

Whose Order? From Yes Minister to Bottom Up: Health Policy Making in France and
Turkey

Paper to be Presented at the 3rd Conference of International Public Policy Association to
be Held in Singapore, June 28th-June 30th 2017

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Abstract

This paper aims to provide an alternative view of politicization than what is outlined in the existing literature. It aims to elaborate on (1) different forms of politicization that exists as well as (2) the impact over policy formulation in health policy making in France and Turkey. Through 78 interviews with civil servants, political advisors, experts, policy makers as well as civil society representatives, this paper argues that politicization in France remains with high administrative capacity since it relies more on expertise of all kinds, utilizes evidence-based knowledge and information through horizontal policy coordination. Whereas in Turkey, politicization remains with low administrative capacity due to vertical and rather limited policy coordination.

Introduction: Aim and Significance of the Research

It is often argued that the effect of politicized bureaucracy on policy outcomes is negative (Peters and Pierre, 2004). However, a politicized bureaucracy can take several forms and its effects can vary across institutional settings, policy stages and policy fields. Therefore, a general statement about their impact on the policy process would neglect the reasons for variation in policy outcomes. Moreover, politicization is often narrowly defined and fails to capture existing differences across various institutional settings. Its specific impact on policy process is not comprehensively elaborated upon and usually not supported with strong empirical evidence. If politicization is expected to affect policy making in a bad way, then we should expect negative policy outcomes/bad policies under politicized bureaucracies. However, we see variance of policy outcomes/success under politicized administrations and existing literature does not capture such differences, nor does it trace the reasons as to why there is such divergence. In the light of such theoretical concerns, in this paper, I will explore the relationship between different forms of politicization and their effects over policy formulation process in health care. Relying on policy documents, news sources and 78 in depth semi-structured interviews with civil servants, political advisors and civil society representatives, this paper uncovers the specific dynamics that define governance arrangements as well as the impacts it has over policy formulation in both contexts.

Therefore, looking at how health policies are formulated in France and Turkey, the paper asks the following questions:

- + What is the impact of politicization on policy formulation in health care?
- + What is the role of politically appointed staff on policy formulation in health care?
- + How do institutional arrangements allow or constrain policy advice generating capacity of politically appointed staff?

Based on fieldwork data, this paper argues the following:

- (1) There are different forms and even degrees of politicization than what is discussed in the existing literature,
- (2) The specific impact of such forms over policy formulation has much to do with who is appointed and how they utilize policy knowledge and information as well as how information on various policy issues is derived
- (3) The institutional arrangements allow or constrain policy advice to shape and move to the decision-makers
- (4) The external check and balance institutions, i.e. *Haute Autorité de Santé*, *Cour des Comptes* (France), external evaluating agencies, social security institutes, civil society establishments not only inform policy makers¹ while they generate their policy advice, but also can constrain some decisions taken with political considerations, thus can limit the impact of politicization over policy formulation.

In order to see the specific impact of politicization, I chose health policy for two reasons. First, politicization is informative to explain why there might be persistent health inequalities. Politicization, a when/if result in unfavorable policy outcomes is expected to hurt a huge volume of beneficiaries the most and may contribute to health inequalities. To look at the impact of politicization in health policy making is not only informative as to why some countries experience persistent inequalities, but also can shed light onto the nature of the policy-making process that might lead to those inequalities. Second, health policy-making involves various actors and health stakeholders since it offers a huge employment arena for both white and blue collar workers and health is a sensitive area

¹ Used in general terms. Not only refers to civil servants but also political advisors and politically appointed

that involves life and death situations. Thus, it is an interesting area to see if the degree of involvement of various stakeholders through horizontal policy coordination affects/inform policy formulation. Moreover, the policy field can help us uncover different dynamics, peculiar to the policy under investigation. Those dynamics may influence the way politicization takes place or the way it's exercised. Such an analysis can help us understand and conceptualize politicization better.

Relevance of the Research

Why different forms of political control² over the policy process matter? Because, such differences provide us with a better understanding of the complex governance arrangements upon which administrative structures lie. It can help uncover what remains to be the “black box” of policy process, policy formulation, which is mostly understood as advice giving. Politicization is not only a matter of control over policy process, but constrains the ways in which policy advice is generated. Carried out in different ways by different governments, it may contribute to policy success (McConnel, 2010) or failure in varying degrees affecting those who are benefiting from those policies the most. Therefore, having a better understanding of such processes and mechanisms is not only informative about how policies are made, but also can shed light onto the limitations generated at the institutional level. Thus, policy makers can assess those limitations and come up with possible solutions to overcome them. Last but not least, it can help scholars of public policy/public admin to understand the reasons for variance in policy outcomes namely policy success and failure.

Why Health Policy?

In order to see the specific impact of politicization, I chose health policy for two reasons. First, politicization is informative to explain why there might be persistent health inequalities. Politicization, a when/if result in unfavorable policy outcomes is expected to hurt a huge volume of beneficiaries the most and may contribute to health inequalities. To look at the impact of politicization in health policy making is not only informative as to why some countries experience persistent inequalities, but also can shed light onto the

² The terms politicization and political control are used interchangeably.

nature of the policy-making process that might lead to those inequalities. Second, health policy-making involves various actors and health stakeholders since it offers a huge employment arena for both white and blue-collar workers. Thus, it is an interesting area to see if the degree of involvement of various stakeholders in policy formulation process alters the ways in which political control is exercised. Moreover, policy field can help us uncover different dynamics, peculiar to the policy under investigation. Those dynamics may influence the way politicization occurs and/or exercised and affect policy formulation process. Such an analysis not only help us understand how policies are formulated but also enables researchers to contextualize politicization better to prevent conceptual stretching.

LITERATURE REVIEW

a. What is Politicization?

