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► To cite this version:

Lucille Gallardo, Lara Gautier, Fanny Chabrol, Lola Traverson, Sydia Rosana de Araújo Oliveira, et al.. Private consulting firms' intervention in public health policymaking: an exploratory review. International Review of Administrative Sciences, inPress. hal-04456727

HAL Id: hal-04456727

<https://hal.science/hal-04456727>

Submitted on 14 Feb 2024

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Private consulting firms' intervention in public health policymaking: an exploratory review

Lucille Gallardo^{a b c}: lucille.gallardo@gmail.com

Lara Gautier^d: lara.gautier@umontreal.ca

Fanny Chabrol^{b e}: fanny.chabrol@ird.fr

Lola Traverson^b: lola.traverson@ird.fr

Sydia Oliveira^f: sydia.oliveira@gmail.com

Valery Ridde^b: valery.ridde@ird.fr

^a Liepp, Sciences Po Paris, 254 boulevard Saint-Germain, 75007 Paris, France

^b Paris Cité University, IRD, Inserm, Ceped, F-75006 Paris, France

^c Mesopolhis, UMR 7064, Aix-Marseille University – IEP Aix-en-Provence, MMSH 5 rue du Château de l'Horloge 13090 Aix-en-Provence, France

^d School of Public Health, University of Montreal, 7101 Av du Parc, Montréal, QC H3N 1X9, Canada

^e Institute for Humanities in Africa (HUMA), University of Cape Town, Cape Town, South Africa

^f Oswaldo Cruz Foundation, Aggeu Magalhães Institute, Av. Prof. Moraes Rego, Recife, PE, 50740-590, Brazil

Acknowledgments:

We would like to acknowledge Laurence Goury, from the Scientific and Technical Information Service of the IRD, for her advice and support in the formulation of the protocol of the scoping review. We would also like to thank Heather Hickey for translating a first version of the paper, Flore-Apolline Roy for producing figure 2 and the LIEPP team for the proofreading of this work.

Funding: **The authors disclosed receipt of the following financial support for the research:**

This work was supported by French National Research Agency as part of the "Investissements d'Avenir" program LIEPP, GRIP and the Paris University IdEx. [Grants number: ANR-11-LABX-0091; ANR-11-IDEX-0005-02; ANR-18-IDEX-0001]

Conflict of Interest statement:

The authors declare no conflict of interests in relation to the contents presented in the manuscript.

Abstract

Context: While there is ample research in the social sciences on the role of private consulting firms in public policy, there is little information about their intervention in managing public health crises and epidemics. The COVID-19 pandemic revealed how much public administrations across the globe have been using these firms. The purpose of this exploratory review of scientific literature is to identify research on the involvement of these firms in governing epidemics and health crises since 2000.

Methods: This review investigates the following question: what research evidence about the role of these firms is there, and what research methods and analytical categories are used? Following the stages of the PRISMA methods, we identified 24 references since 2000.

Findings: We classified authors' analyses of the role played by those firms using three analytical categories: the management approach, the consultocracy phenomenon, and the phenomenon of elite hybridization. Only two references were explicitly related to the work of consulting firms in the context of epidemics (e.g., COVID-19). The others focused on public health reforms. This finding confirms the scarcity of research evidence on the role played by consulting firms in the management of epidemics.

Conclusions: This review reports on a blind spot of the scientific literature and calls for additional empirical research.

Keywords: consulting firms, consultancy, public policy, epidemics, health, public administration, policymaking

Introduction

There is a large body of research in the social sciences on the role of private consulting firms in public policy (Empson et al., 2015; Hurl and Vogelpohl, 2021; Saint-Martin, 2006). Several studies reported the increase and standardization of their intervention with national and international public organizations for more than 30 years (Saint-Martin, 1999; Bezes, 2012; Henry, 2012; Belorgey and Pierru, 2017; Gautier et al., 2021; Kipping, 2021). Among this work, research in the health sector focuses on the intervention of private consulting firms in the framework of national health sector reforms, such as those of the National Health Service in the United Kingdom since 1974 (Kirkpatrick et al., 2016) or the 2009 hospital reform in France (Belorgey, 2010; Belorgey and Pierru, 2017). The issue of epidemics, and more generally of public health crises, remains little studied in these writings. However, the COVID-19 pandemic has been an opportunity to highlight the use of private consulting firms by many administrations worldwide (Aron and Miguel-Aguirre, 2021; Castonguay, 2020; Collington and Mazzucato, 2021; Petitjean, 2021; Rice, 2020; Vogelpohl et al., 2022). In France, for example, the controversy about the use of private expertise by the French central administration date from the beginning of the COVID-19 health crisis (Braun and Momtaz, 2021; Cohen and Vazquez, 2021; Girard, 2020). The publication of the report of the French Senate Committee of Inquiry (Commission d'enquête sur l'influence croissante des cabinets de conseil privés sur les politiques publiques, 2022) revived the controversy. A recent journalistic investigation showed a similar phenomenon in Quebec where one of the most important transnational consulting firm has worked with the central administration to manage the COVID-19 pandemic (Gerbet, 2022). The objective of this exploratory study is to review the academic knowledge on the worldwide intervention of consulting firms in public policy during epidemics and public health crises that have occurred since 2000. We unravel the theoretical approaches and methods used by authors to study the role of private firms.

Method

Scoping reviews (Arksey and O'Malley, 2005; Dagenais et al., 2021; Peters et al., 2020) produce information on an issue within a reasonably short timeframe; they include research works regardless of the methods employed by their authors (Munn et al., 2018; Saul et al., 2013). We followed the stages referenced in the PRISMA-ScR model (Tricco et al., 2018). We presented them in the review protocol (Gallardo et al., 2022).

We built the search strategy (Table 1) around three themes: keywords referring to consulting firms, keywords referring to epidemics and public health crises, and, finally, keywords involving national and international public administrations. After several search attempts, we realized the paucity of works on epidemics and health crises. We thus decided to review works on public health policy more broadly, so as not to miss some pertinent research.

