worthwhile to highlight them here, since they are essential for providing legitimacy for program and technological evaluations, whether they aspire to scientific research status or not. For the latter, as well elaborated by Hartz, always aim to promote the link between thought and action, or opinion/intention/will and action, knowledge and technique.

As the paper's data and discussion show, the difficulty lies particularly in program evaluation, always very broad in its scope and sufficiently complex to encompass and adequately identify the complex network between knowledge, values, social, political, and economic factors, and technological and technical alternatives, where explicit discourses or formulated rationales are an inherent part of the network's construction (and not external to it).

For the French "case", one can conclude that beginning in the 1980s, services were created and laws and administrative rulings were drafted (both general and specific for the health field) with a view towards implementing a public policy for policy and program evaluation, and attempting to preserve the "French way of being and doing" while in keeping with proposals from other Western developed countries (both in the justification and form). In other words, actions were taken that appear to have been based on the following premises: the need for better justification of expenditures in the face of economic difficulties; the search for greater effectiveness, equity, and public satisfaction through public programs; and the availability of technical, managerial, and administrative resources to achieve these objectives.

Still, what are proper justifications for resources expended, and which effectiveness, equity, and satisfaction are desired, and by whom? The answers are not clear. The purpose of the article is not to answer these question, but they inevitably crop up. One is left with the impression that at least for those in charge of policies and programs, who must have had sufficiently broad political and social support to make them feasible, the proposed actions seek to change only enough so as to guarantee that nothing really fundamental actually changes, that is, they could be one more episode of "*plus ça change plus c'est la même chose*". In the case of France, when we analyze the country's epidemiological and quality-of-life indicators, could it really be that new policies and programs are desired and needed? Are what are now considered old, costly, individualist, elitist, and ineffective health policies and techniques responsible for the French economic crisis (as measured by its high unemployment rate)?

The French health system, according to a survey from the early 1990s quoted in the paper (Novaes, 1992), had already been identified as quite different from what the Brazilian Health Reform movement considered adequate for a good health system, yet it appeared to please the vast majority of the French population, which displayed excellent health conditions as measured by the usual indicators and in comparison to other developed countries. A paradox? I think not. The discussion raised here underscores the need for an all-encompassing analysis of health policies and programs, which should be seen as socially and technically constructed alternatives for specific contexts, and not as universal models or a one-and-only pathway to happiness.

NOVAES, H. M. D., 1992. *Processus de Développement Scientifique et Technologique: Technologies Médicales en France,1970-1990*. Relatório de pós-doutorado ao CNPq. Brasília: CNPq. (mimeo.)

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First of all, an analysis of the title and subsequent reading of the article allows one to have a contextual understanding of the French experience with evaluation as compared to practices used in other countries. The article focuses on the evaluation process that began in 1970 with the perinatal care sector in France in 1970 and with the country's state policies as a whole in 1993, through the "*Office Parlementaire d'Évaluation des Choix Scientifiques et Technologiques*".

Cuisine internationale is a culinary process, just as *sur mesure* is a sophisticated clothing design process, much more sophisticated than *prêt-à-porter* or *ready-made*. In the latter, as in *fast food*, what counts is the product. The author thus begins with a distinction between the French model, centering on the process and discussion (allowing it to employ a specific model for each program or policy) and that of other countries (especially Anglo-Saxon ones) who conduct their evaluations in a more standardized and less specific way.

A sentence that sums up this idea is by a French author (Bion, 1994): "*Evaluation necessarily brings out contradiction, entailing multiple points of view and adding a* tribunicienne *function*."

The article makes for particularly interesting reading at this moment in Brazil's history, when the country has just institutionalized its evaluation process, in 1998, by founding the Department of Health Policy Evaluation under the Health Policy Secretariat of the Ministry of Health. This brings up the first practical challenge, in keeping with one of the authors quoted in the article: "*on ne peut pas être juge partie*". If an evaluation is not governmental (i.e., conducted by a Department), how could it be a state evaluation? And this is always desirable and necessary.

The author herself says that evaluation cannot do without auditing (of effectiveness), and if it is not governmental, how does one combine the two?

In another part of the article, evaluation emerges as a mediator between knowledge (information) and decision-making. Is this not the old IPDA circuit (information, planning, decision-making, action) in a new guise (since evaluation can only be valued as a component of planning)?

The French experience in the health sector connotes an emphasis on health care policy and program evaluation, focusing on hospital care (including out-patient care), the physician's role, and the technology employed.

It appears that the practice of evaluation gained impulse when it increased participation by local actors through the creation of regional evaluation committees for physician and hospital care. Expanding on this view, what is Hartz' opinion concerning a sphere for health policy and program evaluation in Brazil's Municipal Health Councils, based on *minimum* standards for the country as a whole?

In addition, under the National and State Health Councils, wouldn't it be possible to incorporate technical chambers not only to perform evaluation of health policies and national and State health programs, but also to outline methodologies and evaluation techniques of a less episodic and more permanent nature?

In the Policy Secretariat there are technical and scientific committees in charge of advising the Ministry's technical boards in drafting and conducting its specific programs and policies. How does Hartz view the use of this sphere to back specific evaluation of given issues?

I believe that her study could be extended to compare ideas as to the applicability of the French experience in Brazil. To begin with, it would be interesting to learn about the methods and indicators for results as used in France to determine whether they are similar to those in Brazil.

Thus, several issues might be discussed, including the following:

- Which of the operational concepts of process used in France might be useful for the Brazilian process?
- Could (and should) some of the phases described in the French process be reproduced in Brazil?
- Is it possible to evaluate the result of a set of public policies, or is it more advisable to proceed to sectorial evaluations? In the latter case, how could they be reconciled and consolidated?
- With regard to the evaluation process currently under way in the world, the issue is not *what* purpose it serves (which can be answered easily), but *whose* purpose it serves. That of governments, governors, the population, social sectors, evaluators themselves and their associations?
- Based on the article, evaluation processes emerge at times of economic difficulty or transitions from one model to another (which is the same thing, since new models are meant to replace old ones which no longer meet the people's demands or those of government programs with the same resources). Is this the appropriate moment to institutionalize evaluation, or is it merely a moment of which to take advantage?
- With regard to the resources needed to institutionalize evaluation, what is the best alternative? The American, which devotes 1% of the programs' funds for evaluation, or the Canadian, which sets a percentage to invest in the process?