In the study of public bureaucracy, the relationship between elected officials and bureaucrats has been characterized to be complex and problematic due to competition to seize control over policy process (Peters, 1987). While elected officials, who are accountable to the electorate, want to make sure that policies will be implemented as initially intended (Aucoin, 1990), bureaucrats with their technical expertise are entrusted to carry out, administer and implement policy decisions (Weber, 1978). The division of responsibilities stem from the politics-administrative dichotomy, which proposes a strict separation between politics and administration. The dichotomy assigns different roles to political and administrative staff in policy-making and highlights that politicians should not influence or manipulate its administrative offices for political purposes (Wilson, 1887). However, in bureaucracies where this separation becomes loose, bureaucrats may become prone to political pressures or concerns while carrying out their administrative duties. This is said to undermine professional, merit based and impartial nature of public bureaucracies (Peters, 1987) and interferes with their administrative tasks. Often characterized as *politicized*, such bureaucracies lose their autonomy and effectiveness while executing policy decisions (Peters and Pierre, 2004). The literature often identifies politicization as a process that characterizes the specific relationship between elected

officials and bureaucrats (Derlien, 1996; Rouban, 1998). In that sense, within politicized bureaucracies, political control by elected officials determines the way bureaucrats act and carry out their administrative affairs including policy-making.

There are four main descriptions of politicization in the existing literature. Institutional scholars like Peters and Pierre argue that politicization occurs when (1) bureaucratic staff is replaced or dominated by partisan based appointees and when (2) institutional development remains weak. This type of politicization is usually called *institutional politicization*. Weak institutional development refers to those administrative systems that do not have an established bureaucracy. In such systems, politicians take care of policy matters as opposed to bureaucrats. Contrary to merit-based and rather autonomous bureaucracies, which create positive policy outcomes for societies, i.e economic development (Skocpol et al, 1985; Evans, 1995), such bureaucracies are often marked with corruption for two reasons. First, unlike merit-based bureaucracies, politicized bureaucracies usually do not possess the essential qualifications and competence necessary for policy-making, thus their competency is questioned (Rouban, 2003). Second, when political staff intervenes in the work of the administration and “color the substance of officials’ advice with partisan considerations”, come between the administration and the minister as well as try to constrain the policy advice giving capacity of the administration itself, *substantive politicization* occurs (Eichbaum and Shaw, 2008). This type of politicization can be considered as the derivative of institutional politicization whereby political staff, namely political advisors take over.

Third, in bureaucracies where institutional politicization is present, partisan staff often prioritizes short-term political goals in policy process, remain ideological and may overlook important evidence necessary for long-term policy goals. In that sense, “policy decisions” are not “deduced from empirical analysis”, but remain political (Head, 2008: 1). Often times, when institutional politicization occurs, it changes the way bureaucracy behaves, which is called *behavioral politicization* (Almendaras, 2011: 2064). Bureaucracy becomes responsive to elected officials, to better realize political goals set out by elected officials themselves (Almendaras, 2011).

While most of the literature focuses on institutional politicization, scholars like Savoie refers to politicization as the creation of political decision-making bodies within institutional structures to supplement the work of bureaucrats (1994). Such units alter the ways in which policy and/or administrative decisions are made, i.e. independent regulatory agencies, political advisory structures, support unites, etc. Schroder identifies this process as *functional politicization* (2004, 61-64). However, politicization may also refer to the adaptation of certain policies as opposed to others, whose dynamics are determined by political rather than administrative demands, i.e. social justice, responsive bureaucracy, evidence-based policy making. Moreover, it may also refer to replacement of career civil servants with other career civil servants whose policy ideals are closer to those at the top. Such replacements do not necessarily hurt the merit-based nature of a bureaucracy; bureaucracies to a large extent, can still remain Weberian. In fact, politicization may act as a process whereby politicians may increase their influence in various ways yet, the desired policy outcomes may still be at reach. Moreover, having more political appointees does not necessarily mean more control, thus more politicization. The very place of those political appointees in the administrative line of hierarchy determines the level of influence that they will have in the policy process. However, the location is not the only determining factor to assess political influence. In more decentralized institutional structures, political appointees may not be able to dominate. In addition, political appointees may do a variety of things. They can “manage relations between ministers, parties and interest groups...[T]hey do not, of necessity, bring about greater political control because not all appointees have the job of supervising the bureaucracy” (Page, 2010 :7). Therefore, in order to understand their role and influence over the policy process, we need to look more closely at their roles within administrative structures. In addition, it becomes crucial to identify different forms of politicization to be able to understand how they affect the policy processes. In fact, the form of politicization and its specific influence might change across administrative settings and policy fields. In some administrations like France, we have seen that many appointed political staff and advisors are ex-civil servants. While in Turkey, doctor appointees dominate the ministry of health. Such actors, given their former experience as

civil servants and/or expertise in the field, bring with them their own technical/administrative knowledge to utilize. How then such characteristics play a role in advice giving and influence policy formulation process? The existing literature overlooks such differences as well as the characteristics of the politically appointed staff political advisors, experts and civil servants. It then becomes important (1) who these people are, (2) how they utilize various sources to generate policy advice and (3) how institutional mechanisms allow or constrain advice generation and advice giving? Unless we have a clear understanding of such mechanisms, the true nature of politicization and its specific impact over the policy process cannot be fully understood. The argument presented above will be situated in two main bodies of literature reviewed below. The first part will be devoted to the general discussion on politicized bureaucracies. In this part, I aim to provide a comprehensive discussion on what do we understand from politicization. The second part will try to establish the link between politicization and policy formulation.

b. Politicization and Policy Formulation

The early literature on politicization marks the relationship between elected officials and bureaucrats as conflict-ridden that often leads to roadblocks within policy-making (Peters, 1987, Peters and Pierre, 2004). This quest for control over policy process is often characterized to be a problem of governance (Meier, 1997) that can be found in every administration (Levine et al, 1990). The early literature has described politicization as the replacement of career civil servants by political/partisan staff (Peters and Pierre, 2004) and refers to institutional politicization the most to describe politicization as opposed to functional (Schroder, 2004; Savoie, 1994) or behavioral (Almandares, 2011). It has been pointed out that political appointees stand out as instruments in order to strengthen the ‘political arm’ since they make sure that “policies are implemented as intended” (Aucoin, 1990: 121). In that sense, most studies have highlighted the dominant role of elected officials vis-à-vis bureaucracy in the policy process including policy formulation. Although not specifically linking it to politicization, a broad part of the literature on agendas and decision-making considers bureaucracy’s role in policy process to be secondary as opposed to elected officials. Scholars like Svava and Kingdon have argued

that “politics decide and administration implements” (1998; 2003). In those studies, bureaucratic power is described to be very crucial yet subordinate (Baumgartner and Jones, 1993) and their influence policy formulation remains suspect.

