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Life: New Forms of Public Health

Introduction

Under the heading of biopolitics, Foucault (1973, 1980b, 2000, 2008) and others (Rose 2006, 2009; Dillon 2009; Lupton 1995) have analysed the political attention paid by modern states to the health of their populations. These analyses show that the attempts by the state and other institutions to improve the health of its population have widespread power effects on us all. With important exceptions, such as eugenics, health policies in liberal democracies have for some time been dominated by curative strategies (Osborne 1997). Recently, however, the prevention of disease and the promotion of health have become increasingly important parts of public health programmes. In particular, citizens are under increasing pressure to freely adopt a healthy lifestyle informed by various forms of medical and psychological expertise (Rose 1996: pp. 162–163; Frandsen and Triantafillou 2011). Finally, recent scientific breakthroughs in genomics and neurosciences are raising a whole set of problems for our governments in terms of how to improve our health.1

The turn towards a comprehensive, preventative approach seeking to promote a healthy lifestyle was taken up by the World Health Organization (WHO) in the mid-1980s with its strategy ‘Health for all by the year 2000’ (WHO 1984 ). This strategy recommended that states ensure the development of a comprehensive set of basic support functions within a wide array of societal sectors in order to promote a healthy lifestyle, healthy environment and an adequate health service. Thus while improving public health meant changing lifestyles this was clearly not only an individual matter, but something that required comprehensive interventions by public authorities. Most importantly, the
notion of health underlying these proposed interventions is a positive one (WHO 1984, chapter 2). Health is not just the absence of disease, but a state of well-being enabling humans to make full use of their capacities and live a socially and economically satisfying life. Interventions in the name of public health are therefore in principle without limit. Even if decreasing mortality and sickness rates may indirectly be regarded as signs of improving health, they do no indicate limits to further intervention.

The WHO's new strategy of health promotion was further specified in the Ottawa Charter for Health Promotion, which launched the settings-based approaches (World Health Organization 1986). This is supposedly 'a holistic and multi-disciplinary' method which integrates action across risk factors. The goal is to maximize disease prevention via a ‘whole system’ approach. It is based on principles of community participation, partnership, empowerment and equity. The Healthy Cities programme is the best-known example of Healthy Settings programme. Initiated by the WHO in 1986, Healthy Cities spread rapidly across Europe and other parts of the world (see below).

The WHO's move towards health promotion is was further consolidated in 1998 with its Health for All in the 21st Century, the overall goal of which is ‘to achieve full health potential for all’ (World Health Organization 1998: p.8). More precisely it seeks to ‘promote and protect people's health throughout their lives; and to reduce the incidence of the main diseases and injuries, and alleviate the suffering they cause’ (ibid. p. 8). In other words, while the treatment of diseases and curative strategies more broadly still play an important role for the WHO, it seems clear that health promotion understood as the lifelong concern for how to continuously improve the individual’s potential and well-being is now at the centre of the WHO's strategic recommendations to nation states. The liberal emphasis on a combination of regulations of the physical environment with curative strategies are increasingly supplemented, but not yet supplanted, by preventative strategies. While such strategies may be circumscribed by all kinds of financial and practical concerns, they are in principle without limits. Individuals, families, workplaces, communities and public authorities are morally obliged to be concerned and to intervene in order to ensure that the full health potential for each and all is achieved. The WHO's new strategy is moreover important because even if it has no jurisdiction over national health policies, its expertise and advice selectively inform national health strategies as this chapter will show (Hunter, Marks and Smith 2010, p. 72)