failures (Hall, 1993); a common definition of a new policy orientation; a shared repertory of policy measures and instruments linked to the new policy orientation; and a common policy change strategy, aimed to reorient the public policy by the adoption of the measures and instruments they promote, despite lock-ins and veto-groups. The sociological, cognitive and strategic coherence that characterize a programmatic groups, who can be therefore considered as forming a policy elite in a given policy domain, distinguishes them from much looser and less aggregated advocacy coalitions or policy networks. This difference can be related to the distinction between coalitions and movements proposed by Fritz Scharpf (1997: 54-58) in his typology of collective actors in public policies: actors in coalitions pursue separate purposes whereas movements share a collective goal.

The main aim of this paper is to present an empirical assessment of this framework and how it was grasped in different empirical researches conducted by the authors. From a methodological point of view the specificity of the PAF is to combine methods coming from the sociology of elites with methods more usually used in the analysis of the policy process. It therefore articulates a sociology of policy actors (sociological analysis of professional trajectories in a policy domain and the social interactions related to them) with the analysis of their role in the policy process (especially in policy formulation and policy decision).

In the first section we discuss the theoretical bases of the framework in relation with the question of the role of collective agency in policy change. This discussion contributes to specify programmatic groups by comparing them to other kind of collective actors playing a role in policy change: policy networks, advocacy coalitions, epistemic communities and policy advisers. In the second section we present the various methodological means that are used to identify empirically a group of specialized policy elites sharing a policy change program and to analyze its

role in the policy process. Then we show how the methodology of the PAF was used in two main cases analyzing policy changes in healthcare policies since the 1980's in two very different systems: the French public health insurance system (section 3) and the US dominantly private health insurance system (section 4). In the last section we stress that, because of its systematic empirical methodology, the PAF can be used in a comparative way, beyond the healthcare sector, to understand the shaping of new specialized policy elites driving policy change.

1. Programmatic groups as a distinctive category of collective actors driving policy change

In policy process research, actors are alternatively considered as a key factor of policy change dynamics or as factors of stability, especially veto players succeeding in avoiding change (Tsebelis 2002). When they are taken into account as change agent it is mostly as individuals and not as collective actors. This is especially the case in two of the dominant policy process theories: the advocacy coalition framework (ACF) and the multiple stream framework (MSF). Some ACF studies stress the role of policy brokers (Ingold, Varone, 2012) 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 sub-system. The role of brokers involved in negotiations between different policy actors is also underlined in some network analysis approaches (Fernandez and Gould 1994). These policy brokers share some similarities with the policy entrepreneurs put forward by Kingdon (1984): they are simultaneously advocates of policy proposals with long-term experience in a specific policy domain and brokers with a great capacity to negotiate. But in Kingdon's multiple streams framework, the role of these specific actors is limited to their key role in agenda setting based on their capacity to couple streams. In other studies their role goes beyond that policy sequence to "operate throughout the formulation stage" (Gunn, 2017: 277). The notion has therefore been extended and more closely related to policy change: policy entrepreneurs are now more often generally defined as individual actors seeking policy change and mobilizing their resources for that purpose, in association to potential rewards (Mintron, 2019; Mintrom, Norman, 2009; Wampler, 2009).

More generally, the approaches that take into account this kind of individual policy actors provide a limited explanation of policy change because the success of brokering is dependent of the acceptation of compromises (or of policy change proposals in the extended notion of policy entrepreneurs) by other policy actors. Individual actors, like brokers or entrepreneurs, have to be conceived as components of specific type of interactions to understand change (Capano, Galanti, 2018). Even more important, in dominant policy process theories changes are mainly explained by dimensions related to the broader policy context. Especially in the advocacy coalition framework and the punctuated equilibrium framework exogenous factors play a stronger role than endogenous factors related to actors as drivers of policy change (Capano, 2013: 454).

We can also mention analysis focused on political leaders aiming to explain more important policy changes by putting forward 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 USA; see Skowronek 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 under-stress the role of the context (i.e., the case of the role of Margaret Thatcher; see the debate between Marsh 1994 and Moon 1995).

Secondly, 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, of the different kind of actors influencing their policy conceptions (especially experts located in advisory institutions and think tanks) and of their allies in the policy process. Therefore actors (even political actors) should also be analyzed by taking into account the collective dimension of agency in order to understand policy change.