Moreover, the literature on Europe has focused on identifying the presence of politicization by looking at the number of partisan staff (Peters and Pierre, 2004). It has been argued that in the UK during Thatcher years and in Germany, partisan staff by-passed bureaucracy, which led to increased “personalization” (Peters and Pierre, 2004; Schroder, 2004; Sausman and Locke, 2004: 107). For instance, UK created new organizations to substitute the work of bureaucrats and strengthened the role of prime minister (Sausman and Locke, 2004). Similarly, Rouban argued that in France, “political administration monopolized the communication between politicians and managers” (2007: 448, 2013, 2015) however politicians have had less opportunity to by-pass the merit-based system since the system remains highly corporatist (2004). Authors like Savoie, Aucoin and Peters have underlined the presence of similar trends in Canada and US, especially under Mulroney, Harper and Bush governments respectively (2003; 2010; 2004). Different government systems have been evaluated to be more or less politicized based on the number of partisan staff they have. For instance, the literature often cites Swedish system as less politicized because the number of partisan staff remains to be low (Pierre, 2004). However, the influence that they have in the policy process has not been discussed. It is often understood that the administrative arm of the government remains with implementation tasks only.

The early literature has focuses on identifying whether or not politicization occurs in public bureaucracies and remained silent on how they influence formulation. To understand their influence over policy process, more recent literature has started looking at the policy role of political advisors vis-à-vis bureaucracy. Scholars like Eichbaum and Shaw (2010) have underlined that the role of the politicians vis-à-vis bureaucracy have become stronger and argued that politicization in the form of creating “special advisors” have strengthened the “policy role of the ministers” (2010, 3). Strongly associating policy formulation with advice generation/giving, in a model Connaughton and

Eichbaum and Shaw show that the policy advices of political advisers can be labeled as procedural (pure political) vs substantial (expert based) advice.

In an attempt to formulate advice, Page went further and looked into decrees making and has concluded that bureaucratic discretion is rather limited even in the most minor policy issues and remain restricted by constitutional rules and norms (2012). Recently some authors have underlined the importance of political advisors in policy formulation (Craft, 2012) process and argued that partisan advisors “potentially contribute to the policy success” (McConnell, 2010a, McConnell 2010b). However, the main determinants’ of political advisors’ success, in shaping policy outcomes have not been fully discussed. Rather, the emphasis has been on acknowledging the partisan appointees’ increasing role within policy-making processes. Moreover, politicization is often defined in narrow terms and used to describe the relationship between bureaucrats and elected officials (Derlien, 1996; Rouban, 1998) only. In fact, there have been different interpretations as well as definitions of politicization that mean different things (Clifford and Wright, 1998).

More recent literature has tried to move away from early politics-administration dichotomy and tried to reconcile administrative and political arms of the government. In fact, Aucoin has come up with a new term “*New Political Governance*” (2008a, 2010, 2012) to describe the new governance arrangements. The term encompasses; “centralization of power”, increased political involvement of senior public service appointments and a more influential role for partisan appointees (Aucoin, 2008a: 27). The approach not only highlighted the changes in the mode of governance especially in Westminster systems of government; but also emphasized how political appointees in the first ministers’ office have come to dominate. However, the model neither explicitly used the term politicization nor saw it as a potential problem. It also did not go beyond acknowledging the roles of the political appointees and remained silent on the relationship between government and those external to the government. When it comes to the causes and consequences of politicization, there have been different assumptions. The majority of scholars in the literature have identified the consequences of politicization to be negative, since it usually “attacks the values and traditions of the civil service in discrete ways” (Sausman and Locke, 2004: 121). Some argued that the consequences

may “be contingent on the nature of the political system or policy area” (Peters and Pierre, 2004: 8). For instance, Dunleavy underlined that due to attack on British civil service coming from politicians, bureaucrats could not use their capacity fully, which later resulted in decline in policy (1995). This body of literature mostly evaluates the influence of politicized appointees by looking at their closeness to the decision makers. Based on this model, it is argued that the closer the actors are to the decision-making centers, the more likely that they will have an influence (Halligan, 1995).

In order to assess the specific roles played by political/politicized actors in the policy formulation process, Craft and Howlett, looked at policy advisory systems in Canada (2012) and tried to build on the insider-outsider model developed by Halligan (1995) and substantive vs procedural advice developed by Connaughton (2010b) by adding a content dimension (2012). They not only wanted to account for which actors are likely to influence but also to highlight “the likely subjects of that influence” by moving away from “political vs technical” content of policy advice (Howlett and Craft, 2012: 84). In their model, they try to combine technical and political advice with content and look at substantive and procedural nature of short term/political vis-a-vis long term/technical advice to have a better understanding of the policy advisory systems, which is argued to be the main component of policy formulation (Howlett and Craft, 2012). In their model, the political advisors appear to be the center of attention as the main politicized actors.

However, as argued in the first part, a politicized administration can take several forms. Political advisers’ policy-making roles are crucial and necessary in understanding how political influence works; however, it is not sufficient to fully account for how politicization plays out in various stages of policy process since politicization can occur in various ways.

Having such theoretical considerations in mind, I propose two main arguments:

(1) Type of Politicization

Politicization occurs in various ways and its specific impact over policy formulation process could only be understood through looking at (a) who is being appointed and how, (b) the sources of knowledge/information that they can bring in and (c) how they utilize that knowledge/information to shape policy advice and (d) whether institutional arrangements allow such advice to reach decision-makers.

Although the ways the bureaucracies are politicized show some overlapping characteristics with the existing theoretical models of politicization, they do not fit in perfectly. To characterize, I propose that politicization in France remains with *high administrative capacity*, while it remains with *low administrative capacity* in Turkey. Building on policy capacity literature, I define “**administrative capacity**” as (a) the ability of administrative systems to integrate policy-specific knowledge, skills and expertise (bureaucratic or other in nature) in policy advice generation/giving, (b) the ability to increase coordination amongst government agencies for policy-making purposes.