Scopus -Web of Science - Embase - PubMed			
Concepts	Consulting firms	Epidemic/infectious and tropical diseases	International and national (semi) public institutions
Keywords	service firm ; consulting firm ; management consult ; big four ; professional service firm AND NOT financial service firm	health ; epidemi ; pandemic ; outbreak ; infectious disease ; communicable disease ; tropical disease ; virus ; covid ; coronavirus ; h1n1 ; aids ; ebola ; dengue ; sars ; influenza ; measles ; chikungunya ; hepatitis ; opioid ; malaria ; gastroenteritis ; fever ; ulcer ; rabies ; trachoma ; syphilis ; leishmaniasis ; dracunculiasis ; trematodosis ; onchocerciasis ; schistosomiasis ; geohelminthiasis ; filariasis ; echinococcosis ; fascioliasis ; cysticercosis ; chagas ; trypanosomiasis ; yaws ; leprosy ; zika ; tuberculosis ; meningitis ; polio ; poliomyelitis ; cholera ; encephalitis	state ; governance ; government ; polic ; ministry of health ; public sector ; international agenc ; ppp ; care international ; the global fund to fight aids tuberculosis and malaria ; global fund ; gfatm ; gavi ; the vaccine alliance ; global polio eradication programme ; global alliance for tb drug development , gatbdd ; international aids vaccine initiative ; iavi ; international aids society ; international federation of red cross and red crescent societies ; ifrc ; joint united nations programme on hiv/aids ; unaids ; world health organization ; who ; médecins sans frontières ; msf ; the partnership for maternal newborn and child health ; pmnch ; roll back malaria partnership ; rbm ; special programme for research and training in tropical diseases ; safe injections global network ; sign ; stop tb partnership ; save the children ; unitaid ; united nations international children's fund ; unicef ; world bank ; medicines for malaria venture ; united states centers for disease control and prevention ; us cdc ; the us president's emergency plan for aids relief ; pepfar ; eu public health ; european commission's directorate for health and food safety ; european centre for disease prevention and control ; ecdc ; dg santé ; direction générale de la santé et de la sécurité alimentaire
Bielefeld Academic Search Engine			
Concepts	Consulting firms	Epidemic/infectious and tropical diseases	International and national (semi) public institutions
Keywords	service firm ; consulting firm ; management consult ; big four ; professional service firm	health ; epidemi ; pandemic ; outbreak ; disease	state ; governance ; government ; polic ; ministry of health ; public sector ; international agenc ; ppp

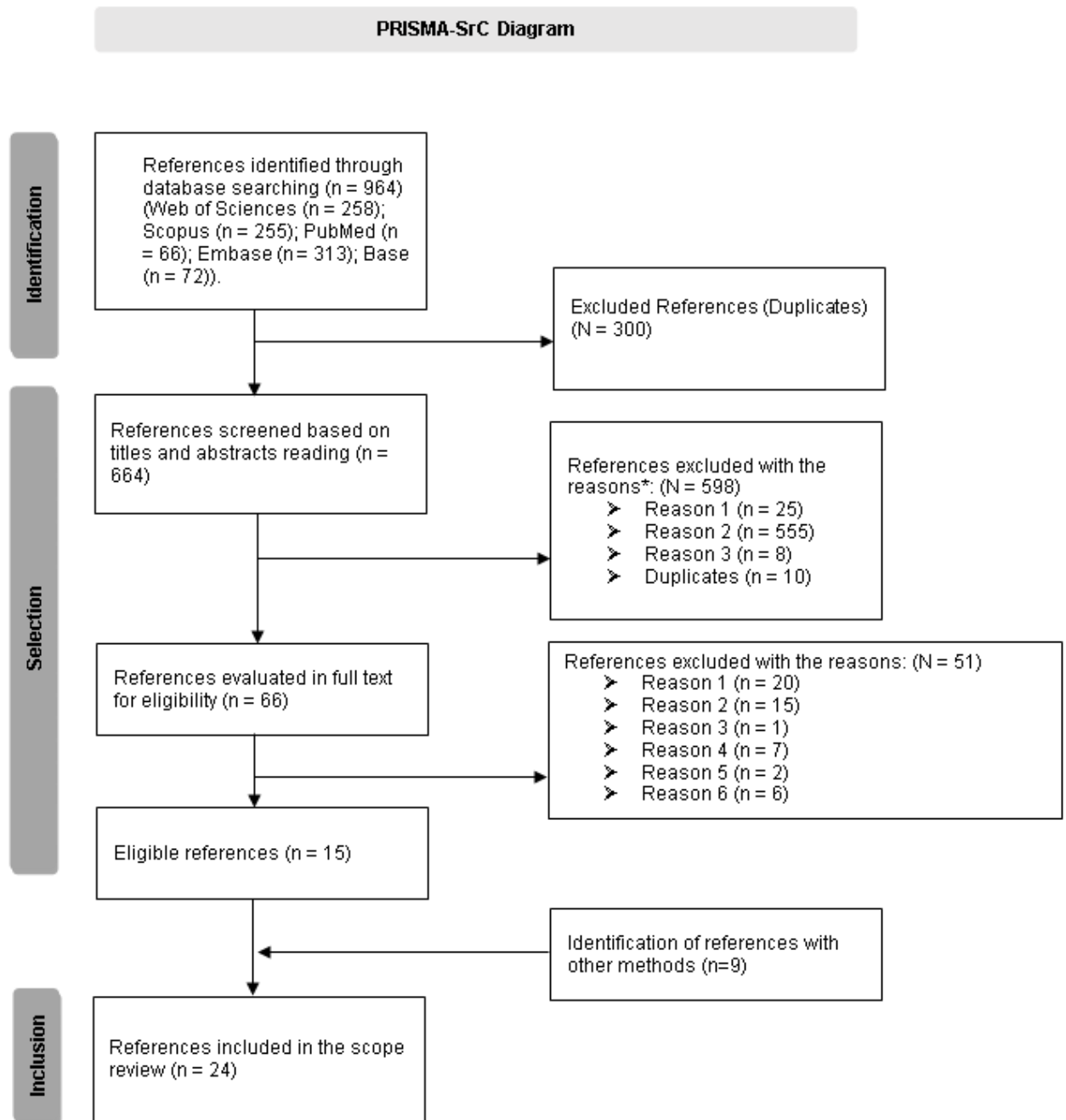
Table 1. Search strategy

We identified six inclusion criteria. References must be:

- Related to consulting firms, that are private firms (both cross-industry multinationals and specialized companies with national or even local roots), with for profit ambition, which sellexpertise services to public actors.
- Related to epidemics or health crisis issues which have emerged from the 2000s.
- Published between January 1st, 2000, and December 31th, 2021. This time frame is justified because of the important growth of private consulting firms since the 2000s.
- Published in English, French, Spanish, Italian and Portuguese.
- Original research papers using qualitative, quantitative, and mixed methods.
- Peer-reviewed journal articles and books/book chapters.

We excluded non-academic documentation, that is any reports and working documents also named “grey literature” which are not subject of a peer-reviewed evaluation (e.g., think tank or international and national organization reports). This choice is linked with the objectives of the scoping-review that are to make a state of academic knowledge about our research object.

