



The evaluation of the PACA regional public health plan: Reconciling the managerial, scientific and democratic finalities

Françoise Jabot ^{a,*}, Jean Turgeon ^b, Léopold Carbonnel ^c

^a Département Sciences humaines, sociales et des comportements de santé, Ecole des hautes études en santé publique, Avenue du Pr Léon Bernard, 35043 Rennes, France

^b Ecole nationale d'administration publique, 555 Boulevard Charest Est, Québec, Qc, Canada G1K9E5

^c Direction régionale de la cohésion sociale, de la jeunesse et des sports, Provence Alpes Côte d'Azur 23/25 Rue Borde-CS 90002 13285 Marseille Cedex 8, France

ARTICLE INFO

Article history:

Received 2 April 2010

Received in revised form 24 February 2011

Accepted 27 February 2011

Available online 4 March 2011

Keywords:

Democracy

Debate

France

Management

Regional health planning

Pluralism

Evaluation process

ABSTRACT

For more than a decade now, evaluation has developed considerably in France, thanks in particular to the Société Française de l'Évaluation, whose charter sets out a number of principles designed to guide the work of evaluators.

This article examines how the evaluation process surrounding a regional public health plan (referred to as PRSP) – itself being a new instrument for regional planning in France – accords with one of these principles, which specifies that evaluation must be framed according to “a three-fold logic involving public management, democracy and scientific debate.”

Our analysis shows that while this evaluation was driven primarily by managerial concerns (i.e., assessing the capacity of the plan to structure health policy in a region), it also provided an Opportunity for restoring dialogue with a range of actors by opening up a space of cooperation and consultation. In addition, in order to ensure the legitimacy of the evaluation's conclusions, the knowledge produced by the evaluators had to rest on an irreproachable methodology.

This example illustrates how evaluation, in the French tradition, is a process that strives to reconcile the viewpoints and expectations of managers, scientists and the general public; it is also a process that brings out lines of tension and areas of complementarity between these three logics.

© 2011 Elsevier Ltd. All rights reserved.

1. Introduction

Modern social program evaluation emerged in the United States in the 1960s and in several English-speaking countries in the years following. On the other hand, public policy evaluation – a considerably much more loosely defined approach, given its objectives – was what, in France, mobilized the attention of the public authorities beginning in the mid 1980s. Then, from the early 2000s (decade), the budgetary reform of the French central government (RF, 2001) ushered in a logic of performance and results measurement, imposed the translation of public action into programs, and, in the process, threw into question the received conception of evaluation, with greater emphasis being placed on budgetary performance. Year 1999 saw the founding of the *Société française de l'évaluation* (French Evaluation Society, hereafter referred to as SFE), a decade after the International Research Group on Policy and Program Evaluation (INTEVAL), gathered around Ray Rist, first attempted to establish an evaluation society in France

(Jacob, 2005, p. 99). For several years now, the SFE has strived to promote quality evaluations and has set out in its charter a number of principles designed to guide the work of evaluators (SFE, 2006).

In the health sector, France's Act on public health policy (RF, 2004) requires of each region that it adopt a regional public health plan (*plan régional de santé publique*, hereafter referred to as PRSP) covering all public actions and programs and that it evaluate this plan. Such was the context in which, in 2008, the evaluation of the regional health plan of the Provence Alpes Côte d'Azur (PACA) region was conducted, constituting a first in France. This evaluation was, in consideration of the plan's recent implementation, considered to be a formative intermediate evaluation (RF, 2006) – in other words, its purpose was to “recapitulate the progress achieved to date in view of potentially reframing the action undertaken or the *référéntiel*”¹ (RF, 2007).

¹ Loosely translated in English as “system of reference,” *référéntiel* has been defined by the French political scientist Pierre Muller to mean a representation of reality serving as the basis for making a policy (Boussaguet, Jacquot, and Ravinet, 2004, p. 371). A *référéntiel* is both a cognitive process (simplifying reality in order to grasp it) and a prescriptive process (making it possible to act on reality) and, as such, can be viewed as a structure of meaning delineating the interconnections between different levels of perception.

* Corresponding author. Tel.: +33 02 99 02 28 42.

E-mail addresses: francoise.jabot@ehesp.fr (F. Jabot), Jean.turgeon@enap.ca (J. Turgeon), Leopold.carbonnel@drjcs.gouv.fr (L. Carbonnel).

The objectives of this article are first to describe and thereafter to analyze, from the perspective of the first principle set out in the SFE charter; the process involved in the evaluation of a new planning tool in France – namely, the regional public health plan (PRSP). This charter leverages both the evaluation lessons acquired in France and the methodological reflections developed in various countries to identify seven principles – including one pertaining to pluralism, whereby “evaluation is framed according to a three-fold logic involving public management, democracy and scientific debate” (SFE, 2006). These three logics in fact represent three forms of legitimacy. Working from the underlying legitimation processes outlined by the SFE to examine an evaluation process is in line with the suggestion of Tourmen (2009), for whom “Analyzing a situation with concepts related to legitimacy would be helpful to anticipate the kind of evaluation process and conclusions that may be accepted, acknowledged, and able to produce effects” (p. 24).

This article examines how the PRSP evaluation process in the PACA region accords with each of the three underlying logics. It also identifies the tensions and complementarities between them.

2. The context of evaluation

Evaluation has developed considerably in France for more than a decade, particularly in the health sector. A strong increase in health-related planning, particularly at the regional level, has constituted a lever contributing to the advancement of evaluation. Evaluations have been gradually initiated in the country's regions, not only as part of the planning process but also in keeping with a dynamic of local consultation (Jabot, 2004). The conception of evaluation as a collective process and approach has spread alongside the model of expert evaluation as an independent process reserved exclusively for specialists. Thus, an abundance of research has been conducted at various levels (national, regional, local) in response to various regulatory requirements or local initiatives and covering a range of subjects (e.g., policies, plans, programs, organizations, networks, and pilot projects). All in all, the broad array of evaluations methods and approaches used to date have undergone little if any standardization, aside from a few situations in which evaluation mandates for evaluation have been accompanied by a fairly specific frame of reference.