In France, (1a) the former civil-status of most political advisers allow room for utilization of political and technical dimension of policy advice together, not necessarily indicating a clash between the two. Thus, even though political advisers might have increasing policy roles, this does not necessarily mean that the political aspect of policy advice will dominate in the formulation process. Therefore, by looking at the number of political advisers, it would be misleading to make inferences about their “political” domination. We not only need to look at their policy specific roles (Page, 2010) to understand their influence, but their individual characteristics too.

(1b) The expert status of most short-term contractual employers in the ministry of health in France and Turkey allow room for prioritization of technical/evidence-based aspects of policy advice. While in France there is room for such advice to reach the political top

through horizontal policy coordination, in Turkey it remains rather limited since the governance arrangements indicate a strict vertical coordination. Nonetheless, the impact seems to be limited to moderate depending on the topic under question.

(1c) Both France and Turkey show some degree of inter-ministerial appointments, which can lead to institutional memory loss. This can affect formulation process in different ways. (1) If the appointment is done at the lower rank, the impact remains limited (a) These individuals work with their superiors to familiarize themselves with the policy area in question, i.e. health. It becomes a while before they learn the field and propose something to top-ups, thus their role in the formulation of policy remains very limited. (2) If the appointment is done at the higher rank, the effect can be two fold. (a) they may mostly rely on administration (bureaucracy) for information, knowledge or expertise which shapes their policy advice in a positive way since it is reflective of bureaucratic expertise, or (b) they act as partisan staff and politically dominate, depending on the institutional arrangements, the policy advice could either be political or technical in nature.

(2) Horizontal versus vertical policy coordination

In France, the integration and embeddedness of many actors (health stakeholders) and institutions in the policy process not only prevent politics to dominate during policy formulation, but also allows room for policy advice to be reflective of a broader societal consensus. In France, the policy reports provided by other government institutions, institutions that provide expertise, high health authority, independent research and consultancy centers play an important role in moving an issue to the government agenda and/or revision of certain policy ideas. We have seen some evidence that health stakeholders play an important role in health policy making (Cohen, 1996; Palier, 2000; Cole, 2008). Health stakeholders (i.e. unions, medical associations, patients representatives, etc.) are often vested with policy specific knowledge and can help identify policy problems better as opposed to some politicized staff that might remain less

competent. Thus, even though politically appointed individuals (advisers, experts, bureaucrats) might increase in number, the nature of policy coordination coupled with institutional arrangements determines the level of influence they might have over policy formulation. While in Turkey, the ministry remains selective in working/coordinating with certain agencies, institutions, which limits its capacity to generate information for policy formulation.

METHODOLOGY

a. Case Selection:

This project seeks to understand how differences in the form of political control/politicization affect policy formulation in health care. In order to evaluate the research questions and hypotheses outlined above, I require two cases with some degree of politicization in their bureaucracies so as to assess its influence over policy formulation process. In that regard, Turkey and France appear as interesting cases to see different forms of politicization. In Turkey, after a constitutional change in 2002, drastic changes were introduced into the public personnel regime. Amongst the changes, the most prominent was the appointment of contractual public personnel (Kayer, 2012)³. In 2011, with a similar amendment to the civil servants law, *ministerial advisors* were introduced as part of the ministerial staff. Although there have been some confusion as to whether they belong to the ministerial hierarchy⁴, some scholars argued that ministerial advisors come right after the minister and remain above the bureaucratic staff (Gozler and Kaplan, 2012).⁵ They have been responsible to carry out the delegated powers-including policy advice-of the ministers, thus they have not been responsible to the head of the bureaucracy-the undersecretariat-but to the minister (Ibid). With another constitutional change in 2011, the ministry of health completely transformed its personnel

³ See: <http://www.yayed.org/uploads/yuklemeler/inceleme-bakanyardimcisi.pdf>

⁴ There are in fact very few sources on the role of ministerial advisors in Turkey. I was able to find two sources only that make indirect references to ministerial advisors' position in the ministerial hierarchy. In that regard, this paper aims to fill this gap to a certain extent.

⁵ There have been two opposing views on whether or not they considered within the hierarchy. Gunday (2011) argued that since the advisory is a temporary position and only limited to the ministers' time in the office, it's not included. However, Gozler and Kaplan argue because the position of the advisors, their salaries as well as other rights are regulated with the main civil servant law. See: Gunday, (2011).

structure by replacing career civil servants with medical doctor appointees.⁶ In fact, the replacement of career civil servants meant more than replacing them with political/partisan staff. Medical doctors came with their own expertise and knowledge to utilize. Thus, who they are not only changed the form of politicization but also indicated that their influence over policy process would be different than those with lack of expertise and/or merit.

Similarly, France with a constitutional amendment in 2004 allowed contractual personnel to be hired in the ministry of health.⁷ Currently, contractual personnel make up 25-30% of the ministry. Although most of them remain in the lower cadres and are often referred to as medical advisors since they are also medical doctors, some of them can appear as head of departments or bureau chefs.⁸ When it comes to political advisors, the recent literature has suggested that their numbers have increased over the years (Rouban, 2008). However, political advisors can do a variety of things and by just looking at their numbers, it will be misleading to conclude that their influence has also increased (Page, 2010). In fact, most of them come with the “first hand knowledge of the administration” (Ibid) since they are ex civil servants.⁹

Such appointments make these two cases interesting to compare to see (1) how different forms of politicization occur and (2) how those different forms influence policy formulation process. This comparison allows for variation on the independent variable, which enables “valid inferences” to be made and help reduce selection bias (King, Koheane and Verba, 1994). In fact, by controlling for the explanatory/independent variables, the variance on the dependent variable will not be restricted, which can provide us with strong causal inferences about the specific impact on of the explanatory/independent variables (KKV, 1994: 137), in this case, politicization.

In addition, Turkey in its early republican state-building years during 1920s adopted the

⁶ <http://www.resmigazete.gov.tr/eskiler/2011/11/20111102M1-3.htm>

⁷ MoH Annual Publication, 2012

⁸ Interview with chef de bureau in the ministry of health in France.

⁹ Interview with political advisors in the ministry of health in France.

