

# Post Rio and Ottawa Policy – Health Promotion and Sustainable Development Compared

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**Abstract:** *The paper compares two new types of policy regimes from UN in the mid 1980 's: health promotion and sustainable development. Internationally and nationally the regimes under varying booms and busts have framed communication efforts, campaigns, and politics in general since then. They both represent policy innovations for the enhancement of deliberation in communicative and deliberative planning, by multi-layered governance, and by governmentality. We search for how they seemingly similar regimes internationally and nationally implemented, differ in handling the complex, systemic, and wicked policy issues within their visions based policies. First we look at the regimes from the general political documents and strategy papers at UN level, and in order to see how they unfold during their implementation, we follow how they are implemented in Danish policy documents and partly in politics. We conceive how implementations of the two regimes in a national context have such different impacts on deliberation, distribution of responsibility, institutionalization and policy maintenance, as is the case in many countries. The main conclusion is that both regimes suffer in Danish implementation from lack of upholding the deliberative policy and sector integration efforts; that health promotion by time turns into individualistic handling of risky behavior, and sustainable development policies maintain a governance and whole-of-society approach, but by time simply encompass samples of scattered policies by the Danish government with no visionary transition efforts.*

**Key words:** *Sustainable development, health promotion, holistic policy, deliberation*

## Introduction

Since mid-1980 the modern world has witnessed the emergence of two new major complex policy regimes<sup>1</sup> - HP and SD- when it comes to health and environment policies. Both regimes were initiated and governed by the UN; both characterized by experimentation in new policy styles, new actor-constellations and radical new forms of addressing positive health and ecosystems development. These policies were matured during a shift

in comprehension of the problem-issues, principles and actor-problem configurations at stake. In the concept of SD, the regime framed the approaches as multi-layered governance, systemic change in trades, consumption and production, and development integrated environmental issues. In HP, the new approaches included: intersectional concern, capacity and resource-orientation, and mobilization for empowered communities to handle mod-

ern public health problems embedded in structural conditions.

The starting point of this article about the new regimes is both the discourses and political ideas of HP initiated by the UN's World Health Organisation (WHO) during the Ottawa Charter in 1986, and SD in the UN Brundtland report from 1987 (The World Commission on Environment and Development, 1987), which was politically endorsed during the Earth Summit, the UN's Rio-conference in 1992 (UN, 1992a). Both areas subscribed to epistemic regimes (Hass, 1989) of long-lasting, imagined futures of a visionary character, calling upon deliberative governance and stake-holder democracy with an aim of enhancing positive health, ecology, fair distribution of resources and life chances.

Accordingly, the two regimes may be regarded as policy innovations for enhancing a visionary and whole-of-society approach to health and environment, aiming for empowered well-being, innovations for eco-societal-balances, addressing systemic complexity, multi-actor and multi-level deliberation for a comprehensive transition. All are within the given systemic boundaries (Dryzek, 2005). These principles were intended to be used to enhance sustainable, health promoting ways for production, food nutrition, housing, getting around, and living. This implies profound changes to our present consumer, producer and mobility practices; in other words radical systemic innovations were called upon. Thus, the regimes put attention on new consumption patterns, socio-technical systems for service and production and empowered community coherence (Weaver et. al., 2000; Kemp, 1994). Taking for granted that the hitherto regulation of thresholds for toxins, prohibitions on certain materials, standards for health behaviour, and green management schemes led by sector policies which were only serving to clean up, modify behaviour etc. and not perform lasting development paths.

The paradigmatic regime change to health and environment, are still reflected in ideological and political positions, therefore these elements handled and translated in politics seems important. Initially the regimes served an important role; new institutions and new landmarks were created, management and professions emerged, and the central UN policy documents are still quoted endlessly (see e.g. Green

& Tones, 2015). Both areas were discursively high on the international political agenda for at least two decades, (Lafferty & Meadowcraft, 2000; O'Riordan & Quéré 2013; Kickbusch, 2007; Holm, 2010), and lately have been amplified in the UN's 2030 Transforming Our World Plan (UN, 2015).

With so many similarities between these two innovative new regimes in the health and environment sectors, we find it interesting to study and compare the discourses and institutionalisations when it comes to the visionary and whole-of-society dimensions. We have first chosen to study some international policy documents and analyse them. Are there differences and similarities related to the policy areas, when it comes to forms of governance, involvement and institutions? From this we may learn more about the specifics of such regimes but it is in the regional, national or local enacting that we can study how translation into politics comes into being. How the regimes are translated into institutions, we study by looking into Danish policies of HP and SD, as seen in national policy documents and acts. To organize and simplify what matters in the policy styles of responsee and deliberation, we have chosen to follow the international literature's way of addressing such policies in health promotion and sustainability studies, by analysing the policy styles of governmentality (self-steering) versus governance (networks steering). Jensen and Dryzek (2013), Vallgård (2003b), Olsson (2009), Kjær (2012), Jänicke (2003), Grinn (2010), and Kemp, R. & D. Loorbach (2006) represents various schools of thoughts with a common acceptance that these different ways of ruling today are predominant when it comes to policies in such wicked problem areas as policies for health promotion and sustainability. This distinction is thus inspired by several investigations of the regimes where governance initially dates back to the work of Rhodes (1996) and governmentality from the work of Foucault (1991). Whereas we take for granted that readers of TES journal are familiar with governance literature – non-hierarchical networks steering, deliberation, mix public-private distribution of roles - governmentality is according to Foucault an indirect way to govern by discursive framing objects and mindsets in the modern society, and has gained more and more currency over years. Contemporary global governance could be viewed from this governmentality perspective, combined with relevant technologies, truths, and knowledge,

to ensure the 'right disposition of things'. The 'environment' and 'health' has become emerging objects to be managed and governed through a certain kind of discursive rationality, and it is a way to discipline the public, understood as free individuals, to self-steer in accordance with the framed intention. Thus, it should be understood as a discursive way of steering, and in what follows we address the use of governmentality in relation to individuals self-steering (Foucault, 1991; Vallgård, 2003b). When the population is monitored and this information is used to direct the governmental steering of the bodies, Foucault talks about biopower. This type of governmental steering can obviously be part of the political communication of HP (Foucault, 2004; Mik-Meyer & Villadsen, 2007). There have not been comparison studies between the two regimes on the interlinked relationships, common trajectories, and policy cultures, so we ask if there are differences between the two regimes in policy styles, and differences in policy styles between the international regimes and national implementation?