2.1. The situation of evaluation in France

2.1.1. A few milestones

Notwithstanding a few prior initiatives, for the most part evaluation began to develop in France from the early 1990s on (Fontaine & Monnier, 2002, p. 63). At that time, France established an institutional evaluation apparatus – that is, a set of organizations and rules that “contribute to the development and sustainability of the evaluative practice in a given space” (Jacob, 2005, p. 107). At the national level, the adoption of a government order (RF, 1990), following a decade of debates, marked the official beginning of public policy evaluation. Drawing on the conclusions of a report (Viveret, 1989) drafted at the request of the government as part of its efforts to modernize the public service, the authors assigned an important role to organizing the confrontation of the viewpoints of all stakeholders; specifically, they established spaces of discussion and debate with the pluralistic evaluation bodies charged with conducting evaluations (Viveret, 1989). In addition, the 1990 government order both defined evaluation² and established an institutional framework consisting, on the one

hand, of an interministerial committee mandated to manage evaluation work and, on the other hand, a scientific council (Conseil Scientifique de l'Evaluation – CSE) charged with fostering reflection about evaluation methods and ethics. The work of this council (CSE, 1996) constitutes a theoretical reference that has since permeated France's evaluation culture; indeed, among the community of evaluators there is a shared emphasis on such key values as the wording of evaluation questions, the plurality of viewpoints, the delineation of phases in an evaluation project, and the identification of main evaluation criteria (Perret, 2001). The CSE selected six criteria for evaluating policy quality: coherence, achievement of objectives, effectiveness, efficiency, impact and relevance. In 1998, the CSE was replaced by the *Conseil national de l'évaluation* (RF, 1998), which in turn was abandoned in 2003 and definitively abolished in 2008, coinciding with the implementation of the general review of public policies conducted alongside the reform of the central government (RF, 2008a).

In June 1996, the French Parliament established a public policy evaluation body answering to both the National Assembly and the Senate known as the *Office parlementaire d'évaluation des politiques publiques* (OPEPP, parliamentary public policy evaluation office) (RF, 1996). It seems that this experience proved to be inconclusive, as the OPEPP was abolished in 2001 (Jacob, 2005, p. 74). During the same period, the National Assembly founded the *Mission d'évaluation et de contrôle* (MEC, an evaluation and control delegation) in 1999 for the purpose of improving control over the use of moneys allocated under the appropriations bill. For its part, the Senate in 2000 created the *Comité d'évaluation des politiques publiques* (public policy evaluation committee) answering to the standing committee on finance and whose evaluations were conducted with the assistance of external experts (Jacob, 2005, p. 74). Fontaine and Monnier note that despite these initiatives, a degree of skepticism toward evaluation continues to linger at the political level (2002, p. 74).

At the regional level, evaluation developed rapidly during the 1990s as the result of a combination of actions: the 1982 law on decentralization, an increase in “State-Region Contractual Plans,” the implementation of European structural programs beginning in 1989, and the 1993 circular on partnership evaluation of co-financed policies (Fontaine & Monnier, 2002, p. 69).

At the dawn of the third millennium, Furubo, Rist, and Sandahl (2002), in an inventory of 22 countries, note that evaluation in France, “has not yet reached the full dimension of ‘maturity’ that can be expected from this type of exercise,” despite considerable internal and external pressures in this direction (p. 74). Derlien (cited by Jacob, 2005, p. 50) associates France with a wave of countries in which the institutionalization of evaluation is recent. One of the main reasons for this situation would appear to stem from how, in France, the relevance of government intervention comes in for little questioning, in contrast with the United States, where governments must provide a priori justification for intervening in any field involving the general interest (Perret, 2003). It would thus appear that in France, the performance of evaluations is less the outcome of a legislative requirement than is the case elsewhere (Jacob, 2005, p. 65). It remains to be seen whether this opinion will change as the result of enshrining evaluation in the Constitution in 2008 and making evaluation a major responsibility of Parliament, with the support of the *Cour des comptes* (Court of Audit). To this end, the National Assembly created a committee for the evaluation of control of public policies in July 2009. This committee may conduct evaluation programs and give its opinion concerning impact assessments accompanying draft legislation; in addition, it constitutes a forum for discussion across all the institutions making up the National Assembly.

In short, evaluation has, in France, been integrated into the “techniques and approaches making up the public management

² “The purpose of the evaluation of a public policy is to inquire into whether the legal, administrative or financial means implemented [indeed] serve to produce the effects expected from this policy and to achieve the objectives that have been assigned to it” (RF, 1990, our translation).

palette, more particularly in relation to knowledge of the conditions of public policy management” (Thoenig, 2005). Aside from this culture emphasizing process evaluation and influenced by the sociology of knowledge, French evaluation practices stand out for the quality of sectoral expertise (especially in the corps of inspectors and ministry and agency research departments), serious reflection concerning evaluation methods and ethics, as well as an emphasis, ahead of most other countries, on the importance of confronting points of view at the time of evaluation (Barbier, 2010; Perret, 2003). From this perspective, the three-fold logic set out by the SFE in its Charter in 2006 appears to summarize (to a good extent at least) the evolution of evaluation in France. According to the SFE, the purpose of evaluation is “produce knowledge about public actions, respecting their effects, with the dual objective of enabling citizens to appreciate the value of these actions and assisting decision-makers in improving them” (SFE, 2006, our translation). Although the SFE does not claim to represent all the types of actors who perform evaluations in France, its Charter enjoys growing recognition, is used by university master’s programs in evaluation, and serves as a framework of reference for meta-evaluation research (Barbier, 2009, p. 31).

2.1.2. The regional framework of public health policies

During the last decade, the context surrounding the implementation of public health policies has been shaped by numerous influences, and in particular by the gradual recognition of the regional level as being relevant for the carrying out of health policies. Act 2004-806 pertaining to public health policy, adopted in August 2004, has helped to consolidate this level by laying the groundwork for the implementation of regional public health plans and groups. The *plan régional de santé publique* (PRSP), a plan built on the basis of a regional diagnostics performed by both institutions and professionals, is, as its name implies, the instrument of regional public health policy. Its overarching objective is to bring together, within the same framework and in the service of shared goals, health actions initiated by a number of institutions and across a range of decision-making levels. It must, on the one hand, create a roadmap for national priorities (e.g., the national cancer program or the national health and nutrition program) and, on the other hand, develop health programs and actions specifically designed to meet the needs of each region. Each plan is implemented by the recently created structure called the *groupement régional de santé publique* (GRSP), or regional public health group, which brings together the decentralized services of the central government, the regional hospitalization agency, the regional union of health insurance funds, and those local communities interested in participating. However, the Act prescribes that the central government remains the main driver of the GRSP, reserving a majority of votes on the board of directors to it. The Act also prescribes that these plans shall be required to undergo evaluation but does not, however, define the framework or methods to be used, leaving it up to regional actors – chief of which the regional representatives of the central government – to make choices in this regard. The French ministry of health has not developed a set of standards, properly speaking, but in 2009 it distributed a guide aimed at aiding regional actors to build their own evaluation (RF, 2008b).