French administrative system and has since followed it (????) In that sense, both countries resembled to one another as far as their administrative structures are concerned. To see how such administrative structures have adopted different forms of politicization is not only informative about the nature of politicization but also about how and why the existing governance arrangements have changed over the years. Thus, gives us clues about changing administrative structures, the reasons for such change and possible reasons behind it, which are important dynamics for policy making.

This research project will employ case study analysis in order to examine the impact of politicization on policy outcomes more in detail. As argued by George and Bennett, case studies offer a valuable way to assess complex causal processes such as path dependency, provide strong conceptual validity since it allows the researcher to identify and measure the indicators that best represent the theoretical concepts. Moreover, case studies, in the course of field-work, enable the researcher to identify new variables and hypotheses through archival research, and interviews with participants. Based on the answers gathered, one may develop new theories that can be tested through previously unexamined evidence, which yields to more reliable results (2005: 19-23, Gerring, 2004).

b. Data Collection: In order to account for how different forms of politicization/political control influence policy formulation process and whether or not the involvement of health stakeholders affects the policy formulation stage, this paper involves in-depth semi-structured interviews with bureaucrats political advisors, health stakeholders including unions, associations and health representatives in two cases. This is very crucial in understanding the inner dynamics of the executive styles and their relations with bureaucratic administrative apparatus as well as societal actors. The interviews not only allowed me to obtain detailed insightful information about my main point of interest (Gillham, 2000; Ritchie and Lewis, 2003), but also the semi-structured character of the interviews provided the participants with an opportunity to give more in-depth information in addition to allowing me to ask follow up questions (Banfield, 2004).

The questions tried to assess the lived experience of the participants and their involvement in the policy formulation process. Since, I aim to cover various forms and

degrees of politicization and its specific impact on policy formulation, I included questions to find out (1) whether or not there is political control, (2) the way political control is exercised, (3) and affects policy formulation process, (4) the involvement of various actors-civil servants, experts, political advisors, health stakeholders-in policy formulation process, (5) the way policy coordination occurs, (6) sources of policy related knowledge and how such information is utilized (7) the institutional characteristics that allow or constrain involvement of various actors in policy formulation process. Moreover, policy documents and constitutional changes were also utilized.

DATA¹⁰

In this study, as part of my measurement instruments, qualitative, in-depth semi-structured face-to face interviews with 78 civil servants, political advisors, expert-bureaucrats and patient representative were conducted in France and Turkey.¹¹ Most participants were located in the ministry of health in two countries. The interviews lasted between 40 minutes and 4 hours in length. The average time amounts to 1 hours 45 minutes. The only criteria that was used to assess participants was their specific policy roles. Those that did not have policy specific roles were not interviewed. The individuals were chosen based on a simple random sampling technique for two reasons. First of all, random sampling minimized my biases that might stem from purposeful selection and second, it enabled me to replace any individual easily with another working in the same division. In this way, I not only saved time while selecting participants but also did not rely on certain set of individuals in cases where they didn't want to be interviewed. The main purpose of the interviews was to measure (1) the extent and the type of political control exercised/experienced, (2) their role in the policy formulation process (3) the kind of impact the political control have over them and (4) to assess how such political control affect their policy making functions, i.e. advice giving and generation.

For the purposes of this paper, some context-specific responses by political advisors will be utilized to demonstrate some arguments presented above. The following section is

¹⁰ Please note that all the content of the interview data has not been fully analyzed yet. This is a first attempt to conceptualize the content. The second draft of the paper will go in depth and will situate the responses in theoretical frameworks developed based on the literature.

¹¹ For the purposes of this paper, the responses by political advisors and expert bureaucrats will be elaborated upon. The longer version of the paper will include all the actors interviewed.

dedicated to various illustrations by political advisors and expert bureaucrats.

a. Political Advisors: Civil Servants vs Experts

As discussed in the literature review section of the paper, political advisors can do a variety of things (Page, 2010). The kind of influence that they have is not only related to their locational proximity to decision-making centers (Halligan, 1995) but also related to who they are which determines (1) the way they evaluate policy specific information, (2) generate advice and (3) the way they combine technical aspects of policy with political considerations, which at times prioritize technical knowledge/information over political priorities. In this section, the interview data with 6 political advisors to the minister have been included to exemplify the first argument made in the previous section.

The educational and occupational status of the advisers are listed in the table below:

Table 1: Educational and Occupational Breakdown

	Education	Former Status	Type of Appointment	Occupational Status
Advisor A	Masters	Civil Servant, MoH	Merit-Based	Specialized Medical Doctor
Advisor B	Masters	Civil Servant, MoH	Merit-Based	Specialized Medical Doctor
Advisor C	Masters	Civil Servant, MoH	Merit-Based	Specialized Medical Doctor
Advisor D	PhD	Civil Servant, MoH	Merit-Based	Administrative Sciences
Advisor E	PhD	Department Head at ARS ¹²	Contractual	Expert in Health Sciences
Advisor F	PhD Drop-out	Engineer/PhD Student	Contractual	Bio-Medical Engineer

Source: Author (2016) Interview Data

With regard to their policy specific roles, political advisors often times underlined that

¹² Agance Regional de Sante/Regional Health Agency, France.

they work with other institutional and non-institutional partners, rely both on their own expertise and to that of those they work with. When asked about whether or not policy ideas that come from the top (their office) or from the administration are entertained the most, a ministerial (political) advisor explained;

“I tried to find the median. [A]t the national level, for the intervention frameworks for example you have to work on nutrition, organize vaccination etc. (centrally determined objectives). Then what will go out (in the form of direction) from my office are rather modalities of intervention to meet these objectives. So very often it meets perfectly. Then I never had situations (of conflict) in phase. But if that was the case, I would have tried to find a compromise....[T]he kind of projects that come from below need to be scientifically supported. The feasibility and scientific soundness of the projects are key in making us agree...[T]he policies that come from the bottom are rather driven by territorial communities. That said, there is still room for discussion at the national level, where each regional director meets with other national authorities to guide national policies. Once they are designed, they must be applied with a margin of maneuver that is still in place, but in order to develop national policies, the expertise of the regional and therefore the Regional Health Agencies is still supported. We find ourselves there. That is why there is very little conflict in fact.”¹³