## 1. Theoretical View on Social Systems as Communications

We use a Luhmannian perspective to focus on how the political programs of HP and SD are influenced by the functional differentiation, as society is understood by Luhmann. Moreover we use the Luhmannian perspective to bring in a methodology of observation of the steering in HP and SD respectively and thereby draws on Luhmann's concept of communication and observation. These concepts open up the ability to observe the differentiation between governance and governmentality as it is launched above.

According to the theory of Luhmann, systems are understood as communicative systems and as the unity of the difference between system and environment. Thus, no system can exist without an environment and all other systems will be part of the specific system's environment. The understanding of society as functionally differentiated based upon self-referring communicative systems, establishes the perception that communication and action concerning particular issues or programs, such as SD or HP, are system specific. Every functional system, for example, scientific, political and economic, operates within its own specific binary code. Social systems identify themselves

by their binary codes, distinguishing themselves from their environments by the specificity of each individual code. Furthermore, the binary code is strictly an internal structure (Luhmann, 1992). For the political system, the binary code is power in opposition to not power (power/not power); for the scientific system, it is truth in opposition to false (truth/false); and in the economic system, it is profit in opposition to loss. Consequently, the communication within different systems differs and the different systems understand issues, as per the example of SD, in exceptionally different ways. In general, the political system, where SD and HP originally emerged as programs, communicates about SD and HP as a means for gaining voters and power, while the scientific system communicates about SD and HP to achieve the truth versus a false understanding of health and environment in relation to rest of societal preconditions. Communication on SD and HP in each specific system will of course be different depending on, for example, the political opinions of politicians, the analytical choices of researchers and the HP strategy of the different health personnel. This binary logic should be understood dynamically where, for example, the scientific system consists of many different and contemporary truths and falsehoods. The autopoietic reproduction of the functional systems, are exactly functional reproduction and not timeless and absolute reproduction. Thus, the systems are operationally closed but still cognitively open which means that they are able to, in Luhmann terms, irritate other systems and be irritated by other systems and their environment in general. The handling of these irritations is system specific. If irritations are ongoing, Luhmann talks about structural coupling (Luhmann, 2007; 1992). Furthermore the systems will only be disturbed and show resonance if the political programs of SD and/or HP somehow fit into the specific system's way of perceiving and communicating (Luhmann, 1996; 1989).

Within Luhmann's description of the functionally differentiated society, we find a medical system (Luhmann, 1990) or in more commonly used terms, a health system (Clausen & Tække, 2011) but we do not find a system for sustainable development, ecology, environment or the like (Luhmann, 1989; Almlund 2013). Even though Luhmann identifies a medical system, Jürgen M. Pelikan argues through a Luhmannian analysis of health promotion that HP is not part of the medical system because the binary logic of this system is not the binary or

functional logic of HP (Pelikan, 2007). According to that analysis, we can observe both SD and HP as operation in between systems or more correct, as only operative or communicated about within the logic of different systems communication. The analysis here is then focused on the resonance of SD and HP in the political system, by investigating the political system's political documents. Thus, we observe how the political system is irritated by the SD and HP and how the political system produces political documents with the ambition to irritate its environment when it comes to the handling of HP and SD. We do not analyze neither how the health system nor the environment of the political system in general handle the irritations from the political communication.

In system theory, systems are constituted by communication, while the acknowledgement and perception of the systems and society happen through observation of communication. In Luhmann terms, "to observe is to draw a distinction between what is marked and what is unmarked." This means that when something is indicated or marked, something else will be excluded or unmarked. In that sense, to observe is to draw a distinction and, the observation is the unit of the distinction. Even though the marked side of the distinction is thus inseparably linked with the unmarked side, the observer only observes the marked side and what is included in the observation and, is unable to see what is excluded or the unit of the distinction when the observation takes place. Every observation is, in that sense, based on a blind spot (Kneer and Nassehi, 1997; Luhmann, 1997). This is according to Luhmann the condition, whether we talk about first or second order observations, where we shall understand first order observations as observations taking the observed for granted and second order observations as observation of other observations.

In keeping with Luhmann's concepts, to observe observations is to observe communication. Communication constitutes social systems and includes speaking, writing and gesticulating. As a result communication should, as mentioned, be observed when knowledge of what is going on in society is necessary.

Using these Luhmann concepts in an analysis means to make a thematic delimitation – here on HP and SD – and to find one or more distinctions to lead the

analysis and observations in a conscious way. None the less, even with the identification of a distinction to guide the analysis, the observation is still based on a blind spot. Then we observe the policy-documents, agency reports and various guidelines on enforcement to see how they communicate about HP and SD, and what has been or is at stake in this political communication. Our initial distinction which will lead the analysis and observation is governance /governmentality. This distinction is inspired by several investigations of the fields/regimes (see Vallgård, 2003b; Lau et.al. 2012; Bulkley, 2010). Next, our observation is a search for how the steering is articulated in the policy documents. How strong is the articulation of governance understood as steering of business and the population by networks negotiations, regulation, legislation or other national initiatives compared to the more indirect governmental steering by discursive framing of free individuals? As indicated above, the two forms of steering can be contemporary within the same regime, but will none the less be distinctive and should therefore, in a Luhmann sense, be understood as the way each of the steering concepts are defined by the distinction of the other. Despite the expectation of having concurrency of governance and governmentality in both regimes, we look at if either governance or governmentality is dominant in the articulation of the policy documents.