2.2. The evaluation of the Provence Alpes Côte d’Azur region’ PRSP: a “first” in France

The Provence Alpes Côte d’Azur region

Covering 31,397 km², Provence Alpes Côte d’Azur (PACA) is a region located in southeastern France, presenting strong contrasts between a broad littoral fringe and Alpine mountain areas.

The region’s population (4.8 million inhabitants in 2007) and economic activities are concentrated in an urban area extending the length of the Rhône valley and the Mediterranean Sea. The region is divided into 6 administrative *départements*. In addition, respecting the offer of care and services, the region is divided into 9 “health territories” and 25 “community (services) territories.”

According to health indicators, the region fits with the national average. However, it is home to a higher proportion of persons suffering from chronic diseases owing to the higher demographic weight of its elderly inhabitants. “Medical density” is thus higher in this region than elsewhere on account of the attractive climatic conditions.

Source: Institut National d’Etudes Economiques et Statistiques (National Institute of Statistics and Economic Studies) <http://www.insee.fr/fr/regions/provence>.

The PACA region’s PRSP, established for a five-year period (2005–09), covers 23 programs targeted at the prevention of diseases presenting high regional prevalence (e.g., HIV/AIDS, hepatitis, and chronic diseases), the prevention of at-risk behaviours (e.g., addictions), or the delivery of care to specific populations (e.g., accessibility for elderly or economically disadvantaged people). The plan sets out more than 150 operational goals, and its implementation has mobilized more than 39 theme-based project leaders and 90 local correspondents, who work within a framework of institutional and professional cultures that can occasionally differ considerably from one another.

List of PACA PRSP programs

- | | |
|-----|--|
| P01 | Taking environmental action |
| P02 | Taking environmental action in the workplace |
| P03 | Reducing road risk |
| P04 | Reducing addictive behaviours and substance abuse |
| P05 | Promoting a balanced diet and exercise |
| P06 | Improving the prevention, early diagnosis and detection of cancer |
| P07 | Improving the detection of dental disease within the framework of oral hygiene promotion |
| P08 | Improving the detection of health problems among at-risk populations through medical exams |
| P09 | Facilitating access to adapted contraception in order to prevent unwanted pregnancies |
| P10 | Preventing everyday accidents |
| P11 | Promoting the appropriate use of medication |
| P12 | Improving vaccine coverage |
| P13 | Improving the detection, prevention and management of psychological suffering and suicide |
| P14 | Improving the prevention, detection and monitoring of HIV/AIDS/STIs |
| P15 | Improving the prevention, detection and overall management of hepatitis B and C |
| P16 | Program of health education for schools and outreach |
| P17 | Supporting parents in early child care |
| P18 | Preventing ageing-related risks |
| P19 | Implementing provisions relating to the Regional program of access to prevention and care |

| | |
|-----|---|
| P20 | Organizing the handling of alerts and the management of emergency health situations |
| P21 | Rare diseases |
| P22 | Chronic diseases |
| P23 | Female genital mutilations |

This network of actors is a source of richness owing to the diversity of expertise brought into play. It is also a source of managerial complexity inasmuch as the director of the GRSP, in his capacity as the representative of the central administration, exercises hierarchical authority over only approximately 15% of them. Implementation of the plan has generated new methods and procedures for bringing consistency to work and highlighted the gap between the announced ambitions and the means made available to achieve these ends. Indeed, GRSPs constitute flexible structures, legally speaking, but are also weak and financially vulnerable structures in terms of their allocated resources and their political weight.

Two years after the plan first began to be implemented, the officer in charge of the regional public health policy decided to launch an evaluation process; in his view, evaluation, even if conducted early, would be a means of supporting change, re-framing (where required) the strategies or certain objectives of the plan, and legitimating the GRSP by showcasing its first outcomes. This evaluation, the first to be conducted in France in connection with a PRSP, accorded with the regional culture, in which evaluation is conceived of as a process involving the management and regulation of public actions and is clearly oriented toward a formative function.

3. Methodology

3.1. The conceptual framework

As was noted above, the charter of the SFE (2006) has identified three logics that are pursued by evaluation. Although these three logics complement one another, in our view they also seem to be mutually exclusive. They will serve here as a conceptual framework and subsequently help to guide the analytical approach.

3.1.1. The managerial logic

Public management “focuses on the organizational machinery for achieving policy goals” (Shafritz, 2004, p. 242). It can be defined as the art of carrying out public policies that produce as close a fit as possible between goals and resources (human, financial, organizational) in a dynamic sectoral or cross-sectoral environment.

According to this first type of logic, evaluation should be useful in terms of decision-making and the carrying out of public action. The instrumental character of the finality being pursued is what radically distinguishes this logic from pure research, thus generating not only the associated risks (i.e., the instrumentalization of knowledge) but also the potential benefits (i.e., the production of knowledge that is useful to public actors and society).

The expectations surrounding the evaluation of plan implementation vary. Thus, in the case of managers who draft statements of policy, the implementation of a public action represents the distance separating the policy statement from the public policy (Edwards & Sharkansky, 1981). From this perspective, the evaluation of policy implementation stands out as a mode of control over public action (Gibert, 2003) that should offer a basis for both measuring this distance and proposing ways of reducing it. For those whose daily work consists in translating the policy

statement into practice, “implementation may be viewed as a process of interaction between the setting of goals and actions geared to achieving them” (Pressman & Wildavsky, 1973, p. xv). In accordance with this point of view, “implementation appears as a stage on which the actors, who remain neither neutral nor passive, take action” (Radin, 1977, in Meny & Thoenig, 1989, p. 243). With this in mind, the evaluation of implementation should have the capacity to identify the difficulties encountered and, at the same time, propose solutions and engage a revision of policy goals so that the latter more fully correspond to the realities encountered in the field. These two expectations, which in principle stand in contradiction with each other, indeed represent one of the aspects of the principle of pluralism, put forward by the SFE.

3.1.2. The democratic logic

While the participatory logic of evaluation has enjoyed greater recognition in the United States of late (Perret, 2003), its advocates in France asserted themselves in the early 1990s in response to the partisans of a managerial approach to evaluation (Jacob & Varone, 2004, p. 138, citing Viveret). In France, public debate is recognized as a necessary phase in the decision-making process surrounding public policy in general (Callon, Lascoumes, and Barthe, 2001; Lascoumes, 2005; Phillips & Orsini, 2002; Torjman, 2009) and public health policy in particular (Abelson et al., 2002; Ghadi & Polton, 2000; Zmirou-Navier, 2006). There, various forms of public debate have been instituted, including regulated organizations for the inclusion of the “average citizen,” citizens’ juries or symposia, or, more recently, “Estates general” or forums at which all French citizens may engage in debate over major healthcare issues.