In dominant policy process theories collective actors usually correspond to preexisting collective organizations, especially interest groups and administrative agencies, as in the advocacy coalition network[1] and the policy network framework, both defined as an aggregation of already organized collective actors. In analytical frameworks focused on administrative actors, they are collectivity structured by administrative institutions: administrative units or administrative groups like the French administrative *Grand Corps* (Kessler, 1986; Suleiman, 1978). In these different perspectives the shaping of collective actors is not directly addressed as a research question and analyzed: they are mostly considered as already existing because they are institutionalized as interest groups, professional groups, administrative structures, think tanks, political parties, international organizations …

Another difference between a programmatic group and advocacy coalitions is that the latter are not defined as a collective actor but as an aggregation of actors (Jenkins-Smith and al., 2017: 141), sharing a same belief system related to the policy issues of a policy subsystem, but not focused on change. A programmatic group is narrower and more closely integrated than an advocacy coalition and a policy change program is a more limited notion than a belief system in the ACF. It is also less related to specific forms of knowledge than epistemic communities (Haas, 1992). However a policy change program has greater capacity to bind individuals because it is not only based on shared beliefs and knowledge but also on common interests linked to power issues in a policy domain, which are not directly addressed by these policy process theories. A same kind of difference can be stressed with policy networks in which organized collective actors are part of a structured interactions system in a policy domain or around an issue (for issue networks). The aggregation of existing collective actors in a policy network is linked to the degree of interdependence between different actors in a policy domain or a sub-system, not to a policy change program (Börzel, 1998, Marsh and Rhodes 1992). As pinpointed by several authors policy networks approaches are more suited to explain continuity than change, which is not a central issue in this perspective (Wu, Knoke, 2013). In neither of these two analytical frameworks, coalitions or networks act as a group with a shared strategy and a common social identity bases on interrelated career trajectories and biographies. Coalitions are closer to a collective actor than networks (in which actors have most of the time different interests) but in the ACF perspective the focus is, on the one side, on the cognitive dimension that relates them and not on their collective strategy and identity, and, on the other side, on the interactions between coalitions not on the social construction of coalitions.

Programmatic elites are closer to epistemic communities, a notion that refers to narrower groups than advocacy coalitions or policy networks, bound by shared normative and causal beliefs, shared notions of validity and a stet of common practices associated to professional competences (Haas, 1992: 3). But, even if they share a common professional identity and policy enterprise they do not necessarily have a collective strategy and are mainly involved in policy formulation, sometimes in policy implementation, but less in the decision process and political bargaining; they are therefore not considered as decision makers (Zito, 2017: 309-310).

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[1] The methodology of the ACF is focused on the identification of belief systems in institutionalized public expressions, like in congressional hearings or in the medias where actors express their point of view as spokesman of an already existing group or as individual experts.

Differences can also be stressed with the policy advisory system perspective (Halligan, 1995; Hustedt and Veit, 2017) focused on two main research questions: the location of policy advice and its content (Craft and Howlett, 2012). This literature has been developed beyond the distinction between policy advice within and outside government (for the location issue) and between technical and political advice (for the content issue). It has led, in the particular, to the category of the "partisan policy professionals" different both from administrative actors, university-based intellectuals and elected politicians (Svallfors, 2017), developing the notion of "policy professionals" coined by Heclo (1978) to point out a new social category of political actors specialized in a policy domain. If programmatic actors also need to be long time policy specialists in order to be able to formulate a policy program and to develop a change strategy with political dimensions, they are not employed by an organization (such as political parties, think tanks or interest organizations in the case of partisan policy professionals). Another difference is that the policy advisory system perspective doesn't tackle the key issue of the PAF: how far do such kind of individuals set up a group with a common policy change program shaping a shared identity and strategy? More generally the PAF goes beyond the distinction between policy advisers, as knowledge producers, and policy makers, as advice consumer, with the category of programmatic actors playing both roles during their specialized career in a policy domain: formulating policies as advisers and having sometimes direct access to the institutional levers of decision making. This time component is a key feature of the framework.

Thus an endogenous explanation of policy change stressing the role of agency has to take into account the social construction of groups, formed by individuals not necessarily belonging to the same institutions, organizations or professions, during the policy process over time. They have to be analyzed sociologically in order to understand not only shared ideas, values, knowledge or way of thinking, but also collective strategies and identities which define programmatic groups (Hornung, Bandelow, Vogeler, 2019).

The last (but not least) difference between the PAF and the discussed theories of the policy process is that it tackles directly the issue of the distribution of power within the State, a core question of the power structure analysis rather neglected by dominant policy process theories. But differently as the dominant ruling elite perspective, which concentrates more on how the State is penetrated by pressures from outside (Domhoff, 1990), its focus, in the manner of Laumann and Knoke (2002), is on internal domains of state activity, each with a distinctive policy history (King, Lieberman, 2009). This leads to a redefinition of the issue of power within the State based on the orientation of public policies focused on the groups trying to influence and to participate to the policy decision processes, in relation with a shared policy change program. This issue can be tackled by asking three questions: who are these actors? How are they acting in the policy process? And why are they trying to impose a policy change program? Concerning the latter the PAF 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. Another initial assumption of the PAF is that individuals involved in the policy process 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. It is because they detain authority, based on an accumulation of political, administrative and expert power resources in a policy domain over time that a programmatic group can become a policy elite.