Starting the analysis with this way of observing the articulation of steering, will set up how steering is articulated in a broader sense. Within the regime of SD it becomes clear that deliberation with involvement of citizens on different levels has been an important part of steering, which is why we have also looked for that within the HP regime to achieve a good ground for comparison. We will also draw on Luhmann's concept of risk, where risk is defined as a distinction from danger. By this, Luhmann states how risk is always negotiated and system-specific because a danger in one system can be observed as a risk in another system. The point is that risk is something we do to take a risk; while danger is something threatening we cannot master (Luhmann, 2002). This is definitely a different concept of risk than the traditional evident-based concept of risk.

Altogether these approaches can illuminate if and how the political regimes of HP and SD have very different policy styles and styles of communication, which is the analytical intention in the article.

## 2. The Health Promotion Regime

The definition of positive health, which lies behind WHO's global HP regime, stems from the Constitution of the WHO (1946, 2006), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This health understanding may be seen as impossible to achieve, but well-being and the multi-dimensional nature of health was hereby established as a serious health discourse. Therefore, health should not solely be seen as the absence of diseases and infirmity.

After a long and important period of building standards, measures and infrastructure to handle diseases, epidemics, and basic health care needs, WHO initiated a process building up a new so-called public health wave. This public health wave incorporated social science, informed understanding of health embedded in cultural and social systems (Kickbusch, 2007). Until then, public health politics were building upon a medical focus on infectious diseases since World War Two, followed by an emerging psycho-pedagogical wave to handle chronic, life-style diseases. In other words: reducing "bads" relating to illnesses. So HP as a third wave first launched in the Ottawa Charter for HP (1986), represented new ideas, actions and evidence. HP was originally inspired and developed by the Alma Ata Declaration on Primary Health Care (1978). Inter-sectional action, empowerment and healthy public policy were the central elements for the promotion of health, the achievement of health equity, and the realization of health as a human right. Subsequent WHO global HP conferences cemented key principles for HP action (Adelaide (1988); Sundsvall (1991); Jakarta (1997); Mexico City (2000); Bangkok (2005); Nairobi (2009), and Helsinki (2013)).

The 1946 definition for health, by the WHO, was criticised for being idealistic and difficult to use as guideline for policy formulation (Green & Tones, 2015). However partly under influence of the growing amount of life-style (or civilisation) diseases, to which it has been difficult to produce satisfactory medical diagnosis, there has been a de-facto recognition of more social science and humanities approaches to improvement of health. Practitioners from different professions and researchers representing different scientific views from humanity and social sciences have offered alternative interpretations on the concept of health. Although different

perspectives have been introduced, since the Ottawa Charter, a more general agreement is needed that health must be understood as *something more than* absence of disease, and something more than the biomedical stressors of diseases. This reflects a common critique of the dominating bio-medicine conceptualisation of health as insufficient to grab both the incidences and the characteristics of health problems in our contemporary society.

The WHO Ottawa charter from 1986, addressed a number of circumstances for ensuring a healthy life including: Peace, shelter, food, income, a stable eco-system, sustainable resources, social justice and equity, health literacy, social networks, local community, and healthy consumption products. The list of pre-requisites for health has been updated since then to also include: Social security, social relations, the empowerment of women, respect for human rights and, above all, alleviation of poverty (WHO, 2013). Accordingly, a number of actors and factors were called upon, and made responsible for, ensuring positive health. Generally the core regulatory or political prescriptive principles are of a soft-governance style, such as advocacy, and are enabled by providing a supportive environment, the information and skills needed to make healthy choices and, mediation between different groups to ensure the pursuit of health. The importance of community participation and empowerment was recognized in the Ottawa Charter (WHO, 1986) and reaffirmed in the Jakarta (1997) and Bangkok (2005) HP Declarations, though with an increased withering away from empowerment and public deliberation, and enhancing more traditional government (Porter, 2007).

Let us understand how these ideas and statements have been handled during implementation by taking a closer look at Denmark who ratified the Ottawa charter. Denmark has together with the other Nordic countries been favoured by a well-established welfare system and thus having favourable preconditions for achieving and working with HP. In this connection, it will then be interesting to investigate Denmark's work with HP<sup>2</sup> as a critical case compared to other European countries, meaning that if HP has difficult conditions in Denmark, we can also expect that to be the case in other European countries (Flyvbjerg, 2004; 1999; 1991; Yin, 1994).

### **2.1 Danish Health Promotion Politics**

With reference to the analytical distinction between governance versus governmentality and with an eye for the extent of articulated deliberation, we look at how 25 years of public health programs in Denmark have handled the visionary UN HP regimes. We focus on whether governmentality or governance is dominating in these health-program communications, and observe how and when various policies focus on the individual responsibility and the collective obligations. As well as, how these policies establish intentions for either direct or indirect steering through self-steering. Furthermore, we analyze the programs for the communicated risk-perception and risk-factors.

Denmark, as a Nordic welfare state, has experienced a long period of sectorialisation of public health, on top of a publicly-financed primary health care system. Besides, public health has been given attention in the building up of basic occupational health (accidents, working conditions) and hazard regulations (very toxic chemicals /explosives) since the 1890's. In Denmark, World War One initiated a new health and nutrition data collection system, as proper diet tracking was needed during the period of food rationing. An emergence of a new type of public health professionals, contributing to national surveys and profound data systems on health and living conditions, were built up. According to Vallgård (2003a), the first political campaigns and policies on public health in Denmark took off in the 1930's. Here we find morally infused campaigns in magazines, schools, radio and public exhibitions that declared the proper health behavior of the modern man regarding outdoor recreation, eating, drinking, smoking, sleeping, exercising, and scheduling daily routines. The efforts of installing self-steering technologies were primarily driven by enlightenment, emotional stressors and morale for the sake of the cultivated mankind, the survival of the state, securing the children, and ensuring happiness and conformity. After this first stage of a more authoritarian, discursively based governmentality, for the installment of a healthy citizen, the general building up period after the Second World War was dominated by the launching of social welfare programmes that provided free access to nursing teachers, caretakers and dentists for primary school children, free access to hospitals and primary care doctors, and gave systematic assistance to pregnant women and elderly.