Respecting evaluation in particular, in consideration of how such assessment concerns public action, the democratic ethos requires the mobilization of all stakeholders in the formulation process. The goal is not to achieve a truth of an exclusively scientific nature but instead to develop a statement to enhance public debate. For Perret (2001), the point is not so much “to construct scientific facts as to [build] reasonably defensible arguments. For this reason, evaluation should combine scientific knowledge of various types with practical knowledge framed in terms of another form of validity.”

3.1.3. The scientific logic

According to this third logic, evaluation means, first and foremost, gaining scientific understanding of the production mechanisms and results of public action, and measuring the specific effects thereof with the mobilization of the research methods and techniques of data gathering and analysis associated with a range of disciplines, and with social science in particular. Accordingly, scientific debate represents a process of knowledge production and sharing that conforms to a set of rules specific to the field of science, particularly in relation to methods.

The scientific debate occurring in the field of evaluation presents some resemblances with the larger debate in the world of science, in which different ways of “doing science” occasionally clash with one another. Thus, for evaluators of a more positivist tendency, the science of evaluation is founded on three pillars (Dubois & Marceau, 2005, pp. 12–13): first the independence between the object of study and the evaluator that enables him or her to assign an objective value to the object using standards of merit (Scriven, 1980); second the models used as a basis of the evaluation and that guide the evaluator in his or her choice of dependent and independent variables; and third the improvement of the well-being of society or the community through measurements of the efficiency and effectiveness of public action.

An evaluator of the constructivist stripe recognizes ontological and epistemological bases that stand quite at odds with the previous approach (Dubois & Marceau, 2005, p. 18). To begin with,

evaluation is unable to provide an objective account of reality since, as Guba and Lincoln (1989) have pointed out, this reality is multifaceted, in keeping with the view that each actor holds of it. The same authors also note that evaluation represents more the outcomes of a process of negotiation between the various actors involved than it does a judgment based on “objective” evidence on the part of the evaluator. Finally, the evaluator strives to develop an understanding of the program in accordance with the environment and context, and will thus opt for methodologies that are open-ended and loosely structured.

Evaluation approaches do not, however, neatly fit according to the positivist-constructivist dichotomy. There are indeed other approaches that can be drawn on. Realistic evaluation, in particular, attempts to achieve a sociological understanding of the real using a realist methodology that accords a more extensive role to theory and that requires that the evaluator refrain from considering evaluation as an exact science (Pawson & Tilley, 1997, pp. xii–xiii).

In short, members of the SFE subscribe to the organization’s charter, which states that their evaluations should “take into account, in a reasoned fashion, the various opposing interests and gather the diversity of relevant views concerning the evaluated action, whether these views originate among actors, experts or any other person concerned” (SFE, 2006, our translation).

3.2. The analytical framework

In relation to these three logics, the evaluation conducted in the PACA region brings forward several questions. Did the evaluation produce results that were useful for carrying out changes? In what ways did it create a basis for opening up the results of public action to public debate? Did the protocol that was implemented satisfy the desire to leverage knowledge for research purposes?

At this point, and in relation to each of the three logics, the evaluation process will be analyzed, with a focus on: the evaluative survey (i.e., the nature of the concerns expressed), the evaluation organization (e.g., type of organization, modus operandi, and relationships between actors), the conduct of the evaluation (e.g., sequence of phases, activities conducted, etc.), the evaluation strategy adopted (e.g., methodology and posture of evaluation team), and the outcomes of the evaluation (e.g., decisions, effects on actors, and appropriation of results).

4. Description and analysis of the evaluation process used with the PACA region’s PRSP

4.1. A list of questions focused primarily on managerial and technical concerns

As set out in the terms of reference, the list of 32 questions was framed according to three main themes covering, respectively: (1) the design and structure of the PACA regional health plan (e.g., diagnostics, plan architecture, and underlying logic of actions); (2) the conditions surrounding the conduct of the survey, not only in terms of procedures, processes, facilitation/leadership, follow-up and evaluation but also in terms of communication and the formalization of partnerships; and (3) the impacts of this new tool on institutional actors (e.g., degree of involvement in the implementation of the PRSP and partnerships), front-line actors (perceptions, attitudes, and modified practices), and health policy. In view of the formative nature of this evaluation, the effects of plan implementation on program beneficiaries and the regional population as a whole were not covered. All told, the terms of reference referred to 32 questions organized under nine different headings distributed unevenly between the three main themes, with 6 questions being associated with Theme 1 (design/structure), 12 with Theme 2 (survey conduct) and 14 with Theme

3 (impacts on actors) (Table 1). Furthermore, this distribution shows that these items are expressed according to registers that are primarily technical (e.g., quality of initial diagnostics, identification of an underlying logic of action, information and follow-up system) and processual (conditions surrounding plan development and implementation). Indeed, 17 questions can be associated with implementation processes (managerial logic), 4 with the conditions of consultation (democratic logic) and 11 with cognitive contributions (scientific logic).

4.2. An evaluation organization receptive to the confrontation of multiple points of view

The evaluation organization included: a self-contained, independent evaluation panel, assisted by a technical unit led by the GRSP (*Groupe régional de santé publique*)’s official representative, and an external provider for the actual conduct of the evaluation.

The evaluation panel received a mandate from the GRSP setting out its missions – namely, selecting the evaluation questions, validating the terms of reference, selecting an evaluation provider, validating the report, proposing its recommendations for improving plan implementation, and laying the groundwork for the next generation of PRSPs. As constituted by the GRSP, this panel numbered 17 members: four representatives from each of four stakeholders (decision-makers, health promotion/prevention/education project proponents (*promoteurs d’actions*) and health professionals, independent elderly care monitors (*personnes qualifiées*), and users) along with a chair hailing from an institution recognized for its independence and expertise and who resided outside the region.

This work organization made it possible to establish and maintain connections between, on the one hand, the places of decision (decision-maker), execution (health professionals, health project proponents) and analysis (evaluation provider, experts) regarding the health policy, and, on the other hand, the GRSP official representative, who provided interface between these three levels.

4.3. The conduct of evaluation, in accordance with the constraints of the plan implementation schedule

Evaluation took place in three phases over a nine-month period: launch of the evaluation process (July to October 2007), follow-up on provider’s work (November 2007 to May 2008), followed by validation of this research and the production of recommendations by the evaluation panel (June 2008).