The two other questions are more empirical and require methods that uncover the complex connections between the constitutive elements of policy actors – their social backgrounds, occupational careers and professional specializations, formal position-holding, reputations for policy influence, and not least shared ideas – with their participation to the policy process. The

difference between the PAF and the above discussed policy process theories is not only theoretical but also methodological because it rests on a specific combination of empirical methods coming mainly from the sociology of elites.

2. The methodology of the Programmatic Action Framework

From a methodological point of view the programmatic action framework rests on two specific premises: (1) the importance of considering specialized professional trajectories in public policy domains over extended periods and (2) the importance of competition for authority in the policy process. The PAF links the content of policy programs to the formation of a group with distinctive sociological and intellectual characteristics. It posits that the transformative power of individuals in specific policy domains is derived from shared policy change programs and from resources (such as professional knowledge/expertise and location in key decision, and not only advisory, positions) giving them the capacity to formulate, to decide and even to implement change proposals that gives them more power in the given policy domain. Unlike "policy brokers", "policy entrepreneurs" or "political leaders" the influence of programmatic actors on the policy process is seen to derive in part from their occupational backgrounds. The focus is on individual's 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 the changes they promote), and their interventions in the policy-making process (in order to understand the nature and the scope of their change action, which has to be analyzed in relation with the distinction between different orders of change proposed by Peter Hall -1993-[2]).

From this starting point, the challenge for the analysis of a programmatic group is to establish a research protocol allowing to investigate three closely linked objects: 1) the structuration of a programmatic group 2) the elaboration of a policy change program by this group 3) the capacity of the members of the group to determine the content of the policies in relation with their program. It is important to stress that the research protocol also allows to demonstrate the absence of such a group. The existence of a programmatic group is a research hypothesis not an initial assumption.

The combination of methods for the identification of programmatic groups have been tested on French (1981-2007)[3] and American cases (1988-2012)[4], presented in the following sections. The mixture of methods, coming from the sociology of elites (positional, reputational, relational and decisional methods) and policy studies (discourse and decision analyses), enables groups of relevant individuals to be identified, their degree of cohesion to be analyzed, and the power they exert through their capacity to impose a policy program they shape and support to be understood. Once the trajectories of these individuals have been analyzed and a policy change

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[2] Peter Hall's typology of three orders of change is based on two policy dimensions: paradigms and instruments. In the PAF change is also analysed in relation with two other dimensions: institutional rules and position of actors.

[3] In two research programs funded by the research mission of the French Ministry for Social Affairs (MIRE) and coordinated by Patrick Hassenteufel: *L'émergence d'une élite du Welfare? Le cas des politiques de protection maladie et en matière de protection familiale* (1999) and *Les nouveaux acteurs de la gouvernance de la protection maladie en Europe (Allemagne, Angleterre, Espagne, France)* (2008).

[4] In the research program O.P.E.R.A. (*Operationalizing Programmatic Elites Research in America – 1988-2010*), funded from the *French National Research Agency* (ANR-08-BLAN-0032, 2008 – 2012) coordinated by William Genieys. The initial product of this project is a database of approximately 150 detailed biographical notes and over 180 recorded interviews. These can be consulted in the OPERA (https://cepel.edu.umontpellier.fr/banques-de-donnees-opera-2/)

program identified, an agency based explanatory framework for the transformations of a policy domain can be provided based on the key role of a programmatic group.

To this end, we begun by defining a set of potentially powerful positions in the selected policy domain 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 and the making of a sectorial public policy. A first phase in this research design is to define comparable sets of powerful positions in the policy domain for the period under study. This large initial population can be constructed from a list of positions of potential influence, based on the knowledge of the policy process. Such positions are defined as those with the institutional potential to participate in policy-relevant decisions, which can possibly be located outside the formal boundaries of the policy sector. A condition is to identify an initial array of institutions in which we expect to find such positions. Previous researches on the policy domain, existing literature and '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 institutional structures and procedures. This is why the kind of actors (public or private, administrative or political…) can be different from one case and one sector to another. This population of potentially influential positions provides an empirical starting point, from which it is necessary to window down a smaller group of relevant individuals.