The long period of the building up of structural health measures with control programs, such as social welfare and medical services, was proceeded by institutional building and preventive measures in the 1970's. Health politics in other policy areas were initiated on the base of mandatory and controlling regulations in occupational health, environmental health and food health regulations (Engberg, 1999). In the 12-year period of predominant structural HP institutionalization from 1974 to 1989, Denmark also ratified WHO's *Health for All by 2000* charter on inequity in social health, and in 1986 the WHO Ottawa charter on HP.

In the mid-1980's the National Health Agency initiated a new agenda by enhancing a number of surveys, analyses and programs related to lifestyle diseases. Slowly, the re-launching of healthy self-governance from the 1930's took over, but now into a more individualistic self-governance while structural HP politics vanished. Actually, in Denmark there have not been deliberate efforts to differ between health prevention (risk reduction) and HP, so we will not use this distinction in what follows. In 1989, a first genuine public health program named, "The Governments Prevention Program" was launched (Sundhedsministeriet, 1989). This program gave focus to the risky lifestyle and behavioral dimensions of accidents and five specified diseases, plus a special focus on the health impacts from a poor diet, alcohol and smoking. The initiative was a follow-up to the Danish government's approval of WHO's program declaration of 'Health for all in the year 2000'. Nevertheless, inequity in health, and initiatives to prevent this, are only mentioned in a few phrases of the program. In the public health program, it is mentioned how the balance between the society's efforts of prevention and treatment, and the individual's efforts of prevention have become unbalanced in favor of the former. The intention of this statement is to underline how the individual should work for more preventive behavior. The program mentions many different initiatives for assisting professionals to foster self-governing among citizens, and monitoring different aspects of the public's state of health. Furthermore, it is mentioned how important it is for the government and the municipalities to monitor the health of the population. The preventive approach is thus oriented towards single risk factors, individual lifestyles and surveillance of the population, where settings serve as a platform for

health pedagogics and biopower (Foucault, 2004). None the less, we also observe a row of contemporary governance initiatives establishing a row of structural possibilities for health promotion. The dominant type of steering articulated in this public health program is governmentality. Moreover there is no apparent articulation of deliberative initiatives in this health program.

In 1999, the second public health program named, "The Government's Public Health Program 1999-2008" was released, with the subtitle 'An action-oriented program for healthier frameworks/scopes in everyday life' (Sundhedsministeriet, 1999). This program presented two different overall goals: First, a longer life span with an increased quality of life, and second, social equity in health. An even stronger focus was on lifestyle disease prevention compared to the program from 1989, also regarding the part of the population with poor conditions. The 1999 program focused even more on single risk factors, such as tobacco, alcohol, diet, exercise, and obesity and traffic accidents. Also a more governance oriented regulation is sought after to minimize individual, behavioral risk factors. A coordinated effort between government, regions, municipalities, enterprises and relevant groups who are in touch with many citizens, are to enforce the politics. The Danish union of doctors focused their attention on this individual responsibility and criticized the program for not being innovative, not taking inequality in health as one of the specific risk factors, and not taking the structural conditions and possible modifications in consideration, for better conditions for the children in kindergartens (Hansen, 1999). Despite the contemporary presence of direct and indirect steering, again we see a dominance of the indirect steering through an articulation of individual responsibility and self-steering and thereby governmentality is the primary articulated type of steering, also in this health program. Within some of the governance initiatives, we see a few ideas for what can perhaps be called, deliberation. Namely how the government intends to collect local experiences for further use in the work on the improvement of public health.

In 2001 a third public health program named 'Healthy the Whole Life – national goals and strategies for the public health 2002-10' was issued (Regeringen, 2002a). This public health program could be seen as a continuing effort of both the

earlier programs from 1989 and 1999, as it focused on life-style diseases and specific risk factors. The program even tried to institutionalize a discourse on how these diseases and *individual* risk factors interact in complex ways, and state why these risk factors were important to care about, in such a program. Smoking was seen as the most influential, single risk factor for public health, but taken out of social context and determinants. The program had a very strong focus on prevention pedagogic, addressing the responsibility of other systems as day care centers and primary schools in their capacity of taking care of so many children every day. This responsibility encompasses both teaching the pupils to be healthy and for professionals to act as healthy role models. Through the whole program every single issue is summarized under the following three headlines of responsibility: What can the individual do? What can we do in common? And what can the public sector do? In these summaries, we can see a clear soft governance perspective on more vague suggestions when it comes to the public sectors' specific activities and efforts. They address the structural level, but with no binding obligations in any sense and encouraging network co-operation. Opposite of these vague suggestions, the individuals and the collectivity of citizens, the institutions and the enterprises are sought more firmly to act health-responsible. As an example consumer choices on products are mentioned, but nothing is mentioned in this connection about the public sectors responsibility. Social inequity in health should be reduced, but again this goal is only referred to a few times in the rest of the program. Summing up the articulation of this program, we see the same tendency, as in the former programs, that governmentality is a more articulated steering type than governance, and to a higher extent than in the former programs on which this program seems to be built. Again, we observe no deliberative efforts articulated in the program.

The so-called health package from 2009 (Regeringen, 2009a) is more directly political in its content than the earlier programs but very little is said about health promotion or even prevention. It can be observed more as political propaganda or an advertisement mentioning all the good initiatives already implemented or planned for the health sector by this government. In the package we also meet an underlining of the shared responsibility between the individual, the society, the municipalities, and the enterprises.