The panel convened three times during the first phase, with meetings being dedicated to identifying the evaluation questions, validating the terms of reference and selecting the evaluation provider. The members of the panel provided considerable input during this first phase, thanks in large part to the facilitation methods used. Thus, at the first meeting, more than 40 evaluation questions emerged. The selection of the evaluation provider constituted an important phase. The winning team was chosen primarily on account of its knowledge of the context (management-mindedness), pluridisciplinarity (blend of knowledge), capacity for dialogue and proximity to actors in the field (strong interest in re-launching debate).

Subsequently, the evaluation panel held three work sessions with the selected evaluation provider, during which time they were able to flesh out the evaluation survey, validate the methodology (particularly respecting the selection of four territories for observation), and discuss the initial results and recommendations. At the final session, time was set aside for the panel to develop its own recommendations.

The conduct of this evaluation was determined by the constraints deriving from the plan implementation schedule, as

Table 1
Breakdown of evaluative questions according to the three logics.

| Evaluative survey, as covered under 3 themes and 9 headings (H) | Managerial | Democratic | Scientific |
|---|------------|------------|------------|
| Theme 1 – Design/structure of PRSP (6) | | | |
| R1. Diagnostics and priorities | | | |
| -Quality and homogeneous of the diagnostic method used | | | × |
| -Method of prioritization and relevance of priorities | | | × |
| R2. Internal and external consistency of structure and delineation | | | |
| -Interrelationships of national and regional themes | | | × |
| -Interrelationships between programs and other policies and local public health plans | | | × |
| R3. Logic of action | | | |
| -Do the action strategies of various programs appear explicitly in the objectives? | | | × |
| -Is this logic action homogeneous throughout programs? | | | × |
| Theme 2 – Implementation of PRSP (12) | | | |
| R4. Implementation and decision-making procedure | | | |
| -Launch process (call for projects) | × | | |
| -Decision-making process (selection and prioritization) | × | | |
| -Efficacy of mobilization of means | × | | |
| R5. Facilitation of programs and territories | | | |
| -Facilitation and management of programs (cross-sectoral aspect) | × | | |
| -Facilitation and management of territories (territorial inequalities) | × | | |
| R6. Quality of discussion/debate processes | | | |
| -Communication tools | × | | |
| -Method of ongoing input gathering | × | × | |
| -Method of mutual consultation | | | |
| R7. Follow-up | | | |
| -Qualitative assessment | | | × |
| -Relevance and reliability of indicators | × | | × |
| -Quality of information system | | | × |
| -Use for decision-making purposes | | | |
| Theme 3 – Impacts on actors and partnerships (14) | | | |
| R8. On front-line actors | | | |
| -Appropriation, shared values | × | × | × |
| -Transparency, acceptability of plan | × | | |
| -Impact on professional practices | × | × | |
| -Dissemination of culture of results | × | | |
| -Sustainability of actions | | | |
| -Development of innovations and experiments | × | | |
| -Identification of deadweight | | | |
| -Satisfaction/perceptions of actors | | | |
| R9. On institutional partners and public health policy | | | |
| -Real involvement of partners | × | | |
| -Mobilization of budget allocations | × | × | × |
| -Effects on the development of local policies | × | | |
| -Emergence of new forms of cooperation | × | | |
| -Impact on the conditions of user participation | | | |
| -Improved understanding of effective preventive strategies | | | |
| Total (32) | 17 | 4 | 11 |

the evaluation's recommendations were expected prior to pursuing the plan in the year following. The GRSP's official representative not only saw to compliance with timelines but also played a facilitating role in terms of ensuring access to data, holding meetings, and framing the evaluation within the context of action.

While, on the whole, the involvement of panel members was widespread at the onset of the process, disengagement gradually subsequently set in, with panel members harbouring questions over the pay-off of their involvement in the second phase of the work. Only three members of the group (out of 17) attended the final – and yet decisive – meeting dedicated to the presentation of results.

4.4. A flexible evaluation method based on a pluralistic approach

The method adopted by the evaluation provider was designed according to an iterative mode in which work analyzing documents alternated with field investigations so as to adapt to needs as much as possible. In particular, in-depth observations were conducted in four territories with a view to assessing the conditions of PRSP implementation at the local level and the way in which programs meshed with territorial dynamics; as well, these observations were designed to gather the opinions and statements of front-line actors concerning the PRSP as a policy instrument.

Respecting the evaluation of the PRSP, the position adopted was one of attentiveness and observation in as close proximity as possible to the local level of execution. It is true that there is a decidedly comprehensive aspect to the conditions surrounding the roll-out of activities, the restraining factors, and the constraints giving rise to the dysfunctions ultimately identified. That being said, the posture expected of evaluators was not one of involving themselves in closely supporting front-line actors so as to induce the latter to play a more active role in the plan's workings and procedures or to elicit their support for the evaluation organization. Even less so was it a question of negotiating the terms of the evaluation with these actors.

The evaluation team strived to respect the distance required to acquire or maintain the most neutral posture possible while preserving enough proximity in order to observe and grasp the reality experienced by the actors as well as the relevance of the latter's analyses for incorporation into proposals.

4.5. Outcomes of the evaluation: a debate over proposals coupled with the adoption of measures

Approximately one month prior to the date prescribed for remitting the final report, the director of the GRSP, with the

consent of the evaluation panel, took the initiative of organizing a seminar dedicated to the communication of results for the purpose of launching a debate over the evaluation's conclusions and enabling actors to express their views and put forward some proposals. This seminar brought together the main actors involved in the plan – i.e., more than 80 people – and gave rise to considerable discussion and debate that pinpointed – without, however, alleviating – the constraints stemming from the plan. All the same, numerous constructive proposals were put forward, thus affording a basis on which to build and quickly implement a plan of action.

5. Is it possible to conciliate the three logics?

Table 2 recapitulates the results of the analysis of the evaluation process in relation to the selected criteria (e.g., nature of the evaluative survey, organization and conduct of the evaluation, modus operandi, and outcomes) for each of the logics examined (i.e., managerial, democratic, scientific).

The foremost finality of this evaluation was clearly managerial in nature. With the implementation of regional plans, France's public health act conveyed the political intent to consolidate the regional level as well as to bring consistency to a whole set of actions and programs developed by numerous actors at various decision-making levels. The evaluative survey surrounding the PACA region's PRSP faithfully reflects the preoccupations of the director of the GRSP and his concern with assessing the capacity of this new instrument to address the challenges stemming from this legislation – namely, to rationalize public action in the health sector and to mobilize the support of the community of actors concerned, partners from other government sectors, local communities, and operators. The evaluation work was framed by a timeline designed to allow the results to be used in decision-making concerning the renewal of actions in the year following.