Based on these pre-established inclusion and exclusion criteria (Gallardo et al., 2022), we used a step-by-step approach that is summarized in the PRISMA-ScR flow diagram (Figure 1). Of the 964 initial references identified in five databases (Embase, PubMed, Scopus, Web of Science, and Bielefield Academic Search Engine), we retained 15 items through sorting and double proofreading. We decided to use Bielefield Academic Search Engine because this European database integrates non-anglophone academic publications which are not always referenced by mainstream databases. Through analyzing bibliographies, we manually added nine references found outside the databases, leading to a total of 24 references.



* Reason 1: not peer-reviewed, reason 2: not on consulting firms in public action, reason 3: not on epidemics/health, reason 4: not found, reason 5: not in selected languages, reason 6: not empirical work.

Figure 1. PRISMA-SrC flow diagram (Page et al., 2021)

We grouped the data using an extraction table (Appendix 1). The MMAT grid (Appendix 2) was used to appraise the quality of study methods included in systematic and scoping reviews (Hong et al., 2018). This assessment was done by one member of the team.

The analysis of the selected articles and the identification of analytical categories (see Results section) was carried out by the first author, and subsequently refined by each of the different co-authors, and discussed in group discussions by the whole team.

Results

Within the 24 references selected, there are 20 peer-reviewed journal articles and four book chapters. The articles have been published in peer-reviewed journals specializing in health, management, or public administration, and in generalist interdisciplinary or disciplinary journals (Figure 2)

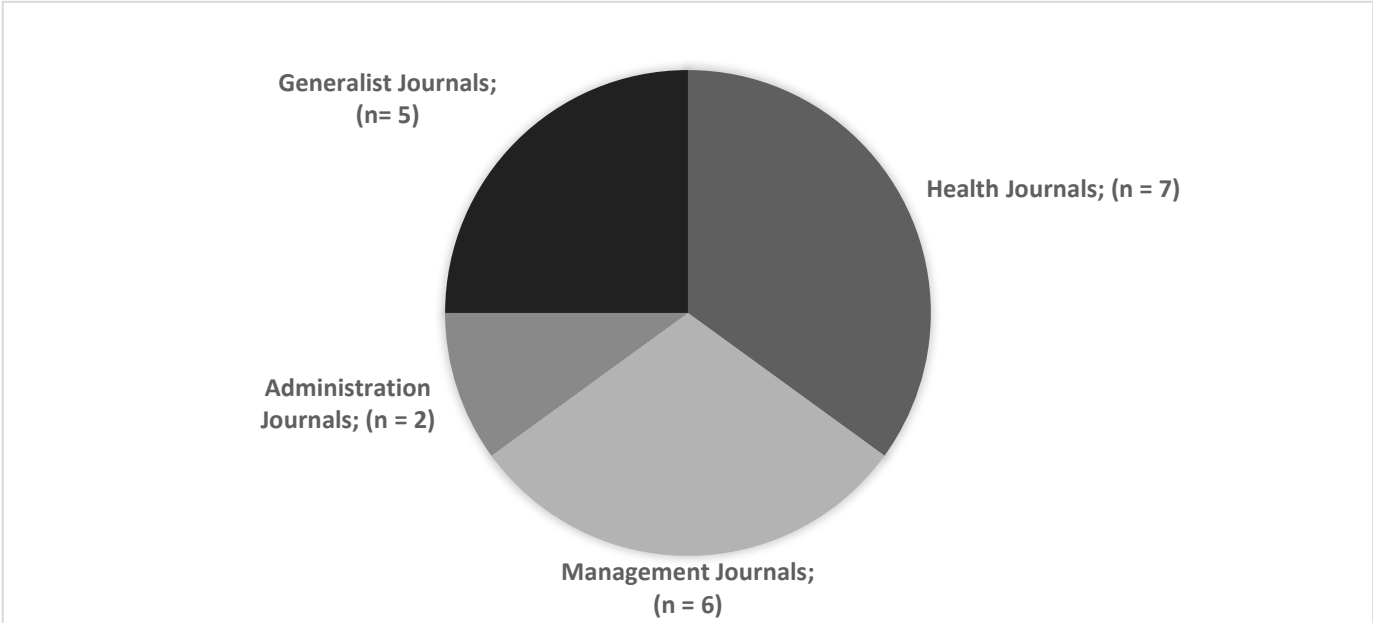


Figure 2. Scientific journals of the selected articles

Two references were published between 2000 and 2009, 13 between 2010 and 2018, and nine between 2019 and 2021. Most of the cases studied were carried out in the West European and North American contexts (Figure 3). No research reflected the context of a low- or middle-

income country. Two references investigating the work of consulting firms with international organizations are not included on the map (Momani, 2017; Tchiombiano, 2019).



Figure 3. Geographical distribution of selected case studies

The majority of the first authors were affiliated or associated with North American and Western European universities (n = 18), including almost half of them being affiliated with British universities. A total of nine women and ten men were the first authors. Of the multi-author publications (n = 14), some were the result of repeated collaborations (Begley and Sheard, 2019; Begley and Sheard, 2021; Kirkpatrick et al., 2019; Sturdy et al., 2020).

Only two references related specifically to the work of consulting firms in the context of the COVID-19 pandemic (Atkinson et al., 2020; Untermaier-Kerléo, 2021). The others focus on health policy analysis and public health reforms. This finding confirms the scarcity of work on the issue of epidemics before the emergence of COVID-19.

Methods of investigation and analysis

Most studies used qualitative research methods (n = 21), such as analysis of archives and interview administration (n = 4), ethnographic observations combined with interviews (n = 8). Interviews only were also used (n = 4) in combination with grey literature (n = 1). Grey literature as the only source of data was also used (n = 4). Two studies employed a longitudinal quantitative method, while one research used a mixed quantitative and qualitative methodology that combined ethnographic and prosopographic surveys, which is a method of statistical analysis of the biographies of a social group. Methods for data analysis included thematic content analysis (Paillé and Mucchielli, 2012) and semantic or qualitative discourse analysis (Seignour, 2011).



Figure 4. Quality appraisal of the selected studies' methods

The selected studies had some limitations. In particular, the MMAT tool (Figure 4) identified a lack of transparency on the methods (n = 4).

Analytical categories to study relationship between the state and consulting firms

Through our analysis of the 24 references, we identified three analytical categories used by the authors to study their object, which we conceptualized as follows: the management approach, the consultocracy phenomenon, and the phenomenon of elite hybridization (see Table 2 for details). By analytical categories, we mean ways of considering the relationship between public and private actions, the market and the state, and the processes of production and implementation of public policies (Hassenteufel, 2011; Weible and Sabatier, 2017). These categories determine the ways consulting firm's roles are analyzed by the authors. They also reveal the theoretical approach, the conceptual tools underlying analyses, and the authors'

specific disciplinary fields or subfields. Three references did not fit into the proposed analytical categories because of their research methods, their authors' discipline, or the research question.