Another political advisor in France stated;

“Sometimes when I am not sure of what I read, I utilize my old technical knowledge (former civil servant and medical doctor with a specialization in public health) to improve what they (administration) propose, to make sure that what they are proposing fits what we want to do here...but you have to trust administration and that what they propose is reliable, because I am usually very busy to do a technical check-up myself, I usually don't have the time...I bring in my own expertise when I need to, I am probably not the best, but I can technically read what is proposed and have a discussion about it (with the administration)... [I] have to meet with Ngos, that's actually a big part of my job. Putting everybody around the table trying to listen to the Ngos, listen to the professionals, taking care of what the administration (civil servants) is warning you. Because they say sometimes you can't do this and that or whatever. You have these partners, other ministries. You mix everything, the knowledge of people, the knowledge of doctors, what we call sanitary democracy, every idea coming from all these partners.”¹⁴

The kind of responses gave away the very nature of how politics-administration relationship is constructed. The room for improvement for technical considerations not only comes from utilization of scientifically supported information but knowledge derived from expertise of all kinds, i.e. political staff, administration, partner institutions. The technical and political nature of an issue and the kind of advice that they produce

¹³ Interview with ministerial/political advisor A. The terms used interchangeably.

¹⁴ Interview with advisor B

might sometimes overlap paving the way for shift in political priorities. The technical necessity of an issue might lead governments to take up what might be perceived as “controversial” and politically risky policies at times. As one political advisor explained;

“Establishment of these centers-safe injection sites for drug addicts- was a big political fight in the parliament and here in Paris as well. Because, people living nearby protested and said that they did not want to live so close to those centers where drug addicts show up. Some mayors protested. These people are marginalized and pushed away from the system so we had to do something about it. The numbers show that the number of drug addicts in France remain very high and foreign experience showed that such centers can help decrease contamination of hiv and hep b through needles. It was a big political fight to do it here in Paris, to convince the people that this had to be done even if it’s an experimental system. But we did it, two centers opened in Paris and Strasbourgh, I am very proud of this.”¹⁵

They received a similar reaction from public when they introduced an advertisement to draw attention to the sexually transmitted diseases among men and promote prevention;

“So we put this on the bus stations and everywhere in the streets some weeks ago (a picture of two men about to kiss). This was really a mess here because of this (referring to the picture). This was really a mess, just doing this. But we really did not do that to provoke anyone. But it is just that if you see this ad maybe it answers your question. How can you use your technical knowledge for policy? ... We’ve found out that these people living in isolated areas are really having trouble now with these diseases so we have do something for them that’s all whether they are gay or not. But this was quite difficult for some mayors and cities and everything. But we were happy to do that. I thought putting preservative in the same line with prep (a medicine that prevent contamination) could be much problematic so I was not sure. But the ngos, very specialized in these topics they absolutely wanted to have this on the same line. This is new, this is something to promote and everything so we finally chose to do this, but what was very shocking for people here. It was a political risk but we took it.”¹⁶

The natural experimentation for certain policies that are deemed “risky” by the political top also help political advisors and administration with formulation of their policy advice.

As one civil servant put it;

“Having these experiments help us to decide whether to continue with such practices at the national level or not. These experiments help us come up with better proposals supported with some evidence in cases where there is none, also increase the proposal’s chance to be included in the agenda.”

Similarly, a political advisor stated;

¹⁵ Ibid

¹⁶ Interview with advisor B

“We do a lot of experiments here in France. We have a certain budget for that. When we cannot decide what to do about a problem-when we think something else other than what the administration proposes, we go for an experiment. We usually choose a small hospital or region to see if the idea is going to work. If it does, then we consider implementing it at the national level based on need. If it does not, then we drop the idea or give it to the administration to make some changes to the initial proposal ”¹⁷

The political advisors in both contexts reported with varying degrees, the sources that they rely on while formulating an advice. While most of which in France rely on administrative knowledge and expertise, literature knowledge, institutional exchanges, the ones in Turkey work on more specialized tasks based on their expertise and does not get widely involved in formulation activities.

“As a bio-medical engineer, my job is to check and decide if a medical device from Japan (or elsewhere) should be purchased. I make my recommendation and we go from there...[I] have the power to propose an idea to the minister, I can make things happen and when we are present, the administration usually does not like us because at times we challenge them”¹⁸

However, none of the medical experts who work as civil servants in the ministry saw the role of political advisors as challenging to that of their own. ¹⁹

As put forward by the head of a division;

“I don’t think they exercise influence that much. I don’t see them as our superiors; we don’t discuss policy issues with them on a regular base. Sometimes in certain meetings, we get together and that’s the extent of our relationship. Sometimes they communicate the minister’s message. They mostly deal with special tasks that are assigned to them by the minister.”

Although the locational proximity of the political advisor to the minister in Turkey gave him the power to communicate new policy proposals, their lack of participation in the formulation activities in general prevented him from being actively involved in the

¹⁷ Interview with department head. This view was equally shared by political advisors and civil servants in the ministry.

¹⁸ Interview with ministerial advisor in Turkey.

¹⁹ Interview with 39 experts.

specifics of a policy, which is widely determined by the medical doctor/expert appointees who serve as department heads in the ministry.²⁰

b. Civil Servants: Merit-Based Appointees vs Experts

Those who work within ministerial departments and the kind of political control they are exposed to differ based on their location, status, appointment type, who they are as well as their internal communication with top-ups. When there is contractual staff, a change in government could easily mean the replacement of those individuals with others for political purposes. In France, contractual employees make up 25 to 30 % of the total administration in the Ministry of Health²¹. They are labeled as medical experts/advisors and are graduates of medical schools. Their contract lasts 3 years and can be renewed once. In sum they can work for a total of 6 years. This contractual status gives elected officials some room for maneuver especially when there is time to decide to renew somebody's contract or not. However, the elected officials can also establish their political control over permanent cadre administrators through inter-ministerial appointments since they cannot dismiss those who are working in the permanent cadres. Inter-ministerial appointment does not necessarily hurt the Weberian merit-based appointment structure, since the replacement would be working as a civil servant elsewhere²²; however, if done solely for political purposes on large quantities, can lead to institutional memory loss.