Finally, a further rationale for the order lay in managing the network of PRSP actors, which had become cumbersome as the result of an uneasy alliance between several different professional cultures. Focusing primarily on processes, this evaluation was designed to be a strategy for infusing actors with new dynamism. It provided actors at all levels with an opportunity to voice not only their perceptions, or claims, but also to put forward constructed analyses of potential use in the pursuit of the plan but that had not yet found a way through to the decision-making level.

The dual need to restore dialogue with the actors, on the one hand, and to strengthen the legitimacy of a fragile institution (i.e., the GRSP) by developing an appreciation of its work, on the other hand, triggered an openness to democratic debate, in anticipation of the consultation process prescribed by regulations within the framework of regional health conferences. This impetus is clearly perceptible from the preoccupations pertaining to the perceptions and relations occurring between the different protagonists, the mobilization of a pluralistic panel, the choice of a qualitative evaluation having an explanatory aim, and, above all, the priority accorded to transparency through the sharing the results of the evaluation and the launching of debate over its findings.

However, given the way that control of the evaluation alternated between the evaluation panel and the evaluation provider's team, this process must be viewed as having remained at considerable remove from what is termed a “democratic” evaluation – that is, a form of evaluation aimed at enhancing the potential for citizens' debate and action in the field of policymaking (Viveret, 1989, our translation). Instead, it fits more with a pluralistic approach – the preferred approach in France, moreover (Lascoumes & Setbon, 1996, p. 10). This approach openly challenges that vision giving primacy to methodological perfection and the monopoly of experts. As well, it responds to criteria that distinguish it from so-called scientific research. According to Rossi and Wright (1994), the basic function of the pluralistic approach is

Table 2
Components of the evaluation process in relation to the three logics.

| | Managerial | Democratic | Scientific |
|---|--|--|--|
| Nature/object of evaluative questions | Conditions governing implementation and facilitation in relation to this new instrument Effective adherence of partners Knowledge of the evaluation apparatus' mode of operations | Identification of dysfunctions in order to restore dialogue with actors | Analysis of object of PRSP (construction features and ability to achieve consistency) |
| Organization of the evaluation | Organization facilitating interrelationships between different actors and networks (decision-making, action, expertise) GRSP official representative ensures compliance with terms of order Legitimacy of team | Pluralistic panel, owing to representatives from various categories of actors (including project proponents) Independent body | Chairing of panel entrusted to recognized evaluation expert Pluridisciplinary team originating in recognized institutions |
| Management | Facilitation of access to information sources Facilitation of debate Adhering to schedule Priority of elaborating useful proposals | | Autonomy of evaluators for performing their work Compliance with methodological choices Control of the evaluation process by the evaluators |
| Methodology | Gradual adjustment of methodology to the evaluation order | Comprehensive and qualitative approach | Production of knowledge concerning the conditions of Plan implementation and functioning Appropriate distance for approaching reality while yet maintaining neutrality Qualitative methodology |
| Communication of results and management of outcomes | Reintegration of actors' viewpoints at process end Constructive proposals Decisions made in relation to recommendations | Presentation of results at regional health conference – but following decisions by Board of Directors. In-depth presentation of results, recommendations, and decisions at local meetings | Observations and conclusions explored in greater depth during seminar |

to provide feedback to program stakeholders. Its value derives from its capacity to validate and explain the internal causality of a program. Under this approach, the evaluator maintains control over the evaluative process in situations in which he or she “must be sure to understand and take into account all elements relating to the program [and in which he or she] suspects the existence of certain conflicts of values between different program stakeholders” (Ridde, 2006, p. 5). This, in effect, appeared to be the case respecting the evaluation of the PACA region’s PRSP.

Finally, for want of rigorous impact measures that would have mobilized currently non-existent observation and data systems, the proponents of the evaluation were well aware that in order to generate public debate, organizational change and legitimacy, the knowledge produced via the evaluation had to rest on an irreproachable methodology, as the credibility of the entire process depended on it. A number of additional aspects – i.e., the considerable number of evaluation questions bearing on technical aspects, the quest for a specific, legitimate expertise, the respect shown for the independence of the evaluation team concerning its methodological choices, the production of in-depth knowledge about the conditions underlying plan implementation – all attest to the priority accorded to the production of well-argued knowledge and, rigorously elaborated judgment.

Is there a way of striking a balance between these three logics? Is tension not bound to arise between the approaches to which they refer? All three logics bring different actors into play, are framed by different temporalities and are governed by potentially contradictory approaches. For example, the managerial type of evaluation is closely linked to action and the institutional environment in which evaluation is carried out; because the objective is to produce knowledge that can be used to transform action, the timeline of evaluation has to mesh with that of action. The democratic logic tends to make evaluation into a space for debate in which a judgment is collectively negotiated on the basis of a multiplicity of points of view that, being voiced by a broad range of stakeholders, convey values and preferences that may not be all that homogeneous. It is in the long run that this type of evaluation fills its function of “collective learning process” (Perret, 2003), enabling all the stakeholders to appropriate the results not only of the evaluation but also of the action thus evaluated. In contrast, the post-positivist scientific logic brings evaluation into line with traditional research, with which it shares the requirement of creating a distance between the evaluator and the object of evaluation, or, a deduction-based framework of reasoning serving to produce a solid line of argument for decision-making purposes.

In the tradition developed in France, evaluation is an exercise that strives to reconcile these three logics either from a constructivist perspective – which holds that “[as] evaluation cannot provide an objective account of reality, an evaluator continually mediates the values, attitudes, beliefs and meanings that each person assigns to the object of study and strives to develop an understanding of the program based on the environment and the context” (Dubois & Marceau, 2005, p. 17, our translation) – or from a realistic perspective – whose objective is to function “as a decree forbidding evaluators from hiding behind those secret, scientific languages in delivering their verdicts (...) There is no universal ‘logic of evaluation’ no absolute ‘science of valuing’ (...)” (Pawson & Tilley, 1997, p. xiii). However, the sponsoring authority (client) remains the actor exerting the greatest influence on the evaluation process, as it is he or she who has control over the launching and closing phases of the evaluation. It is he or she who is ultimately responsible for the choice of evaluation questions, the creation (or not) of a structure for debate, and the type of control that he or she will exert over this structure. It is also he or she who establishes the operational

framework surrounding the evaluation (providing for more or less leeway in the timeframe), determines the amount of financial resources to be allocated, authorizes communication about the evaluation, and accepts or rejects to open the evaluation findings to debate. Thus, an evaluator who proposes a managerial, scientific or democratic type of evaluation may be confronted with a sponsor who does not share his or her vision and who may impose a type of evaluation that is more in keeping with sponsor preferences. That being said, even where the sponsor is animated by primarily managerial concerns (for example), this does not rule out integrating other dimensions whose importance becomes increasingly manifest over the course of the evaluation process, as was the case in the PACA region. As it so happened, following discussions with the evaluation team, who voiced their observations to him, the sponsor came to view an organized debate over the conclusions and recommendations (to be held at the end of the evaluation process) as a useful avenue for defusing a latent conflict with actors in the field.