An economic responsibility is described as max health for money. In this package, the initiative from the government seems to be more targeted and specific. And the intention seems to be both direct steering and indirect steering of the citizens through campaigns, certificates and the like. Furthermore, the action plan underlines new initiatives of legislation and taxes to promote health amongst the citizens. The more direct political style is continued in the latest health program called, “The Sooner – the Better. Early diagnosis, better treatment and more good years of living for all”, s launched with the Finance Act in Autumn 2014 (Regeringen, 2014a). This program has less focus on the advertisement of hitherto initiatives and more on which initiative they are going to launch in the future. The program has a strong focus on inequity in health manifested in the high priority of diseases most common among citizens in bad positions. The prioritized illnesses are COPD, diabetes and cancer. Inequity in health have never before been the main priority, most performed or communicated issue of the different policies, neither in media campaigns nor in other initiatives. Thus, this program seems to be the most far-reaching when it comes to initiating specific initiatives to cope with inequality in health. Moreover this program is solely focused on structural approaches and direct steering which we have not seen in the former four policy programs presented above.

The prevention and health programs have been launched by changing social democratic and liberal governments and it could be expected that the shift in priorities and steering types would have shifted accordingly. Even though Foucault makes it clear how governmentality fits very well with a neoliberal idea (Lupton, 1999), there is no clear tendency that liberal governments should be more oriented towards governmental steering than the social democratic governments. Also Valgård shows in her investigations of Danish health politics that the ideology of the different governments does not seem to be the explaining factor of priorities and types of steering (Valgård, 2003a). Following Foucault, the neo-liberal tendency should be understood more as a way of steering in modern society than as an ideology connected to specific political parties, meaning that all types of modern government use governmental steering (Lupton, 1999).

With reference to the analytical distinction between governance and governmentality, and thereby between individual and collective responsibility, direct and indirect steering, we recognize how 25 years of public health programs in Denmark have witnessed a path dependency when it comes to causal factor beliefs, actors, institutions and policies for HP (Lau et.al., 2012). This portrays an overall tendency and stronger focus on healthy life styles and health literacy as something individuals have obligations, conditions, and purposeful engagement towards. That is a policy style of *individualisation* and “blaming the victim” culture, not involving the collective responsibility to much more than pedagogic assistance to individuals. Accordingly, a narrow focus on health behaviour as smoking, drinking and eating have been isolated from life conditions, various societal formations and conjunctures, and from life chances set by property of different forms of capital (Abel, 2007). In other words, a form of *governmentality* is communicated. Deliberative initiatives were in these programs almost absent whereas intentions of direct or indirect control were articulated through the different steering initiatives. Over time we have seen a tendency to more direct steering and control by legislation and taxes, but not to an extent of removing or diluting the individual’s responsibility of self-steering. Somehow both direct and indirect steering seems to become stronger in the health-area.

Through the analysis of the prevention and health programs, we have seen an increased focus on risk factors and expectations of risk minimizing through self-steering. In a Luhmann sense this focus can be understood as an increased promotion of health problems and illness as risks citizens take themselves if they do not demonstrate risk minimizing behavior. This is different from earlier perceptions of illness as something citizens are in danger of, which also seems to be the perception of the latest health program of 2014<sup>3</sup>.

### 3. The Sustainable Development Regime

On top of nearly 20 years of constructing a sectorial policy area of environmental pollution control, risk assessment, nature protection and environmental infrastructure in most of the world’s industrialized countries, the United Nations - during the 1992 Rio conference at the first international Earth



Summit - addressed a new regime: The integration of environmental protection and socio-economic development. The Rio-document on SD and following process has focussed on enabling a sustainable agenda for the 21<sup>st</sup> century, encompassing a complex system of guidelines, technologies, cultures, needs and policies to be involved in environmental issues all related to current development mechanisms United Nations (UN, 1992b). The SD agenda is thus an effort of integrating environmental concern into other sector-areas, so enhancing preventive measures in upstream solutions by changing and developing mechanisms, needs, investments and planning. SD encompasses environmental and economic sustenance, as sociodemographic and health dimensions. It articulates a global fairness in a call for a development that meets the needs of the developed and underdeveloped world, the needs of the present without compromising the ability of future generations to meet their own needs. Another complementary definition states that improving SD is about the quality of life while living within the carrying capacity of supporting ecosystems.

*“Sustainable development is a much broader concept than environmental protection. It implies a concern for future generations and for the long-term health and integrity of the environment. It embraces concern for the quality of life (not just income growth), for equity between people in the present (including prevention of poverty), for inter-generation equity (people in the future deserve an environment which is at least as good as the one we currently enjoy, if not better) and for the social and ethical dimensions of human welfare. It also implies that further development should only take place as long as it is within the carrying capacity of natural systems.”*  
(Commission of European Communities, 1990)

Numerous strategies, books and manuals for operationalizing SD on resource use, life-cycle principles in product design, circular economy principles in systems design, factor 4 strategies for diminished resource consumption etc., have been developed. Many turned out to be fruitful for developing guidelines and blueprints for governments, industries and NGO's.

Clearly addressing the SD agenda provides new challenges for governing. It encountered a new multi-layered, multi-sector and governance based regulatory regime, a regime that Martin Jänicke has labelled the Rio-model of environmental

governance (Jänicke, 2003). This regime of partly rule-, partly voluntary based approaches to environmental policy innovations, policy diffusion is very much governance driven efforts to stimulate deliberation for SD. The regime is characterised by long-term goals of a positive future in societal activities, in socio-eco-systemic balances, sector integration, stakeholder participation, and activated self-regulation. Self-regulation has to a high degree concerned business sectors, schools, local areas and other structural and community based targets, so governmentality principles have not been the main focus when it comes to the UN and EU politics. Multi-level governance, as a conceptual policy framework, replaces notions of hierarchical and national policy structures with a conception of an emerging structure of local, regional, national and international horizontal cooperation. It implies that processes of policy and building of capacities for acting are seen as dispersed on many levels and distributed among many actors (Kern, 2010, Jänicke, 2003). As for UN's HP programme, the UN's conferences on Sustainable Development with charters, political claims etc. has continued with new political foci, addressing implementation measures, enforcement and guidelines etc. (UNEP's conferences in New York 1997, Johannesburg 2002, and again Rio in 2012). In 2015 The declaration of Transforming our World - the 2030 Agenda for Sustainable Development 2030 (UN, 2015) was established as a new SD action plan by UN nations on top of Millennium Goals. The integrative and multidimensional principles from 1992 are even sharpened here, as are the multilevel- and actor governance of governments, international organizations, the business sector and other non-state actors and individuals:

*“A world in which consumption and production patterns and use of all natural resources – [...] are sustainable. One in which democracy, good governance and the rule of law as well as an enabling environment [...], are essential for sustainable development, including sustained and inclusive economic growth, social development, environmental protection and the eradication of poverty and hunger [...], respect biodiversity and are resilient (vision 9, UN 2015). And : The challenges and commitments [...]are interrelated and call for integrated solutions. [...]. Sustainable development recognizes that eradicating poverty in all its forms and dimensions, combatting inequality within and among countries,*

*preserving the planet, creating sustained, inclusive and sustainable economic growth and fostering social inclusion are linked to each other and are interdependent.”* (Principle 11, *ibid*)

For the importance to this paper, national and local policies were especially addressed in the AGENDA 21 document of the Earth Summit (UN, 1994). Here attention is devoted to serious involvement of local authorities, corporations and citizens for the planning of the common good. A spirit of deliberative commitment is dominating in the document, where all actors are supposed to have a common interest in co-operating for SD. A dialogue process with citizens, local organisations and private enterprises forms the basis for a local Agenda 21 as a shared community image that takes place by “...consultation and consensus-building...” where local authorities learn and acquire the information needed to form the best strategies.”. But the United Nations Review Conference in 1997 - five years after Rio – also inscribed a call to all member states on the latest in 2002 having prepared *national* strategies for SD based on the Agenda 21 Declaration of Rio. Thus the overall policies and strategies favoured are deliberative multi-actor, multi-level governance.

In what follows we pay a special attention to the part of the Danish implementation of the national and local Agenda 21 strategies from Earth Summit in Rio, which also kick-started the Kyoto protocol on Climate Change and the Convention on Biological diversity. Also in this connection Denmark can be observed as a critical case due to the ambitious work with SD from 1993 and some years after, meaning that if SD has difficult condition in Denmark, we can also expect that to be the case in other European countries (Flyvbjerg, 2004; 1999; 1991; Yin, 1994).

### **3.1 Danish Sustainable Development Politics**

The Danish politics of the SD regime were politically and institutionally enrolled under the environmental policy sector. This has had an importance of the implementation style and outreach of SD in Denmark. The establishment and institutional division of a comprehensive Danish political *sector for environmental regulation* took place 1971-76. Even though there have been many changes in new policy areas, office and departmental structures, the basic principles have remained the same. According to a politico-strategic organisational conceptualisation,

development of Denmark’s environmental policy has gone through six stages (see for inspiration (Holm & Stauning, 2007, Holm et.al. 2007). Let us therefore give a short overview, as it is within this development we have to understand the importance and conditions of a Danish SD perspective:

1972-1984: A profound political and administrative decentralised structure of implementation of general guidelines on pollution diffusion, control measures, nature preservation and permits based on municipalities and counties. The regulatory strategy was the establishment of guidelines and practices for a hierarchical set of ambient environmental quality standards for air and water, monitoring and subsequent control of polluters not to exceed standards.

1984-1993: Building infrastructure for chemical waste, solid waste and other pollutants, forwarding mandatory effluent standards to industries and agriculture. Initiating comprehensive environmental action plans for other policy sectors and especially for a number of aquatic action plans. By calling upon a clean and green integration of environmental considerations into business development, an ecological modernisation process was initiated (Mol, 2009), enhanced by public R&D programmes in clean technology.

1993-2001: This is the heydays of sustainability politic: the LA21 policies are developed (see later) and so are sectoral strategies of SD, The ministry of environment is acting as a new cross-sector oriented inter-policy ministry, fostering eco-societal discourses for governing. The ministry deliberately strives for influencing the public agenda, the other ministries and the government by forwarding new eco-socio-oriented images of the society, initiating SEIA procedures for all proposals and planning in other relevant ministries.

2001-2005: A green backlash occurred with scaling-down of environmental policy and ministry staff, and closing down a number of green and clean-tech subvention schemes. Traditional cost-competitiveness environmental economy emerged in contrast to the win-win approach of ecological modernization. The former period’s SD strategy was silently wiped out. The market is supposed to better handle the remains from

economy, than the hitherto oversized regulation and legislation spurred politics. Local authorities can manage to handle local environment without so much government planning.

2007-2010: A continuation of the restructuring of environmental regulation by closing down regional authorities with specialized expertise, leaving control to local authorities and state-private centres. Environmental standards on agriculture impact on nature were loosened.

2010-2014: Particularly climate change mitigation and adaptation is in focus (Almlund, 2013), with the invocation of drastic cuts in greenhouse gases, new renewable energy plans (50% renewables in 2020), and energy efficiency plans. The environmental policy is re-politicized positive when it comes to certain issues as organic food, tax on pesticides, focus on chemicals and health. The ecological modernisation approach is back, as public R & D may push for Denmark to become a green lead market. But still the competitive oriented relaxation of eco-standards to farmers and industries is continued.

2015-: A new right winged government launched an overall deregulation of industrial and agricultural environmental policies, building at the previous protected coast lines, the cut down of a number of funding schemes for green R&D, plus the general announcement of becoming a follower, not a front runner in environmental politics.