To reduce the population of selected individuals we used a "funnel effect" by applying two criteria: i) length of career and ii) presumed influence on sectorial 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 domain in the French cases (6 years in the American one). This requires retracing the careers of the individuals identified in the first phase through the use of publically available biographical data. To them can subsequently be applied a second criterion of policy relevance. An initial entry point into the necessarily imprecise criterion of "relevance" is observable participation to the policy-making process for the adoption of the most significant measures selected (mostly laws corresponding to policy change at the level of instruments, institutions, actors and/or orientations). This sociological analysis of individual professional trajectories in a policy domain in the long term can be considered as the empirical specificity of the PAF, compared to the main policy process frameworks based on quantitative methods, case studies, document analysis, interviews and experiments (Heikkila and Cairney, 2017: 311).

In a nutshell, as summarized in figure 1, the empirical analysis of programmatic groups involves six main steps, which have to be carried out more in parallel than successively.
The first step is to identify individuals who may belong to a programmatic group in a given policy domain. As abovementioned this means selecting a population of people who hold positions plausibly linked to important decisions in the policy domain being studied.
Second, individuals who, over time, have held several powerful positions in the policy domain have to be identified, on the basis of a sociological analysis of their professional specialized trajectories in a policy domain. The degree to which their careers have been similar has also to be investigated, because it gives important clues to the existence of a group.
Third, the extent to which the identified individuals have developed a common policy change program over a significant period of time is assessed by taking into account five dimensions in the analysis of interviews and documents[5]: (1) objectives or general policy goals; (2) shared formulations of problems to be solved; (3) a common diagnoses of the failures of existing policies; (4) widely articulated arguments and reasons that justify preferred policy changes; (5)

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[5] Programmatic actors frequently engage in publications and public statements to make their ideas visible in the public debate.

agreed measures and instruments to accomplish the changes and (6) a common strategy to achieve change. Identifying empirically a policy change program must satisfy two requirements. The first is that discursive materials in the form of media interviews, reports, speeches, and points of view voiced in political or administrative bodies, press releases, articles written in the specialized and non-specialized press, though not of equal importance, form a coherent intellectual corpus. The second requirement is that the intellectual corpus emanates from identified expertise loci participating to policy formulation: universities, research centers, conferences, official commissions, think tanks, discussion forums, public reports, advisory bodies, private agencies, international institutions…

Fourth, the extent to which occupational socialization appears to have spawned a common group identity based on reciprocal esteem and close interactions between the identified actors is assessed. This relational analysis can be based on observation, interviews and network analysis.

The fifth step is the analysis of the participation of members of the identified group to the policy process at three levels: (1) the participation to the policy formulation process (2) the collective intervention in the decision process (3) the institutionalization of their authority by placing themselves in new positions of power created for the implementation of the policies they advocate. In order to capture both the capacity of these programmatic groups to transform policies according to their policy change proposals and how, in turn, these policy changes affect their structure, position, and power, two aspects are more specifically explored. Firstly, the ways in which these policy actors have intervened in the policy-making process are investigated. Thus, it is necessary to precisely study their interactions with other actors and groups in the policy domain over at least a decade's time (especially the struggles with actors like veto players opposed to change and the competition with other groups sharing different policy change programs). The second aspect 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 to assess the scope of policy changes.

The last step is the analysis of the two dimensions that play a key role in explaining the success of proposals shaped and promoted by programmatic groups: (1) the nature and level of resources (knowledge, institutional position, legitimacy and degree of acceptance of the proposals, degree of fit between 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 (competing programmatic groups) and (2) the strategies followed by these groups, often based on a policy learning process concerning not only the nature of the main problems in the policy domain 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 METHODOLOGY OF THE PROGRAMMATIC ACTION FRAMEWORK TASKS AND MEANS
Task 1: Identification of key individuals in the long term

- **Positional analysis** (step 1): <u>key positions holders</u> in the policy process in the long term (*empirical challenge*: identification of these key positions which are not only institutional and can vary over time)

- **Sociological analysis of individual trajectories** (step 2): social origins, training, <u>professional careers</u> (based on biographical data and interviews) of actors holding key positions in the long term (*empirical challenge*: selection of the individuals analyzed)

Task 2: Analysis of the existence of a programmatic group

- **Discourse analysis** (step 3): analysis of the <u>policy change program</u> and the role of key expertise institutions (based on documents, public discourses, interviews) in the formulation of policy proposals (*empirical challenge*: measuring the degree of coherence of the program)

- **Relational analysis** (step 4): <u>personal links</u> between the identified persons (based on interviews, observation and network analysis) (*empirical challenge*: measuring the degree of identification of the identified individuals to a group)