Analytical categories	Management approach	Consultocracy phenomenon	Phenomenon of elite hybridization	Non-category
Number of references	3	9	9	3
Conception of governments and consulting firms' relationship	Consulting firms act as a resource for improving public policy.	Consulting firms exercise invisible power over public administration.	Consultants from consulting firms and officials of the public administration are public policy actors. There are no boundaries between public and private worlds.	Non applicable
Underlying concepts and relevant expressions associated with these categories	'management of change'; 'knowledge management'	'multidimensional power'; 'performative seduction'; 'strategic actor'; 'agency', 'moral economy of austerity', 'cost/efficiency'	'hospital intermediaries'; "'management state'; 'loss of autonomy of bureaucracies'; 'governance partners'; 'de-professionalization of public officials'	Non applicable
Disciplines of the authors?	Management	Management, Political Science	History, political sociology, political science; management	Law, sociology
Research methods of references	Qualitative	Qualitative and quantitative	Qualitative and mixed	Qualitative

Table 2. The three analytical categories

First analytical category: the management approach

Authors who used the management approach considered the intervention of consulting firms with public institutions as a resource or expertise to improve public policy. This approach is based on the idea that management pertains to technical expertise that improves public or private organizations. These works aimed to uncover the conditions or ‘factors of success’ (Wye et al., 2015) of the intervention of consultants with public administrations, without questioning it. Three studies adopted this approach. For example, they apply the concepts of ‘change management’ (Kuna, 2017) or ‘knowledge management’ (Radnor and O’Mahoney, 2013) to define the role of consultants considered as beneficial for public administrations. These concepts are not specific to public policy, but they are also applied to the corporate world. Two studies in this category reflected the perspective of the consultants and their experiences of collaborating with public health institutions. This is the case, for example, of the work of Radnor and O’Mahoney (Radnor and O’Mahoney, 2013) who analyzed the differences in methods and functioning used by the consultants compared to those of the agents of public administrations. The authors produced recommendations to improve the intervention of management firms in the public domain. The prescriptive aspect of this approach is also reflected in the work of Wye and colleagues (Wye et al., 2015), based on the 2012 case study of the Health and Social Care Act in the United Kingdom. They identify three ‘success factors’ of the consultant’s intervention with the health administration: the consultants’ ability to ‘solve problems’, the ‘co-production of solutions’, and the consultants’ ability to produce a joint analysis of the results of their intervention (Wye et al., 2015: 7).

Second analytical category: the consultocracy phenomenon

The consultocracy phenomenon brings together works that considered the role of consulting firms in public health in terms of influence and power. These studies used other research that

considered the crucial role of these private actors in governing contemporary societies (Guttman and Willner, 1976; Howlett and Migone, 2014; Lapsley and Oldfield, 2001). We owe the term ‘consultocracy’ to the two political scientists Christopher Hood and Michael Jackson. They used this concept to qualify the involvement of management consultants in the public administrations of several English-speaking states (Hood and Jackson, 1991). While the selected studies did not systematically refer specifically to this concept, all of them critically considered the role of private consulting firms in contemporary democracies. The action of these firms would participate in the phenomenon of state withdrawal. Of the selected studies, nine adopted this analytical category; the most common discipline of their authors was the management sciences.

The concepts used by these authors reflected this idea of the preponderant influence of firms on public policy. Authors of works in this category employed the following concepts and relevant expressions: ‘multidimensional power’ (Horrocks, 2009), ‘performative seduction’ (Ford and Harding, 2021), ‘strategic actor’ (Lalonde and Gilbert, 2016), or ‘agency’ (Lalonde and Adler, 2015) to analyze the multiple forms of power used by firms to influence public agents and administrations. For example, Lalonde and Adler analyzed the evolution of information asymmetries in the consulting/client relationship within health organizations in Canada. The authors showed how this asymmetry evolved between the actors according to the stage of the consultation process, even though the said asymmetry remained more favorable to consultants who reportedly took turns in the roles of ‘doctor, facilitator, and expert’ (Lalonde and Adler, 2015: 194). Through the case study of the institutionalization of the concept of talent management within the National Health Service (NHS) in the United Kingdom in the early 2000s, Ford and Harding showed the ‘hidden power’ of management consultants, which proceeded in two stages: first, the creation of this expertise as a ‘product’ for the firms’ clients, and second, the practices of ‘seductive performativity’ of consultants in the ‘closed doors’ of

administrations (Ford and Harding, 2021: 230). Consulting firms' strategy of making themselves indispensable was present in other studies (Lalonde and Gilbert, 2016). It was reflected in Momani's analyses of consulting firms' work with different international organizations. The author showed that firms positioned themselves as the only holders and analyzers of global knowledge and data related to the areas of interest they were solicited for. The promotion of a technical expertise presented to public actors by consulting firms as unique and essential was one of the elements used by the author to explain their growing influence. Such expertise was then presented as being at the origin of the sparking phenomena of empowerment of consulting firms in different sectors and public organizations.

Finally, two studies focused on the impact of consulting firms' intervention on the effectiveness/efficiency or the performance of public health policy (Kirkpatrick et al., 2019; Sturdy et al., 2020). Using longitudinal quantitative methods, authors of these studies showed the correlation between the increase in the use of consulting firms and the adoption of 'commercialization practices' which refers to the externalization of non-core clinical services and private financing (Sturdy et al., 2020: 492). The authors of these works also showed 'that higher levels of spending on management consultants have had a statistically negative effect on two separate indicators of efficiency ('operational efficiency' and 'adjusted cost efficiency')' in the hospitals studied (Kirkpatrick et al., 2019: 90). The increased dependence of public organizations on consulting firms was also highlighted. However, unlike the other references included in this category, public servants were not considered passive actors merely exposed to the presence and intervention of firms. Despite this nuance, most of these studies highlighted the increasing dependence of public administrations on consulting firms, as well as a form of submission, if not impotence, to the firms' practices and power. Authors of selected papers highlighted the major role these firms played in public health policies. These studies also showed how consulting firms participated in implementing New Public Management practices

in public health administrations and public health policies, as well as in normalizing an austerity economics and state's diminishing role (Hurl, 2018: 58) in the various contexts studied.

Third analytical category: the phenomenon of elite hybridization

The studies corresponding to this third category analyzed the making of public policy by using a relational perspective, which breaks the boundaries between the state and the market. To do that, authors of these studies emphasized the trajectories of public policy actors, their changing positionality between the public and private worlds, and the proximity of their social paths and positions. Consulting firms and administrations are considered as interdependent spaces where hybrid elites are positioned at the crossroads of these two worlds.