The Ministry of the Environment as a host for SD policies is by its institutional and political configuration in contrast to SD approaches; it is organised along a sectoral approach of specifically environmental pollution, chemicals and ambient environmental qualities.. A differentiation relating (Luhmann, 2000; Andersen, 2004) to pollution is seen in the institutional set-up: Offices of wastewater, open sea, soil, water intake, problematic substances (pesticides, chemicals, waste), area related ambient environmental quality (spatial planning offices), target areas (industry and transport), and add-on activities along the historical development of new interventions: the Offices for cleaner technology, for environmental aid, and office for environmental exports. So what did the Minister of Environment and the Government do in building up a Danish SD strategy?

The strengthened position of environmental discourses in the Danish parliament during the mid-1980's up to 2000 also meant a strengthened position for the ministry of the environment. The media coverage and political activities following the 1987 Brundtland report, provided an internationally sanctioned, discursive backup to the minister of the environment, The government signed a first strategic environmental vision for Denmark: The Action plan for Environment and Development. It encompassed an attempt to include all public sectors in a joint commitment towards sustainability (Miljøministeriet, 1988). This led to new inter-policy efforts to push the ministries, having responsibilities for the degradation of the environment, to initiate environmental self-observation by asking for comprehensive sector action plans for their contribution to SD. Thus, in 1992, the National Planning Document, a framework for regional and municipal spatial planning ('Denmark Heading for Year 2018'), made a plea for Denmark to become an environmental pioneer and to be a front-runner in sustainability issues. The outcomes of this major political step were firstly action plans for sustainable traffic (1990), energy (1990), agriculture (1991) and forestry (1994) with more or less profound aims, targets and measures. Secondly, a national campaign, Our Common Future, was started, which addressed cross-sector and participatory dimensions of environmental concern in line with the Brundtland report's recommendations. Along the campaign, a fund was established in 1988, administered by a partly ministerial partly NGO committee. The fund helped the start of urban ecological initiatives, green guides, the Green Information center etc. It was launched as a center for gathering and diffusing knowledge for the commons on green lifestyles, green products and green advises in consumption. From what was described above the Ministers of the Environment were in the long period of the green majority in the parliament given a wide maneuver to initiate programs and produce political strategy documents that covered far more comprehensive initiatives than the normal environmental policy did. The Ministry of Foreign Affairs was accordingly pressed to share the sovereignty of aid affairs with the Ministry of the Environment, as the latter headed the formulations of new environmental aid schemes for Eastern Europe and the Third World.

The outcomes of the period of policy-sector coordination in relation to SD, were besides SD sector-action plans, new inter-active efforts between environmental authorities and business, the integration of Life Cycle Analysis - and Best Available Technology -orientation into legislation, forwarding green product chain stewardship, and new motivation efforts for diffusing cleaner technologies. New institutions were launched as environmental management, Green Accounting, and public green purchasing. Intensified environmental communication was stimulated along product chains. So at a national level major political styles and strategies followed a governance attempt related to sectors, areas and business, and with a high degree of deliberation. A National Agenda 21 formulation process was launched in 1998 and were meant to be a bottom-up process, that were to become empowered by the Social democratic – Liberal government in 2001 (Regeringen, 2001). This bottom up process was closed after a neo-liberal government took over in 2001, and the following two national Agenda 21 strategies in 2009 and 2014 (Regeringen, 2009b; 2014b) downplayed the initial strategic visionary attempts, but maintained the whole-of –society approaches and calls for a shared responsibility. The social democratic-liberal government's SD strategy from 2014, brought ecological modernisation back in, though narrowing it down to hitherto established plans for energy savings, renewable energy plans, and investment funds for nature reservation and trains. The strategy was by experts framed as a non-strategy, but an economic responsible priority to a focus on welfare security, social cohesion and competitiveness. So the governments' hitherto educational training programs for unemployed, and a labour force mobilization policy of cuts in social income, are mentioned as politics that fits into a social, environmental, and economic sector SD. A somewhat entangled perspective on SD! The two national SD strategies have been very silently communicated in the public, probably as they represented scattered summing up of hitherto politics in welfare cutting programs, refugees handling, in enhanced work force provision, and neo-liberal economic programs – all under the umbrella of proclaiming to fight climate change, poverty etc.

The comprehensive sector related SD plans withered away under various institutional and business groups lobbyism, and since the green backlash from

late 1990's, a neo-liberal strategy took over the ministry, where all green and SD oriented sector strategic integration efforts were cut out. But one area was to become more persistent in the 30 years period from 1994 until today; this was the Danish implementation of the SD politics in LA21. by various co-operative governance schemes.

The tradition of a decentralised public administration, the policy style of consensus-seeking approaches in municipalities, and a tradition of 'popular enlightenment' provided favourable conditions for the implementation of a soft-governance style of LA21 in Denmark (Holm, 2004). A number of cross-sector experiments within the local public sectors evolved clarifying the institutional obstacles for a paradigmatic change, and experimentations with new and less costly environmental innovation options occurred. The experiences from these new practical-experimental initiatives influenced the Ministry of the Environment to form a strategy for SD. Denmark was first to embed this policy-area into structural commitments; a change in the spatial planning act was launched, so that the authorities since 1998 up till now in spatial planning documents had to: 1) describe their activities for SD, 2) report LA21 activities that will be supported. 3) make an LA21 plan, and communicate how public participation and cross sector initiatives towards sustainability will be fostered. The municipalities have to report, in greater detail, about what will be done to: a) cut in resources consumption and pollution, b) lower CO2 emissions, c) enhance biological diversity. This looks like a change in policy style away from the hitherto voluntary approach to the benefit of a firm and formal implementation process. In total we may interpret the changes as the incremental process of going into the fourth stage of an environment-and-development policy as stated by (Lafferty & Eckerberg, 1998) on the UNCED-policy: it is where the international commitments for firm contribution to global sustainability overrules the national agenda.