Task 3: Analysis of the power of a programmatic-group

- **Analysis of the policy processes** (based on interviews, documents and archives) (step 5): in the long term in order to grasp not only the participation of these individuals to the decision process but also to implementation and the feedback effects on policy formulation (*empirical challenge*: reconstruction of the policy process)

- **Strategic resource analysis** (step 6): kind of resources detained compared to the other policy actors (*empirical challenge*: measuring the level of resources and their mobilization to support a collective strategy)

This methodology aiming to grasp the structuration of a group of individuals around a shared policy change program was first used in the case of health policies in France and then in the United States. Health policy, and more generally welfare policies (the first case study on France also concerned family policies), are usually characterized as policies with strong continuity for two main reasons: in the historical neo-institutionalist perspective the Welfare State is analyzed as particularly path dependent (Pierson, 1994) and the role of strong veto groups is often high-lightened, especially the veto-power of the organized medical profession in France and the USA (Hassenteufel, 1996, Wilsford, 1991). Therefore the analysis of policy change in this policy domain is particularly challenging and relevant, especially by working on different health systems (role of public social insurance in France, role of private insurance in the US) embedded in different political systems and State types. Both researches aim to understand the major changes that occurred at a different period in France (in 1996 in France and in 2010 in the US) in a long time perspective, starting in the 1980's and including several political changes (between left-wing and right wing governments in France; between Republican and Democrats administrations in the USA).

TIMELINE TABLE			
Timeline France (1981-2010)		**Timeline USA (1988-2010)**	
1981-88 1984 1986-88	First Election of F. Mitterrand (left) *Hospital Reform* *Right wing majority in Parliament*	1988-92 1989-90 1991-92	Election of G. H. Bush *101e Congress: Democratic Majority* *102e Congress: House Democratic / Senate Republican*
1988-95 1993-95	Second Election of F. Mitterrand (left) *Right wing majority in Parliament*	1992-2000 1993-94 1993-95 1995-01	Election of Bill Clinton *Failure of the "Clinton Plan" (*Health Security Act*)* *103e Congress: Democratic Majority* *104e, 105e, 106e Congress: Republican Majority*
1995-02 1986 1997 2002-07 2004	First Election of J. Chirac (right) *Adoption of the Juppé Plan (*four different laws including a constitutional reform creating the Social Security Finance laws and the yearly adoption of health insurances expense targets by the Parliament*)* *Left wing majority in Parliament* Second Election of J. Chirac (right) *Health insurance reform (*creating two State agencies: UNCAM and HAS)	2000-2008 2003 2001-02 2002-07 20007-09	Election of G. W. Bush *Medicare Modernization Act, bipartisan reform* (Medicare part D) *107e Congress: House Republican / Senate Democratic* *108e & 109e Congress: Republican Majority* *110e Congress: Democratic Majority*
2007-12 2009	Election of N. Sarkozy (right) *Hospital reform* (creating the Regional Health Agencies)	2008-2016 2008-2010 2009-12	Election of Barack Obama *Patient Protection & Affordable Care Act (23:03/2010)* *110e Congress: Democratic Majority*

3. Case 1: The Welfare elite strengthening the role of the State in French health insurance policies

An initial study was conducted in 1997-1998 on health insurance policy during François Mitterrand's two presidential terms of office (1981-1995). A follow-up study was conducted in 2006-2007 and concerned health insurance policy during Jacques Chirac's two presidential terms of office (1995-2007) (Genieys, Hassenteufel, 2015). We shed the light on the development of a group of individuals sharing an institutional reform program following the goal of strengthening the autonomy of the state vis-à-vis the traditionally powerful non-state actors (especially social partners and doctors). What unifies this group is not only a shared analysis of the previous policy failures in health insurance policies but also a common desire to gain ''autonomy'' vis-à-vis

powerful actors such as former policy elites, interest groups, or cross-sectorial 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 sectoral policy elites provides a creative dynamic for reform in otherwise stable institutional settings (Genieys and Smyrl, 2008). The shaping of a programmatic group involved in intra-elite competition provides a plausible explanation for the empirical observation of governance changes towards an autonomous regulatory state in the healthcare sector. Our studies also show the need to analyze reforms in the long term: the strengthening of a programmatic group is not only a cause but also a consequence of former governance reforms, which have progressively increased their resources (especially their institutional position in the policy decision and implementation process). The constitution of a specialized 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, despite political changes (see timeline).