The nine studies mobilized concepts that underline this relational perspective. Concepts and relevant expressions associated with this category included, for example, the notion of 'hospital intermediaries' to define consultants¹ who are, with others actors, positioned between administrations and caregivers and who play a role of translators and transmitters of norms (Belorgey, 2010). The notions of 'management state', 'loss of autonomy of bureaucracies' (Frederic Pierru, 2012), 'governance partners' (Kirkpatrick et al., 2016), or 'de-professionalization of public officials' (Belorgey and Pierru, 2017) also illustrated the blurring of the boundaries between the private and public worlds.

The first type of studies were history studies. Begley, Sheard, and Weiss focused on tracing the history of consulting firms working with health authorities. Their study showed the anteriority of relations between consulting firms and public administrations of the advent of so-called neoliberal policies in the 1980s. The authors were particularly interested in the relationship between Mc Kinsey & Company and the British NHS. Their analyses revealed the structural

¹ In this research, "consultants" could be professionals from consulting firms but also individuals with different expertises who propose their services to hospital managers.

interdependencies between the two organizations as early as the 1940s (Begley and Sheard, 2021) but also the sharing by NHS agents of a vision of management consulting as conducive of public service improvement (Weiss, 2018). Weiss thus considered the firms' consultants under the service of the 'administrative power'; hence the author suggested that private advice was a 'legitimate source of expertise' and objectivity (Weiss, 2018: 137). Weiss showed that these collaborations contributed to the rise of a modern 'hybrid state', 'where the lines of public and private sectors are blurred, and agents of both sectors act in the delivery of public services' (Weiss, 2018: 15).

This category includes a second strand of work that investigated consulting firms in the wider space of actors involved in public health policymaking. These studies examined the practices and the role of consulting firms in the competition and alliance relationship with other actors involved. To do that, Belorgey analyzed the position of consultants among the 'galaxy of hospital intermediaries' involved in the implementation of the 2009 French hospital reform. He showed how their 'composite [professional] capital' tended to make them special, and positioned them at a 'high degree of reticular centrality' compared to other intermediaries like department heads, hospital directors, health executives or engineers (Belorgey, 2020: 418). Belorgey analyzed the consulting firms' expertise as a key resource to legitimize themselves in hospital reforms processes. In an article co-written with Pierru a few years earlier, the authors used this approach by showing how consulting firms participated in the implementation of the New Public Management and acted as 'essential actors in the reorganization of the health system' (Belorgey and Pierru, 2017: 45). The authors nevertheless nuanced the consultants' role in two ways. On the one hand, Belorgey and Pierru showed that the consultants remained 'at the service of the programming elites' within public administrations. On the other hand, the authors highlighted how the omnipresence of consultants was a 'manifestation of the growing hybridization of political, technocratic, and economic elites' (Belorgey and Pierru, 2017: 57).

In relation to the same 2009 French hospital reform, Pierru also showed how the extensive use of consulting firms is part of a larger phenomenon of ‘bureaucratization’, which is characterized by the hybridization of private and public organizational models. The author positioned this phenomenon in the broader ‘neoliberal’ process of the strengthening of a ‘managerialized state’ (Frédéric Pierru, 2012: 34). While strengthening administrative and management teams, such process did not, however, completely remove ‘the autonomy of the medical field’ (Frédéric Pierru, 2012: 50). Building from the adoption of the accrual method of accounting in the Norwegian Health Administration in the early 2000s, Kaarbøe and Robbestad considered private consulting firms as ‘change agents’ stakeholders in competitive and alliance positions with other agents (like politicians, agents of the Norwegian Ministry of Health, directors of health care departments, other consultants etc.) to legitimize their expertise. The consultants of these firms were ‘institutionalized’ actors, positioned ‘at the center of the executive machinery’ because of their double proximity with agents at national and local levels (Kaarbøe and Robbestad, 2016: 402). Similarly, Kirkpatrick and colleagues considered consultants, not as providers outside public policy but rather as ‘partners in government’ (Kirkpatrick et al., 2016: 2). For this purpose, the authors studied the specific phenomenon of ‘revolving door’, i.e., the professional roundtrips between the private and public worlds. By analyzing the social proximity between consulting firm’ consultants and public administration agents, they showed how their collaborations ‘have contributed to the privatization agenda for public services’ and also to the transformation of consultants ‘into somewhat less ‘private’ and more ‘public’ actors’ (Kirkpatrick et al., 2016: 530). In other words, they have contributed to implement the business approach to public policy, which is now relatively common in public administrations worldwide.

References excluding categories

The work of Atkinson and colleagues (Atkinson et al., 2020) focused on the receptiveness of the UK's national COVID-19 policy by healthcare professionals and local health officials. The authors showed how these groups acting on the front lines had fuzzy interactions with centralized public policies. Atkinson and colleagues also investigated these groups' perception of private consulting firms. The role of consulting firms in public policy was less prominent in this study. The study by Richman and Mercer (Richman and Mercer, 2001) reflected on the experience of using management consulting firms and a task force of healthcare professionals by the administration of the Special Hospital of Ashworth in England between 1992 and 1994. The authors analyzed the strong criticism of the head of the institution's services of these two groups (the consulting firms 'consultants and the task force of healthcare professionals). Nevertheless, their work was overly descriptive; it did not make it possible to identify the conceptual and analytical orientations.

Finally, starting from the controversy over the massive use of private consulting firms during the public management of COVID-19 in France, Untermaier-Kerléo explored the legal texts allowing the use of consulting firms. The author identified two 'legal risks related to outsourcing': administrative 'loss of competence' and conflict of interest (Untermaier-Kerléo, 2021: 3). The study also was very descriptive and difficult to link to any of the above-mentioned approaches.

Discussion

The analytical categories used to study the role of consulting firms in public health action, in addition to being diverse, depended on the disciplinary or sub-disciplinary traditions of their authors. For most of the work in management sciences, consulting firms were seen as either a technical device at the service of what is perceived as an improvement of public policy or as a

threat to democracy. Authors of these studies made a normative judgment on the intervention of these firms and essentialized the boundaries between the public and private domains. For example, Authors who adopt the management approach considered New Public Management through the action of consulting firms as “the best way to govern well” (Peters, 2019: 411). As ‘government sciences’, management sciences adopt a normative and prescriptive dimension and aim to inform and guide public policy (Ihl and Kaluszynski, 2002; Ihl, 2019). In addition, the concepts used by scholars in management sciences were also used by management consultants, thus recalling the fuzzy boundaries between management studies and the professional world of management (Boussard, 2008).

This normative dimension was also present in political science studies that mobilized the consultocracy phenomenon. Authors using this analytical category tended to consider the action of consulting firms as a takeover of the public administration. Yet the ways they conceived public problems often owed to the research paradigm of symbolic interactionist, an approach derived from American sociology which is based on the observation of inter-individual relations (Le Breton, 2004). These studies seldom considered how more structural dynamics (political reforms, people’s social position, etc.) participated in the decision to use consulting firms.