6. The lessons of this evaluation

The lessons of this evaluation can be analyzed from three different angles.

For planners, the evaluation of the PRSP, according to the manner in which it was conducted, clearly provided a basis for reorienting certain managerial processes – by, for example, prompting the GRSP to make its priorities better known, relaunching the “territorialization” project (e.g., updating local diagnostics, appointing and training of territorial reference persons), seeking avenues for administrative simplification (i.e., reducing red tape), and fostering a more constructive dialogue with the local association sector. This evaluation also made it possible to raise questions over the logic underlying the construction of the PRSP; such reflection is useful from the perspective of the development of future regional health projects that will cover the entire area of responsibility (prevention, care, medical social service) assumed by the new regional health agencies created in 2009. Therefore there are grounds for considering that the evaluation thus performed will constitute a valuable reference for regional actors.

For the evaluation panel, its position of interface is a source of questions. Specifically, the panel produced a report that not only summarized its assessment of findings but also prioritized the recommendations of the external evaluation provider; so doing, it played a mediating role between the external provider and the main decision-maker, who was offended by a report that he deemed to be exceedingly harsh. Should the evaluation’s severe observations been tempered? Should greater effort have been dedicated to achieving balance between the evaluation questions? Ultimately, did the evaluation manage to maintain a balanced position between the various actors involved?

For the evaluators, confronted with a three-fold constraint (i.e., the requirement of producing an evaluation that have an irreproachable methodology and was, shared and useful), their participation in the last phase (which originally had not been planned) is also a source of questions. The problem, as it were, was to render the conclusions with the greatest objectivity possible while, at the same time, striving to avoid exacerbating tensions between front-line actors and decision-makers. The presence of these evaluators at the side of the decision-makers, coupled with the nuanced tone of the findings, prompted some front-line actors to raise doubts over the team’s neutrality. Did the involvement of the evaluators serve to facilitate the consultation process or, on the contrary, to disqualify their impartiality?

The three logics pursued in this formative evaluation of the PACA region’s PRSP offer a realistic picture of the efforts currently

being undertaken in the field of evaluation and planning with a view to reconciling the respective viewpoints and contributions of managers, scientists and the general public.

In practical terms, these efforts are apparent in a number of different ways: the quest for representativeness in the evaluation organization, the scope of the evaluation survey, the adaptation of evaluation methods to realities in the field, and an approach to the conduct of the evaluation in a manner conducive to dialogue between these three stakeholders, whose input is critical to any planning and evaluation process. In a recent article in this review, Gore and Wells (2009) argue “that the framing of many program evaluations tends to eschew any rigorous exploration of the governance aspects of program design and implementation.” By dedicating some effort to analyzing the role of various stakeholders in the governance of regional public health plan management, the PACA region's evaluation of the PRSP met this need, at least in part.

Moreover, as Stame (2006, p. 7) has pointed out, evaluation should be a means through which governance is improved. The implicit object of the evaluation was, in fact, the governance of the PRSP and its associated modes of regulation, compromise-building, empowerment, and dissemination of a shared culture. From this perspective, program evaluation is an exercise whose value derives as much from the process proper, coupled with secondary effects (e.g., creation of a space for debate and mediation, construction of a collective reflection process), as from the quality of evaluation findings, as formally stated in a report.

However, Gore and Wells (2009) note that “despite this welcome interest in issues of governance, authors such as Stame and Hanberger, as well as Pollitt seem to accept any given set of governance arrangements as simply the contemporary form of societal coordination.” The evaluation of the PACA region's PRSP, sociologically situated as it may be, and nevertheless affords some useful lessons to the community of evaluators and program managers owing to how it is founded on three logics whose validity is widely recognized – namely, science, democracy, and usefulness for government.

Acknowledgements

The authors wish to thank all the participants who have contributed to the evaluation for their time and willingness to share their experiences, as well as all relevant stakeholders for their involvement in the process. The authors would also like to thank the anonymous reviewers for their comments and suggestions on previous drafts of this article.