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 domain traditionally dominated by non-state actors (social partners and professional organizations). This group has been coined "Welfare elite" (Genieys and Hassenteufel 2015) for two reasons: they all belong to the administrative elite (having studied at Sciences Po in Paris, then have been strongly selected to enter the ENA and belonging to prestigious administrative "corps") and are strongly intertwined because of personal links and common professional trajectories. 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[6]. These individuals were selected initially on the basis of two institutional criteria: membership of 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 individuals who might possibly have influenced both the formulation of policies and the decision-making process[7]. Because we identified all senior civil-servants concerned with policy-making for health insurance between 1981-1997, we sought to reduce this large population to those deemed reputationaly to have important influence on policy-making[8]. This entailed investigating, on the basis of interviews, three aspects of these individuals' career trajectories:

- accumulation of a specialized 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 policy domain as indicated by successively holding multiple positions of power that facilitated interventions when defining public policies and provided relative autonomy from the political elite of Ministers and MPs;
- inter-personal bonds as indicated by considerable amounts of mutual respect.

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[6] 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?*

[7] 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~~ individuals he or she "deemed important" for understanding decision-making processes in the health policy domain.

[8] Methodologically speaking, we used a *funneling technique* that reduced the global population of 133 individuals to 27 key or core individuals. We then studied the historical settings of their careers in the policy domain, as well the ideas and public policy programs associated with them.

The policy learning process from the failures of cost containment policies in the 1980s and the early 1990's played a central role for the formation of this programmatic group. For a long period the senior civil servants involved in health insurance policies faced the experience of being defeated by interest groups whenever they tried to implement measures to solve the problems of the structural deficit of public health insurance. 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 medical 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 professionals, especially doctors (Hassenteufel, 1996).

The wish 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 common goal was complemented by common problem perceptions and policy proposals. The leading figures of the health insurance 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 the group, who had not only to give evidence of their internal coherence but also to 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 insurance policy can be seen as the central element of a collective strategy of individuals sharing the same specialized trajectory in the Social security domain, a policy domain senior civil servants didn't invest until the 1980's. Before that period they rather tried to step out of it for their careers. The social security domain became more attractive because it remained a strong national state competency in the context of increasing European integration, with a growing financial importance for the public budget. The trajectory of the *Social Policy Managers* corresponds to the professional trajectory of individuals 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 use policies strategically vis-à-vis other policy actors inside and outside the state in policy-making struggles.

This programmatic group used the opening of policy windows (Kingdon 1984) 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 welfare 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 *Direction de la Sécurité Sociale* (DSS) and governmental advisors (the French Minister's staffs -the "*cabinets*"- are mainly composed of senior civil servant) were key actors in the decision process. 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 two State-led regulatory agencies: UNCAM for health insurance and the HAS for health assessment) 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),

included in that law, was negotiated mainly between senior civil servants: advisors of the President, of the Prime Minister, of the Health Minister and members of the DSS.

While the structural deficit of the health insurance system has been a necessary background for the formation of a programmatic group it does not provide a sufficient explanation for the content of the reform program. The senior civil servants did not only learn from policy experience but also had common forums 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 security policy was forged in order to "domesticate" budgetary constraints. The game of negotiating and balancing among ministries, which is central to the French system of government, naturally leads these health insurance specialists 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 of 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 commission 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 gave a recurring opportunity for agenda-setting and decision making to the administrative unit who prepares the budgets on which the parliament has to vote: the DSS. Another relevant example is the fact that the new national union of sickness funds (UNCAM), created by the 2004 Health insurance Act, was from 2005 to 2015 directed by a senior civil servant, former director of the Health Minister's staff (*cabinet*) and therefore a key actor in the decision process of this reform. Other members of this elite group got positions at the head of the regional hospital agencies created by the 1996, and then of the regional health agencies created by the 2009 Hospital, Patient, Health and Territory Act. These new institutions play a key implementation role.

A main consequence of this change process is a new institutional balance of power inside the executive branch. Members of the programmatic group are concentrated at the head of 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. Individuals whose vision was centered on "social progress" gave way to a new "welfare elite" that put forward a budget-controlled approach to social security 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 welfare elite.

The DSS used the argument of budgetary constraint to its advantage in order to guarantee the durability of the French welfare model, in other words a financially sustainable *Securité Sociale*.

Consolidation of these new roles facilitated the homogenization of the programmatic group, which was forced to clarify its ideas in order to face up to rival elites. Affirming the state's centrality in social security policies 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. The formation of a new policy elite demonstrated how introducing institutional policy governance changes led to a substantial increase of State power in health insurance.