As one chef de bureau indicated:

I was working in the ministry of transportation, and then I came here. I wanted to try something different and there was an opportunity for me to come and I accepted the offer. It took me some time to learn how things work here because it's different than what I used to do, but I closely worked with my department head and my colleagues, learned the structure and how things worked. A few years later, I was appointed as the chef de bureau...[I] have a background in administrative sciences and a master's degree from Ecole National d'Administration.²³

Similarly, one former sous directeur (2nd head of department) who had to leave due to

²⁰ Interview with 39 medical doctors/expert bureaucrats.

²¹ This information was derived from a brochure published by the ministry.

²² Sometimes they could be replaced with people that do not have formal civil servant status.

²³ A school in Paris that specializes in training public servants.

conflict with elected bodies explained;

I left because we could not agree on certain things with the current government.... [I] had the autonomy I needed, autonomy was not the issue. I was able to propose anything. However, I felt things were stuck for a while and not moving as the department needed... The way we saw certain things differed. There was not enough direction or plan coming from the minister as to why certain projects are preferred over others and that was a problem. I could not work with them effectively. I had to drop a project I had been working on for a very long time, I could not understand why.²⁴

Internal communication is an indispensable part of healthy policy coordination process. As one political advisor and a former civil servant emphasized;

When I was working as a civil servant I had established good communication with the political advisor at the time, who was listening to what we had to say, we were able to propose, negotiate, etc. But the one that came after that did not communicate well with us. He was not so open to exchange, we were formally asked to prepare information notes and all, our direct communication with him was very limited, which I think had an impact on us. Now that I am a political advisor myself, knowing how frustrating it might be not being able to communicate with a political advisor, I listen, whether I agree with what is to come from the administration or not; we try to find a mid ground...[W]hen the government changes I'll go back to the 3th floor and continue to do what I used to a year ago or so.²⁵

Table 2: Status and Appointment Type

Hierarchy	France		Turkey	
	Status	Type of Appointment	Status	Type of Appointment
Low-Level	Medical Expert/ Advisor	Contractual	Civil Servant	Merit-Based
Mid-Level	Civil Servant	Merit-Based	Medical Doctor	Secondment
High Level	Civil Servant + Other*	Merit-Based +Contractual	Medical Doctor	Secondment

* Includes non-civil servant appointees

Source: Author (2016), Interview Data

The background of those people who are appointed outside of classical Weberian merit-based structure gives us clues about the form of politicization that might be at play. Those that work in the lower level administrative posts have a background in medicine; most of them have specialized in a field of health or have master's degrees in health economics,

²⁴ Interview with former sous directeur/2nd department head in France, MoH.

²⁵ Interview with a political advisor in France, MoH.

public health, or similar specialized topics related to health. Therefore, they appear as experts or experts in the making in the field of health. While the most common form of political control in France seems to be established through contractual staff or inter-ministerial appointment, in Turkey elected officials regard secondment as a form of exerting political influence. In Turkey, medical doctor administrators make up more than 80% of the total administrators in the ministry.²⁶ The remaining small amount includes graduates of administrative and health sciences. A few that work in the health infrastructure department are engineers with civil servant status.²⁷ However, what is interesting about most of these people is their medial-doctor status. In addition, they have permanent cadres in various public hospitals. Mostly, the ones that appear in the mid-high level in the ministry have specialized in a health field, or have masters or doctoral degrees. Even though they can be dismissed from their posts in the ministry with a change in the government, they can still serve as medical doctors elsewhere, which should make them less prone to manipulation by elected officials. Nonetheless, in Turkey, the interviews reveal that they are very much influenced by politicians. Such appointments represent an alternative view to classic Weberian merit based appointment, thus can represent a distinct form of politicization. However, to see its specific impact, we need to assess how individual characteristics of those appointed play out in the policy formulation activities as well as the institutional rules and regulations that allow or prevent policy advice to move or from moving upwards.

c. Experts, Experts in the Making and Policy Formulation

The medical doctor status of (expert) appointees in France and Turkey allow them to utilize their built-in knowledge when they need to, provide them with an opportunity to find quick solutions and produce feasible alternatives in short periods of time. In both cases, when asked about whether or not their medical background gave them leverage, all medical doctor participants agreed that their background enables them to evaluate and propose solutions rather quickly since they need to provide political elites with solutions without delay. As several experts in France and Turkey highlighted;

²⁶ Information gathered through interviews and formal exchanges with staff.

²⁷ They are selected through a general written and oral exam.

We need to propose things very quickly; sometimes things cannot wait especially when there is an urgent situation like a flu epidemic. The timing is very important... [S]ince we are medical doctors, we recognize problems quickly. Sometimes we face problems that only a medical doctor could evaluate. We go to specialized experts when we need background info for specialized diseases, if we are dealing with something very specific but otherwise we try to utilize our own knowledge and expertise.²⁸

I am a medical doctor and my title is a conseiller technique so I evaluate things from a medical/technical perspective and provide technical advice. But you also need to develop yourself in health economics as well. Because the budget is limited and sometimes you need to prioritize things based on importance, urgency, etc.

However for such an advice to be included in the formulation of policies horizontal rather than vertical policy coordination is essential. In France, the background of contractual staff as well as horizontal policy coordination rather than vertical coordination gives them opportunity to communicate their ideas to the top as well as negotiating power. Medical advisors/experts don't appear as command takers only, sometimes they can challenge the existing direction of a policy and have things included in the agenda. Moreover, they are supervised by a senior civil servant.

As a medical advisor and chef de bureau highlighted²⁹;

We can propose things, definitely. This was not included in this year's plan, while I was working, I noticed the gap-the lack of coverage at the regional level-and told my department chef, I prepared a presentation with some policy recommendations, it was accepted and later sent out to the parliament to be included in the law...[W]e meet with various actors and institutions in different commissions all the time, we discuss and try to integrate as much as we can. In this particular project, we worked with HAS-Haute Autorite de Santé (Hight Health Authority)³⁰

Similarly a department chef indicated;

One of the medical advisors here worked on a proposal, we presented it to the department head and political advisor and it was accepted and later sent to the parliament. This could be an example of something independent of the current agenda.