The references pertaining to the category of elite hybridization were at the crossroads of several subfields of social science research such as the sociology of the elites, public policy analysis, and the historical sociology of the state (Bezes and Pierru, 2019). Several of these subfields are close to French political sociology works, which have criticized normative and essentializing bias described above (Halpern et al., 2018). While criticism could be made of the neoliberal orientation of contemporary public policy, the rigorous empirical research methods used, and the analysis of the key actors’ trajectories made it possible to be as close as possible to reality (Olivier de Sardan, 1996). For this reason, the analytical category of elite hybridization provided a promising heuristic approach to study the intervention of consulting firms in public

health policy. Indeed, analyzing individual trajectories enables scholars to closely follow the professional circulations of actors. Such analysis also helps reveal the connections built throughout these trajectories within diverse public policy arenas. This analysis of individual career trajectories can also be found in global health works, which explain the action of ‘diffusion entrepreneurs’ in the wide spread of health financing policies in sub-Saharan Africa that are in line with the New Public Management (Deville et al., 2018; Gautier, 2019). For example, in the case of health systems performance-based financing, the initial training (in economics and medical sciences) and ‘founding’ experiences with certain international organizations that piloted the premises of this policy (*Médecins sans frontières* and Belgian and Dutch private consultants’ firms, in particular) was key. This experience helped the entrepreneurs to consolidate the policy’s underlying systems of representations of transnational actors that will commit to defend this financing policy on the long-run. Building from their own systems of representations, they develop the theoretical foundations of this policy and use their knowledge, experiences, and professional networks to diffuse the policy, by going through different institutions (universities, international organizations, NGOs, consulting firms, and private training agencies) (Gautier, 2019). These transfers from the public to the private sector are subsequently reproduced by the ‘African experts’ who are trained and convinced of the relevance of this policy. These ‘national’ experts themselves become diffusion entrepreneurs. In addition, the phenomena of ‘revolving door’ occur in professions other than those of consulting, especially in the pharmaceutical industry (Gautier and David, 2022), European lobbying (Laurens, 2015), or business lawyers (France and Vauchez, 2017), to name a few. In the case of the pharmaceutical industry and the regulation of pharmaceutical products in the United States of America, professionals frequently move from pharmaceutical companies to public regulatory agencies in the pharmaceutical sector (the Food and Drug Administration, in particular), and vice versa. Moving across these spheres of government facilitates the

dissemination of the idea that the pharmaceutical industry is indeed good for U.S. economic interests, and that it should therefore be regulated as little as possible (Davis and Abraham, 2013).

The diachronic perspective which we identified in most of the studies in the elite hybridization category, finally invited us to question the novelty of the intervention of consulting firms in public health policy. It also invited us to ask how this phenomenon has emerged and has evolved over time, depending upon diverse and dynamic political spaces.

Conclusion

This exploratory review identified three categories to analyze the intervention of private consulting firms in public health management. However, the scarcity of work in the field of epidemics and public health crises led us to formulate the hypothesis that this field remains a blind spot of academic research, which should be filled. The complexity of carrying out empirical studies on this topic often considered controversial and affecting strategic and commercial issues certainly explains such scarcity (Daho et al., 2020).

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Appendix

Appendix 1: Findings extraction table

RefId	First Author	Year	Quote				Country of publication	Methods	Concepts/theories	Subject and year	Country of the case studied	Main results	Analytical category
			Newspaper	Volume	Num	Title							
1	Begley, P.	2021	Bulletin of the history of medicine	95	2	From "Honeymoon Period" to "Stable Marriage": The Rise of Management Consultants in British Health Policymaking	UK	Quali: archives and interviews	Socio-history	1948-2020 Health policy reform	UK (NHS)	Structural interdependencies between firms and NHS since the 40s. Concerns about "effectiveness" of the cabinets present on the administration side and "decision-makers" since 70's	Elite hybridization
2	Begley, P.	2019	Medical history	63	4	McKinsey and the 'Tripartite Monster': The Role of Management Consultants in the 1974 NHS Reorganisation	UK	Quali: archives and interviews	Socio-history	1974: health policy reform	UK (NHS)	McKinsey's role not as strong as common sense diffuses it. Participation which lays the foundations and has produced the still current questions about their contribution to public action.	Elite hybridization
3	Belorgey, N.	2020	Revue Francaise d'Administration Publique	174	2	Trajectoires professionnelles et influence des intermédiaires en milieu hospitalier	France	Mixed: Ethnography and prosopography	"Galaxy of hospital intermediaries"	2003-2008: Hospital reform	France	Consultants, without independent training, accumulate professional capital or "attempt people from different sectors to present composite professional capital" and legitimise themselves. 2003 Reform = solicitation of many cabinets to "prompt the withdrawal of the state".	Elite hybridization
4	Ford, J.	2021	International Journal of Public Leadership	17	3	Performative seduction: how management consultants influence leadership practices	International	Quali: Discourse Analysis	Theory of performativity	1998-2008: Health policy reform	UK (NHS)	"Secret influence" of cabinets in two stages: 1. constitution of their knowledge into essential products. 2. seductive "performativity" in the hidden corridors of public institutions at the highest level.	Consultocracy
5	Horrocks, I.	2009	Information communication & society	12	1	Experts' and E-government Power, influence and the capture of a policy domain in the UK	UK	Quali: grey literature	"Multidimensional" approach to power	60's and end of 2000: Health policy reform	UK (NHS)	"E-Government" as a lever for the taking of power and institutionalisation of consulting firms in the public sector. Concept of the "loop of power" at the origin of this institutionalisation and of the "consultocracy".	Consultocracy
6	Kaarbøe, K.	2016	Journal of Accounting and Organizational Change	12	3	The valuation of fixed assets in Norwegian health care: An account of change agent struggle	UK	Quali: archives and interviews	Translation of models, public sector arenas of accounting & framing theory	2001-2008: Hospital reform	Netherlands	Consultants are in position of change agents via 3 dimensions that allow the implementation of their approach: lobbying of the central admin, audit of health structures and education/training	Elite hybridization
7	Kirkpatrick, I.	2019	Policy and Politics	47	1	The impact of management consultants on public service efficiency	UK	Quanti: longitudinal	Cost/efficiency approach	2009/2012: Health policy reform	UK (NHS)	Strong association between consultancy spending and organizational (in)efficiency. Use of consultants not statistically associated with improving the effectiveness of public action	Consultocracy