4. Case 2: The role of 'Long-term insiders' in the making of the Affordable Care Act

The programmatic action framework was later used to investigate the last two attempts at major healthcare reforms in the United States since the 1990s. It was based on 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 (in the abovementioned research program OPERA). The longitudinal analysis of the professional trajectories in the health insurance domain between the Clinton and Obama administrations reveals the emergence of a group of "long-term insiders." Possessing specific 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 individuals came back in force in the health sector during the Obama era, playing a central role in directing the reform policies from within. The positions taken by the '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").

Following the methodology of the programmatic action framework, the empirical study was focused on individuals 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 for the healthcare sector the period 1988-2010[9] 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 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 action framework therefore allowed us to identify health insurance policy 'long-term insiders' a sub-population of 151 (16%) potential policy elites among our sample of 944 individuals who had worked for at least six years in a range of positions[10]. These *long-term insiders* based on merged figures for health insurance include 88 senior appointees

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

[10] *Long-term insiders* are defined in contrast to short-timers (Darviche & al., 2013: 13). 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).

out of 538 (16.3%) of the sample population and 63 Congress committee staffers out of 406 (15.5%).

Commonalities among health insurance policies *long-term insiders* include having graduated from prestigious universities in the American case: they tend to have been educated within *Schools of Public Policy or Schools of Public Health*. 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., Georges Washington U. John Hopkins U. etc.). The length and type of specialization of these sector specific careers is what distinguishes professional pathways. The 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 (Genieys, 2020, chap. 3). Nevertheless, as we illustrate further on, often as a result of changing political majorities, *long-term insiders* 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.

The sociology of these trajectories also shows a change in the profile of dominant healthcare policy elites. The bureaucratic elite of the *Social Security Administration*, the New Deal heirs « reformers » (Oberlander, 2003), are supplanted by the *long-term insiders*, who master *policy analysis* tools, and were appointed at the *Health Care Financing Administration,* the *Office of Management and Budget* or the *Congressional Budget Office*. This budgetary expertise gives the new healthcare policy elite the capacity to shape a new reform program taking into account the cost containment dimension (Genieys, 2020 chapt. 4 & 5).

The analysis of career paths of *long-term insiders* in health insurance reform with Democratic Party leanings reveals two important and related aspects of their trajectories: a circulation characterized by a return to healthcare policy-making after a passage in the private sector, and participation in forums to rethink healthcare policy design (Genieys, 2020, chapt. 4 & 5). 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), especially during the policy formulation stage. 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 to the Clinton Plan's political battles, the "Clinton veterans," from those who came to power as "newcomers." Finally, with regard to their circulation in the private sector, the study shows that the *long-term insiders* 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 to learn from the failure of the Clinton administration[11].

This analysis of the relations between policy elites allowed 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", "pay-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-term insiders* profile) and 'strangers' (outsiders with

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[11] The main health policy think tanks in Washington are the *Alliance for Health Reform, Bipartisan Policy Center, Center on Budget and Policy Priority*, *Center for American Progress, Hamilton project*. For a detailed analysis of their role see Lepont (2014).

policy entrepreneur profiles). Of course, this 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 (Genieys, 2020, chap. 6 & 7). On the other hand, the policy reform failure durably anchored the principle of "divided we fail" in the minds of the *long-term insiders*.

Our study shows that Democrat *long-term insiders* mobilized during the Bush years in Washington think tanks to conceptualize a new health reform project, tried to bring some Republicans (*Bipartisan Policy Center, Alliance for Health Reform* etc.) on board (Genieys, 2020, chap. 8). In this context, some of the Clinton reform veterans aimed to 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 insurance reform in Massachusetts gave meaning to their approach. The quest for a bipartisan consensus 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 *Congressional Budget Office* (CBO) seemed to be an important prerequisite for most *long-term insiders*. In addition to the memory of the Clinton failure, this problem was familiar because many of them had held positions in the HHS financial administration (*Health Care Financing Administration* [CMS since 2001]), at the *Office of Management Budget* (OMB), or in the *Ways & Means* Committee of the House of Representatives or the Senate Finance and Budget Committee.

The programmatic action framework allowed us to show at the same time how the *long-timer insiders* first conquered strategic positions in the two branches of power, in order to defend their preferences and the bi-partisan and consensual programmatic orientation, then led negotiations "behind closed doors." (Genieys, 2020, chap. 9). The return of key Clinton veterans, accompanied by some "newcomers" rallied to the cause, took place in two stages. The first was the occupation of key positions in the health commission in Congress since the Democrats' victory at the midterm elections in 2006 (110th Congress). Elaboration 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 at 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, and some "technocratic facilitator" returned to the 'power back-offices' to cement a unified elite front, sharing the goal to achieve a "comprehensive health reform." This quasi-monopolistic position within the height 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 Democrat *long-term insiders* 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 its consequence (Hacker, 2010).