On the "political side", a political advisor had a similar view;

Yes, there is definitely room for those who work in lower cadres to propose something.

²⁸ 60 Interviews with medical doctor appointees.

²⁹ The same information was derived from both participants on two separate interviews.

³⁰ Since the participant wanted to remain confidential, in order not to reveal the identity, the specifics of this change was not included.

*Sometimes they warn us when we want to do something; sometimes they come up with different proposals. I usually accept the proposal when there is a similar direction in the ministry (political, technical or strategic plans). Sometimes the data is not convincing so I send it for re-evaluation or we drop it all together. Sometimes, we send things to the parliament, which are not included in the agenda and yes it usually comes from the administration...[T]here are a lot of actors and institutions involved so sometimes it takes months to arrive at a decision. The ministry may insist on something, but the social security institute may say something else and they have independent negotiating power. Sometimes what we come up with might contradict what HAS is proposing, you know they provide scientific advice, so we ask for expert opinion, there is a separate institution for that you probably know... [I] would say it's a constant process of negotiation; this is how we come up with policy ideas, or how you put it, formulate policies. Sometimes the minister has other kind of advice from outside, coming from deputies and different sectors, etc.*³¹

Whereas in Turkey, due to limited vertical coordination, policy ideas might have a hard time reaching the political top. In addition, the exclusionary character of horizontal coordination inevitably pushes some ngos and their policy ideas aside;

As several expert/civil servants put it;

We discuss things with our department head most of the time. We don't have direct access to the undersecretariat or associate undersecretariats unless they call us to ask something or for a presentation. Sometimes they need clarification on things...[I] think that upper level administrators are more able to communicate their ideas to the top. Political advisors don't get much involved. I meet with everyone who wants to see me (referring to sector, citizens, etc.). But at the institutional level, we usually meet with actors, ngos whose views are closer to those at the top. For instance, we don't meet with medical association, because they don't agree on anything we propose, they have a different political view, you know. They think that the health reform³² was wrong all together, so we cannot work with them.

The ones that remain in the upper levels of bureaucracy are more involved in the policy formulation activities than the rest of the administration. However, they are involved in formulating secondary aspects of a policy³³ in addition to determining the way a policy is implemented. As one department head underlined;

It is usually between us (referring to ministerial undersecretariat, department heads and minister) that we discuss how we can go about it. When we need specific information, we

³¹ Interview with political advisor to the minister, France.

³² Initiated in 2004 and started being implemented in 2008 in Turkey.

³³ See Sabatier (1993).

ask for expert opinion, or ask the unit heads to make a presentation. As a general framework, we follow the strategic plans defined by the government, we need to follow strategic plans closely, we don't develop independent projects outside of it. However, I can say that we can formulate what you call, secondary aspects of a policy rather than the core. Politicians determine the core, but we don't simply implement things. I can say that I am actively involved in formulating minor/secondary aspects.

In addition to their expertise, their ability to come up with better solutions, policy ideas, and proposals depends on how they gather policy-related information, knowledge and utilize it.

Table 3: Sources of Policy Knowledge

Sources of Policy Knowledge	France	Turkey
Ministerial Data	High	High
External Data	High	Low
Institutional Consultation	High	Low-Mid
Non-Institutional Consultation	High	Mid-Low
Experimentation	High	Low-Mid
Literature	High	Low-Mid
Own Expertise	Mid-High	Mid-High
Outside Expertise	High when needed/institutionalized	High when needed/non-institutionalized
Policy Knowledge Transfer	High	Low
Policy Transfer	Low-Medium	High

Source: Author (2016) Interview Data

In France, data is gathered through various mechanisms and channels. First of all, the institutional embeddedness and formal integration of various health stakeholders, their participation in various boards and commissions provides policy makers with an opportunity to gather first hand information on various issues, topics and problems that those stakeholders face. Since most if not all of them are institutional partners, their recommendations have to be formally addressed and/or integrated in the policy proposals. Second, the existence of research institutes (i.e. Irdes), consultancies, external policy evaluation and other agencies that provide scientific advice and expert-based knowledge, i.e. Haute Autorite de Santé the ministry. The reports coming from those institutions help

the ministry with policy proposals. Sometimes the partners could take the issue public to pressure the ministry to take it as a government agenda. As the head of patient representative group in Paris explained;

We worked closely with the ministry, political advisors. We met with them regularly and negotiated. At times when we felt they were not taking us seriously, we publicly asked questions, we brought the media attention in. These people without a certain income level would have been unable to pay for complementary insurance; we had a lot of calls from people. It was what the society needed so we put pressure on government and pushed it finally it passed.

In addition, the ministry's policy evaluation department publishes reports on a regular base and sometimes they challenge the policy recommendations of the other departments in the ministry. As three mid-level contractual expert explained:

We usually publish our general evaluation on a yearly base. We also have reports that we publish throughout the year about different policies. I can confidently say that we are independent. Sometimes the ministry asks us to delay the publication of our results for strategic purposes, but that is the extent of their intervention, they cannot dictate what we put as content, because we prepare our notes based on evidence and that cannot be changed. There are also reports coming from all those external institutions, they might focus on some other variables, so sometimes there might be differences between reports in terms of policy recommendations. If that is the case and if the ministry cannot decide, it goes to inter-ministerial commission for further discussion with other institutional partners.

While the institutionalized/structured sources in France provides the ministry and its staff with a pool of organized information and knowledge to utilize for policy formulation and provides alternative policy recommendations keeping those provided by the ministry in check, the absence of such institutions and such variety of sources in Turkey limits the information gathering capacity of the ministry, thus the kind of information and knowledge used in the formulation.

CONCLUSION

This paper made an attempt to uncover whether the individual characteristics of politically appointed staff as well as the pool of knowledge and information that is available to them play a role in their advice formulation activities. The initial findings from the interview data suggests that former status, expert knowledge and specialized knowledge, as well as information derived from institutional and non-institutional partners provide political appointees with a stronger capacity to formulate policy advice, thus formulate policies. The content of such policy advice is enriched by context specific and context dependent information and knowledge derived from various partners and institutions.

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