8	Kuna, S.	2017	Public Personnel Management	46	2	Paradoxical Processes Impeding Public Management Reform Implementation: Perspectives of Management Consultants	ND	Quali: interviews	Management Theories: "change management" and "paradox literature"	Reforms of various public sectors including health	Israel	Assistance role of consultants in: awareness and management of conflicts, development of leadership capacities of public managers in charge of implementing reforms.	Management
9	Lalonde, C.	2016	Journal of organizational change management	29	4	Dramaturgical awareness of consultants through the rhetoric and rituals of cooperation	ND	Quali: interviews	Socio-economic organisations (strategic actor), and interactionist (self-presentation)	Policy reform of health	Canada	Rhetoric of cooperation in the relationship consulting/public health actors that leads the latter to develop a "dramaturgical awareness" of their professional identity.	Consultocracy
10	Momani, B.	2017	Book chapter. Title of the book: Professional Networks in Transnational Government	/	/	Professional management consultants in transnational governance	UK	Quali: ethnography + interviews & grey litt	ND	2009-2013	International	Strategies of firms that position themselves in: unique global knowledge and data analysers, the only ones with global guidance prediction capabilities. Mobilise positive (depoliticising) language and simplify problems.	Consultocracy
11	Pierru, F.	2012	Actes de la recherche en sciences sociales	4	194	Le mandarin, le gestionnaire et le consultant. Le tournant néolibéral de la politique hospitalière.	France	Quali: ethnography & interviews	"Management of the State".	2009: Hospital Reform (HPST)	France	Reform that produces: a bureaucratic hybridization between private/public models and the intervention of cabinets upstream and downstream of the reforms. Use of cabinets because: temporality + HR lack + inter-administrative disagreements and internal resistances + service package + depoliticization of some issues.	Elite hybridization
12	Radnor, Z.	2013	International Journal of Operations & Production Management	33	11-12	The role of management consultancy in implementing operations management in the public sector	International	Quali: interviews	Management Theory: management knowledge theory	Sectorial reforms including health	UK	Public/Private Differences: no fundamental difference but more tools: more homogenisation and simplification, different language, rhythms and expectations. Consultants' frustrations with the public regarding the impact of their actions.	Management
13	Richman, J.	2001	Health Services Management Research	14	3	Ward Managers' Attitudes towards External Consultants in Ashworth, a Special Hospital, 1992-1994	International	Quali: interviews, observations	ND	1990: Hospital reform	UK (NHS)	Interactions between heads of services and 2 external groups produces criticism on both sides (not specialists, no response to their expectations, relation to complacent hierarchy + logic of self-promotion of external groups).	Other
14	Sturdy, A.J.	2020	Public Administration			The management consultancy effect: Demand inflation and its consequences in the sourcing of external knowledge	USA	Quanti: longitudinal	Process approach: "vicious circle of addiction"	2009-2013: Hospital reform	UK (NHS)	Show the logic of self-feeding or inflation of private council demand by the administration + correlation between high level of recourse to cabinets and adoption of so-called "marketing" practices/policies. The inflation of the use of firms has negative effects on the performance of services/admin clients.	Consultocracy

15	Weiss, A.E.	2018	Book chapter. Title of the book: Management consultancy and the British State. A historical analysis since 1960.			Chapter 3: Reorganising, 1970s: The 1974 National Health Service Reorganisation and McKinsey & Company	Switzerland	Quali: archives, interviews and grey literature.	Socio-history	70's: health policy reform	UK (NHS)	Use of Mc Kinsey in NHS reform of 74 for management consulting (not present in administration), to give perception of objectivity. Sharing in administration a vision of the power of management to improve public services. Consultants > at the service of the administrative power. Reform that has led to the establishment of management and consultants as a legitimate source of expertise in the field.	Elite hybridization	
References excluding scoping														
RefId	First Author	Year	Quote				Country of publication	Study design		Concepts/theories	Type/year epidemic or time scope	Geographic scope	Main results	Approach
			Newspaper	Volume	Num	Title		Methods						
16	Untermaier-Kerléo, E.	2021	La semaine juridique			Un regard juridique sur le recours par l'État à un cabinet de conseil pour l'élaboration de sa stratégie vaccinale	France	Legal texts	ND	2020: Public management of Covid-19	France	The law allows outsourcing to consulting firms when it is not a matter of sovereign functions and "essential tasks" of public officials. Revolving-up situations can be pursued around argument "illegal take of interest".	Other	
17	Hurl, C.	2018	Innovation: The European Journal of Social Sciences	31	1	Operationalising austerity: The role of transnational professional service firms in local government restructuring	ND	Quali: grey litt & interviews	"Moral Economy of Austerity"	2011: Evaluation of municipal public services (including health)	Canada	Firms' techniques and programs that "contrary potential policy options" for local governments and produce a fragmentation of institutional knowledge and a division of labour that leads to a concentration of expertise. Cabinets, increasingly, are traffic agents of the moral economy of austerity.	Consultocracy	
18	Belorgey, N.	2010	Book chapters. Title of the book: L'hôpital sous pression. Enquête sur le "nouveau management public"	/	/	Chapter 3: Convertis, résistants, faux croyants : des intermédiaires ambivalents Chapter 4: « Il faut que les gens acceptent un certain nombre de choses. » Les méthodes de persuasion des intermédiaires	France	Quali: ethnography and interviews.	Consultants as actors and intermediaries of reforms	2000's: hospital reforms	France	Chapter 3: intermediaries (including consultants) have in common to legitimise and distinguish themselves from each other, are in a position of competition. Chapter 4: On the methods and techniques of persuasion of these intermediaries: their objective is to make the reform project acceptable (via strategic work (close to manipulation) + communication + practices and techniques of "lead of change").	Elite hybridization	
19	Belorgey, N.	2017	Les Tribunes de la sante	55	2	Une « consultocratie » hospitalière ?	France	Quali: ethnography & interviews.	Socio-historical approach. Public action intermediaries	2004-2009: Hospital Reform (HPST)	France	The involvement of cabinets in public action is not new. They participate in the acclimation of the NPM (analyze 4 periods). HPST Law: cabinets are involved in the very development of reforms and not only in their implementation. Produces a "self-consolidation logic". Consultants as "intermediaries of public action or brokers" at the crossroads of know-how & techniques, cumulation of caps and capital that makes them a "composite legitimacy" and unavoidable. Nuance their "political" weight: they remain under the dome of "programming elites" and "decisive actors in the de-differentiation of the public sphere".	Elite hybridization	