In the two cases studied the programmatic action framework provides an agency based explanation of policy changes stressing the role of a specialized group of individuals shaping and sharing a program taking into account the financial constraints for social security policies. These programmatic groups, forming a new policy elite in both cases, are characterized by their long term specialization in a policy domain, but with different profiles: while in France they are exclusively senior civil servants working for the government during their whole career, in the United States they circulate between the public and the private sector so as between the two

branches of power. It gives a hint that the methodology of the PAF can be duplicated in different national contexts and for different policy domains.

5. Towards a comparative empirical analysis of programmatic groups in different policy domains

In a first attempt to use the use the PAF in a comparative way, we conducted a study on governance changes in the health care systems of France, Germany, Spain, and England since the 1990's (Hassenteufel and al., 2010). 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 resources, ideas (policy change program), strategies (in relation with institutional power issues) and identity as discussed above. Beyond these similarities, some national differences have also been stressed. Two main parameters were taken into account to compare programmatic groups across countries: their socio-professional background and their longevity in the policy process. The programmatic groups we identified present different configurations in each country. The main difference with the initial French case is that other types of actors belonging to a programmatic group have been identified: non-state actors (holding positions in the self-administration institutions) and political actors (health specialist parliamentarians and ministers at the federal and lander levels) in Germany (see also Hornung, Bandelow, 2018); private sector consultants and managers, academic experts and ministers in England. In a follow-up research we currently apply the PAF methodology in order to understand the evolution of healthcare policies after the 2007-2008 crisis in England, France, Germany and the United States (ProAcTA research project[12]).

All the studies abovementioned 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 sector. This was first shown by other researches conducted on defense policy in France and the United States (Genieys, 2010; Genieys, Joana, 2017). In the first country the success of the "Leclerc Tank" program has been explained by the role of a small policy elite in the sector's administration, highly committed to the project, believing that it was the "best tank in the world" and managing to oversee the decision-making process (Genieys, Michel, 2005). In the US, the failure of the Revolution in Military Affairs program, carried by G.W. Bush's Defense Secretary, has been 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 (Jensen, 2018). The role of programmatic groups 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, working for think tanks close to the Ministry of Economy and Industry (METI) and private companies, in the transfer of behavioral economics from the USA (based on the concept of nudges) and its translation into policy instruments adapted to the Japanese energy policy context (*shôene* 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 group of specialized

agronomists defending an "extensionnist" 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 group. 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 policy elite with enough resources to drive main policy changes.

Conclusion

The multiplication of different cases using the programmatic action framework (PAF) do not only illustrate the scope of this agency approach of policy change, but also that using its methodology does not always lead to identify a programmatic group: it can be a 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, like for institutional healthcare reforms in Spain (Hassenteufel and al., 2010). Therefore it can also help to explain continuity in an agency perspective. As Bandelow, Hornung and Smyrl highlight in this issue the PAF is based on three main hypotheses explaining policy change: the forming of a programmatic group (related to similar career trajectories and inter-personal linkages), the holding of key resources (especially access to the decision process and intellectual influence) making them a policy elite, and the content of the program (coherence and responsiveness to the dominant issues and the context). Thus, using the programmatic action framework helps to provide a more endogenous explanation of change and/or its limits, even if the actors act in specific contexts which have to be taken into account, not least because programmatic groups have a strategic capacity to use and even to frame the context, as we have seen with the financial contexts of health insurance polices.

Another strength of the PAF is that it rests on a specific methodology which, on the one side, provides a systematic sociological analysis of relevant policy actors, and, on the other side, takes into account the complexity of the policy process by grasping the interactions with other policy actors during the policy process over time, especially veto-player opposed to change, competing programmatic groups, allies that can be enrolled in "discursive coalitions" (Zittoun, 2014) and/or in "instrument constituencies" (Voss, Simon, 2014) to facilitate decision and implementation. Last, the PAF analyses policy change in a long term perspective which helps to understand the intertwining between the dynamics of actors (strengthening or weakening of a programmatic group over time), of policy programs (in relation to the identification of policy failures and transformations of the context) and of policy contents (especially the continuity of a reform path driven by programmatic actors). If the main output of the success of a programmatic group is the institutionalization of its power in a policy domain giving this policy elite also a key role in policy implementation, it can, over time, lead to its transformation into a custodian of a State policy (Genieys, 2010, 2020), less oriented towards change than towards continuity of a public policy reform path that it has initiated. This is why an established policy elite can be challenged by a new programmatic group, what also pinpoints the agency dynamic of policy change.

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