References

- Abelson, J., Forest, P.-G., Eyles, J., Smith, P., Martin, E., & Gauvin, F. P. (2002). Obtaining public input for health-systems decision-making: Past experiences and future prospects. *Canadian Public Administration Journal*, 45(1), 69–97.
- Barbier, J. C. (2009). La charte de la Société française de l'évaluation: des principes pour les participants à l'évaluation des politiques et programmes publics. *Actualités et dossier en santé publique*, 69, 30–31.
- Barbier, J. C. (2010). Eléments pour une sociologie de l'évaluation des politiques publiques en France. *Revue française des affaires sociales*, 1–2, 27–49.
- Boussaguet, L., Jacquot, S., & Ravinet, P. (2004). *Dictionnaire des politiques publiques*. Paris: Presses de la fondation nationale des sciences politiques.
- Callon, M., Lascoumes, P., & Barthe, Y. (2001). *Agir dans un monde incertain. Essai sur la démocratie technique*. Paris: Le Seuil.
- CSE [Conseil scientifique de l'évaluation]. (1996). *Petit guide de l'évaluation de politiques publiques*. Paris: La Documentation française.
- Dubois, N., & Marceau, R. (2005). Un état des lieux théoriques de l'évaluation: une discipline à la remorque d'une révolution scientifique qui n'en finit pas. *Revue canadienne d'évaluation de programme*, 20(1), 1–36.
- Edwards, G. C., & Sharkansky, I. (1981). *Les politiques publiques: élaboration et mise en oeuvre*. Paris: Les éditions d'organisation. (pp. 227–251) (Originally published 1978 in English as *Policy predicament: Making and implementing public policy* (336 pp.). New York: W.H. Freeman & Co. Ltd.).
- Fontaine, C., & Monnier, E. (2002). Evaluation in France. In J.-E. Furubo, R. C. Rist, & R. Sandahl (Eds.), *The evaluation atlas: Seventeen country profiles* (pp. 63–75). New Brunswick, NJ: Transaction Publishers.
- Furubo, J.-E., Rist, R. C., & Sandahl, R. (Eds.). (2002). *International atlas of evaluation*. New Brunswick, NJ: Transaction Publishers.
- Ghadi, V., & Polton, D. (2000). Le marché ou le débat comme instruments de la démocratie. *Revue Française des Affaires Sociales* 2(April–June).
- Gibert, P. (2003). L'évaluation de politique: contrôle externe de la gestion publique? *Revue française de gestion*, 29(147), 259–274.
- Gore, T., & Wells, P. (2009). Governance and evaluation: The case of EU regional policy horizontal priorities. *Evaluation and Program Planning*, 32(2), 158–167.
- Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Jabot, F. (2004). L'évaluation des programmes régionaux de santé. *ADSP, la revue du Haut Comité de santé publique*, 46, 48–55.
- Jacob, S. (2005). *Institutionnaliser l'évaluation des politiques publiques*. Bruxelles: P.I.E. - Peter Lang. Collection Cité européenne no. 35.
- Jacob, S., & Varone, F. (2004). Cheminement institutionnel de l'évaluation des politiques publiques en France, en Suisse et aux Pays-Bas (1970–2003). *Politiques et management public*, 22(2), 135–152.
- Lascoumes, P. (2005). *Expertise et action publique. Problèmes politiques et sociaux, Vol. 912*. Paris: La Documentation Française.
- Lascoumes, P., & Setbon, M. (1996). *L'évaluation pluraliste des politiques publiques. Enjeux, pratiques, produits*. Paris: GAPP – CNRS Commissariat Général du Plan.
- Meny, Y., & Thoenig, J.-C. (1989). *Politiques publiques*. Paris: Presses universitaires de France.
- Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. London: Sage Publications.
- Perret, B. (2001). *L'évaluation des politiques publiques*. Paris: La découverte.
- Perret, B. (2003). L'évaluation des politiques publiques. *Informations sociales*, 110, 14–25.
- Phillips, S. D., & Orsini, M. (2002). *Mapping the links: citizen involvement in policy processes*. Canadian Policy Research Networks discussion paper no. F 21. Ottawa: CPRND.
- Pressman, J. L., & Wildavsky, A. (1973). *Implementation: How great expectations in Washington are dashed in Oakland*. Los Angeles: University of California Press.
- RF [République française]. (1990). *Décret no 98-82 du 22 janvier 1990 relatif à l'évaluation des politiques publiques*. France: Assemblée Nationale.
- RF [République française]. (1996). *Loi no 96-517 du 14 juin 1996 tendant à élargir les pouvoirs d'information du Parlement et à créer un Office parlementaire d'évaluation des politiques publiques* (p. 8911). France: Journal officiel.
- RF [République française]. (1998). *Décret no 98-1048 du 18 novembre 1998 relatif à l'évaluation des politiques publiques*. France: Assemblée Nationale.
- RF [République française]. (2001). *Loi organique no 2001-692 du 1^{er} août 2001 relative aux lois de finances*. France: Assemblée Nationale.
- RF [République française]. (2004). *Loi no 2004-806 relative à la politique de santé publique du 9 août 2004*. France: Assemblée Nationale.
- RF [République française]. (2006). *Centre d'Évaluation, de Documentation et d'Innovation Pédagogiques (CEDIP)* [en ligne]. http://www.cedip.developpement-durable.gouv.fr/article.php?id_article=146. Last accessed on: February 17, 2010.
- RF [République française]. (2007). *Lettre de mission à l'instance d'évaluation*. DRASS de la région Paca, August 31, 2007.
- RF [République française]. (2008a). *Décret n°2008-663 du 4 juillet 2008 relatif à l'évaluation des politiques publiques*. France: Assemblée Nationale.
- RF [République française]. (2008b). *Évaluation régionale des plans régionaux de santé publique. Quelques repères pour les acteurs*. France: Ministère de la santé et des sports.
- Ridde, V. (2006). Suggestions d'améliorations d'un cadre conceptuel de l'évaluation participative. *Revue canadienne d'évaluation de programme*, 21(2), 1–23.
- Rossi, P., & Wright, S. (1994). L'évaluation: Appréciation de la théorie, de la pratique et des aspects politiques. *Revue Politiques et Management Public*, 12(4), 93–135.
- Scriven, M. (1980). *The logic of evaluation*. Inverness, CA: Edgepress.
- SFE [Société française de l'évaluation]. (2006). *Charte de l'évaluation des politiques et des programmes publics – version actualisée le 20 juin 2006*. Paris.
- Shafritz, J. M. (2004). *The dictionary of public policy and administration*. Westview: Boulder, CO.
- Stame, N. (2006). Governance, democracy and evaluation. *Evaluation*, 12(1), 7–16.
- Thoenig, J.-C. (2005). L'évaluation: un cycle de vie à la française. In F. Lacasse & P. E. Verrier (Eds.), *Trente ans de réforme de l'Etat. Expériences françaises et étrangères. Stratégies et bilans* (pp. 117–127). Paris: Dunod.
- Torjman, S. (2009). *Community roles in policy*. Ottawa: Caledon Institute of Social Policy. p. 25.
- Tourmen, C. (2009). Evaluators' decision making: The relationship between theory, practice, and experience. *American Journal of Evaluation*, 30(1), 7–30 (Available for viewing at Sage Journals Online).
- Viveret, P. (1989). *L'évaluation des politiques et des actions publiques*. Paris: La documentation française.
- Zmirou-Navier, D. (2006). De la démocratie en expertise. Le cas des risques sanitaires environnementaux. *Santé publique*, 3, 483–500.

Françoise Jabot is a Medical Doctor and Public Health Expert and also holds a degree in Anthropology. She is currently a Senior Lecturer at the Department of human/social and health behaviour science at France's École des hautes études en santé publique (EHESP School of Public Health), where she provides training on health and evaluation policies and programs. She is also conducting research in both these fields, with special focuses on the structuring of health policies at the regional level, the territorialization

process, and health policy evaluation in France. As a member of the Société Française de l'Évaluation (French Evaluation Society), she is currently leading a taskforce on evaluation in the health sector.

Jean Turgeon, Ph.D., is full professor at the Ecole d'administration publique (ENAP, Québec City, Canada). He is co-director of the Groupe d'étude sur les politiques publiques et la santé (GEPPS) and the Centre de recherche et d'expertise en évaluation (CREXE), both at ENAP. His research is focused primarily on the organization and management of the health and social sector, the analysis of policies and programs in

Quebec, Canada and France, as well as the analysis of government actions having a potential impact on population health and welfare.

Léopold Carbonnel holds degrees in Sociology and Political Science. For eight years now, he has performed duties in the regional units of France's ministry of health and social affairs relating to the auditing and evaluation of health and social cohesion policies. In addition, he is an evaluation instructor and has contributed to the development of various guides on evaluation methodology. He is a member of the Société Française de l'Évaluation (French Evaluation Society).