20	Tchiombiano, S.	2019	Face à face. Regards sur la santé		15	Santé publique, approche privée : Le Fonds mondial et la participation des acteurs privés à la santé mondiale	France	Quali: interviews, observations and grey	ND	2003-2019: HIV/AIDS (World Fund)	International	Private for-profit actors in FM: participate in FM agenda and governance, program funding, technical assistance, provide advice, audit, control and participate in implementation. Their action leads to the integration of NPM methods (formerly results-based funding), the depoliticisation and bureaucratisation of the organisation and the "reconfiguration of power relations between local actors"	Consultocracy
21	Atkinson, P.	2020	Social Science & Medicine	266		Understanding the policy dynamics of COVID-19 in the UK: Early findings from interviews with policy makers and health care professionals	International	Quali: interviews	ND	2020: Public management of Covid19	UK	Central administration's reliance on consulting firms has produced criticism from health professionals about the existence of in-house field expertise that has not been mobilised by the central administration.	Other
22	Kirkpatrick, I.	2016	Book chapter. Title of the book: The Oxford Handbook of Health Care Management	/	/	Chapter: Management Consulting in Health	UK	Quali: grey & Academic Literature Review	Revolving door between government and leading global consulting firms	70's-2010s: Health Reforms (NHS)	UK especially & USA	Cabinets as agents for launching and implementing NPM reforms in the health sector. Like "partners in governance" of governments. Highlights the important proximity (revolving door) between consultants and managers/decision makers.	Elite hybridization
23	Wye, L.	2015	BMJ	5		What Do External Consultants from Private and Not-for-Profit Companies Offer Healthcare Commissioners? A Qualitative Study of Knowledge Exchange	UK	Quali: interviews, observations and grey litt.	ND	2012: Health and Social Care Act	UK	Outsourcing of the implementation of the law consisted of: technical support (IT), expertise (project coordination), data interpretation and intermediation with experts. Identify 3 success factors: problem solving with all agents, co-production of knowledge, and co-production and co-analysis of results. Otherwise no transfer of NHS knowledge and dependencies to consultants.	Management
24	Lalonde, C.	2015	Leadership & Organisation Development Journal	36	2	Information asymmetry in process consultation: An empirical research on leader-client/consultant relationship in healthcare organisations		Quali: interviews and observations	Consulting as a process (Shein) revisited in the light of agency theory	2005-2008: health sector organisations	Canada	Role of consultants who oscillates between "doctor", "facilitator" and "experts", depending on the situations and the 4 phases of the consulting process. Role and phases where the information asymmetry in the consulting/leader relationship of organisations varies, always in favor of consultants.	Consultocracy

Appendix 2: Mixed Methods Appraisal Tool

RefId	First Author	Year	Citation				SCREENING QUESTIONS		I. QUALITATIVE STUDIES		
			Journal	Volume	Num	Title	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	1.1. Is the qualitative approach appropriate to answer the research question?	1.2. Are the qualitative data collection methods adequate to address the research question?	1.3. Are the findings adequately derived from the data?
22	Atkinson	2020	Social Science & Medicine	266		Understanding the policy dynamics of	Yes	Yes	Yes	Yes	Yes
1	Begley	2021	Newsletter of the History	95	2	From "Honeymoon Period" to "Stab	Yes	Yes	Yes	Yes	Yes
2	Begley	2019	Medical history	63	4	McKinsey and the 'Tripartite Monst	Yes	Yes	Yes	Yes	Yes
3	Belorgey	2020	French Journal of Public A	174	2	Professional trajectories and influenc	Yes	Yes			
19	Belorgey	2010	Book Chapter			Chapter 3: Converts, Resistant, Fals	Yes	Yes	Yes	Yes	Yes
20	Belorgey	2017	The Health Tribunes	55	2	A hospital "consultocracy"?	Yes	Yes	Yes	Yes	Yes
4	Ford	2021	International Journal of P	17	3	Performative seduction: how manage	Yes	Don't know	Yes	No	No
5	Horrocks	2009	Information Communicat	12	1	'Experts' AND E-GOVERNMENT P	Yes	Don't know	Yes	Don't know	Don't know
18	Hurl	2018	Innovation: The Europea	31	1	Operationalising austerity: The role of	Yes	Yes	Yes	Yes	Yes
6	Kaarbøe	2016	Journal of Accounting and	12	3	The valuation of fixed assets in Norw	Yes	Yes	Yes	Yes	Yes
7	Kirkpatrick	2019	Policy and Politics	47	1	The impact of management consultan	Yes	Yes			
23	Kirkpatrick	2016	Book Chapter			Management Consulting in Health	Yes	Don't know	Yes	Yes	Don't know
9	Kuna	2017	Public Personnel Manager	46	2	Paradoxical Processes Impeding Publ	Yes	Yes	Yes	No	Yes
10	Lalonde	2016	Journal of Organizational	29	4	Dramaturgical awareness of consultan	Yes	Yes	Yes	Yes	Yes
26	Lalonde	2015	Leadership & Organisatio	36	2	Information asymmetry in process co	Yes	Yes	Yes	Yes	Yes
11	Momani	2017	Professional Networks in			Professional management consultants	Yes	Yes	Yes	Yes	Yes
12	Pierru	2012	Acts of research in the soc	4	194	Mandarin, manager and consultant. T	Yes	Yes	Yes	Yes	Yes
13	Radnor	2013	International Journal of O	33	11-12	The role of management consultancy	Yes	Yes	Yes	No	Yes
14	Richman	2001	Health Services Managem	14	3	Ward Managers' Attitudes towards Ex	Yes	Yes	Yes	Yes	Yes
15	Sturdy	2020	Public Administration			The management consultancy effect:	Yes	Yes			
21	Tchiombiano	2019	Face to face. Looking at H		15	Public health, private approach: The	Yes	Don't know	Yes	Don't know	Don't know
17	Untermaier-Kerléo	2021	Legal Week			A legal perspective on the use by the	No	Yes	Yes	Yes	Yes
16	Weiss	2018	Book Chapter			Management consultancy and the Bri	Yes	Yes	Yes	Yes	Yes
25	Wye	2015	BMJ	5		What Do External Consultants from	Yes	Yes	Yes	Yes	Yes

1. QUALITATIVE STUDIES		2. NON-RANDOMIZED STUDIES					3. MIXED METHODS STUDIES				
1.4. Is the interpretation of results sufficiently substantiated by data?	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	2.1. Are the participants representative of the target population?	2.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	2.3. Are there complete outcome data?	2.4. Are the confounders accounted for in the design and analysis?	2.5. During the study period, is the intervention administered (or exposure occurred) as intended?	3.1. Is there an adequate rationale for using a mixed methods design to address the research question?	3.2. Are the different components of the study effectively integrated to answer the research question?	3.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	3.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	3.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Yes	Yes										
Yes	Yes										
Yes	Yes										
							Yes	Yes	Yes	Yes	
Yes	Yes										
Yes	Don't know										
No	No										
No	No										
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