By time the innovative LA21 politics from the government was silenced, leaving it totally to the local municipalities to identify new policy options and programs. Since 2001 a downplaying of LA21-efforts occurred; often a re-labelling of LA21 to green management and the like; closing of national EPA-funds for LA21-investments. It all marked a stop for networks based governance for a

strong deliberation in SD politics. Some pioneering private rebuilding efforts took over: self-generated networks among frontrunner municipalities, and private consultancy based networks. More specialised focus areas emerged as in-house greening, ecological construction projects, and in 2008-9 the new organising in greater municipalities and regions led to a realignment of LA21 governance within some municipalities in climate mitigation efforts (Holm, J. et al., 2011, Holm, Søndergaard and Stauning, 2014).

Based on national comparative studies we see a maintained and general critique of the lack of continuity in the LA21 process. There has been far too much window dressing; too low ambitions in community transition; no change of basic environmental, business and welfare policy, and very few attempts at fundamental participatory approaches except from Denmark (Holm, 2010; Holm, 2004; Holm 2001). Never the less, this multi-layered type of governance have prevailed in Danish environmental policies up till 2015, where the green backlash again is in charge, and every environmental rule and legislation is currently (nov. 2015) reconsidered for “freeing the entrepreneurial farmers and business for the administrative and economic burdens”. The potentially critical focus on hinders and resistance in SD have withered away, and a number of campaigns related to individual households, habits, and consumption choices have grown. The consensus style of the post Rio regime in SD has prevailed in many areas of sustainability related politics in Denmark (e.g. public organic food schemes, LA21, and climate mitigation politics). Communication of the positive approaches to environment did initially have an importance in a participative, regime change, and have, especially for urban ecology strategies, prevailed.

But with the withering away of national sector-integrative SD strategies and innovations in LA21 governance, previous risk communication is back dominating when policies are handling environment and climate issues. The more holistic oriented initiatives of these regimes are marginalized to niches, NGO's, subcultures, and academia. Only exceptions are local climate mitigation and urban greening politics, where transitions options are sought for in strategic energy planning, and in efforts of greening the build environment. The public communication on sustainability is somehow suspended by climate change

discourses on danger and risks, jobs, economy and the individual citizen is left back with only the choice of a consumer. We are thus witnessing the current *Post Rio deliberative regimes withering away*. Alternative operative cases do exist so options are at hand (Holm, J. et al. 2010), but in general the SD politics seems under-prioritized.

#### **4. Why Do We See so Different Policy Styles and Distance between SD/HP Policy Visions and Politics?**

The two questions we raised in the outset for this article were why we have witnessed so different policy styles within these two political regimes and differences between the international regimes and national implementation. To clarify we have characterized the visionary UN policy regimes of HP and SD and in a long-term perspective their implementation in Denmark. We have in the observation of HP and SD communication given focus to the distinction governance versus governmentality. On the international scene we see many similarities between SD and HP, in deliberation, multi-actor and-sector politics, in addressing positive and visionary interpretations of health and environment, and in predominantly articulating a deliberative governance approach. Both international regimes strengthen by time these principles and both become part of the successor to UN's Millennium goals.

Taking the Luhmannian perspective on HP and SD to the national level, Denmark, we can observe how the idea of the functional differentiated society and the idea of risk as in opposition to danger can be eloquent analytical concepts. Due to the functional differentiation, the communication about HP and SD are dependent on the binary code of each of society's systems. In accordance with this, the regimes are dependent on how these different systems prioritize these specific themes and can be both distinct & dominating and vague & infrequent. We have focused on the political system and have through the analysis of health programs and politics of sustainable development, identified that the communication about SD and HP has been prioritized and articulated rather differently, when it comes to policy styles and deliberation. Historically we have seen a relatively strong resonance of the holistic approaches from the international political system in Denmark on SD, but this resonance has over time

turned out to be weaker with a few periods of exceptions. On HP Denmark has shown remarkable vague policies with a priority to public health, and here with a focus on individual governmentality policies.

Both regimes of SD and HP are preventive measures aiming to irritate or disturb all other political, social and economic sectors or systems, in order to break with compartmentalisation, single issues, post-festum risks, and silos of politics. The regimes capability of irritating rest of society can by a Luhmannian position be regarded as handling the systemic differentiations. The point is that the political system's communication relies on power and voters and in that sense has to prioritize the political will and accomplishments. The two regimes' ability to meet resonance in the political system has in the analysis shown up to be rather different and this can obviously be due to the very different conditions of these regimes.

There is no system for SD and even the themes environment and climate, which are often combined with SD in the communication, are not specific systems. In that way SD, environment and climate are homeless in the functional differentiated society (Luhmann, 1989). Opposite to this, we find a health system and thereby a specific health communication based on the binary code ill versus not ill, but we do not find a specific system of HP. The resource orientation and quality of life approach of HP, has not met a continued and strong resonance within the traditional health system. This means that even though the health agenda is not homeless, the HP approach is to some extent homeless. This can contribute to the explanation of why these two regimes of SD and HP are treated rather superficially over time in Denmark: It seems to be difficult for these homeless themes and approaches to be a prioritized part of the political system, while the more traditional health approach embedded in the health system seems to be more successful in that respect.

This is, however, not an explanation of why the regimes are governed rather differently with approaches of governance and governmentality respectively: Why SD is governed primarily within a governance-perspective while health is governed primarily within a governmentality-perspective. Here we can benefit from reflecting the regimes within a risk-perspective and look at the attributed meaning

of risk (Luhmann, 2002). SD can, as mentioned above, for both the individual person and system be a huge challenge due to its quite wide purpose. If SD is then observed as unachievable, but also necessary and desirable it can be observed as a danger, which means a threat, we as individuals cannot master. As such there is not established the foundation of an individualized concept of SD. On the other side, HP somehow becomes influenced by the meeting with the health system, wherein the individual body is pinpointed as the one we should take care of to achieve health. In that way it is the individual, which takes a risk on behalf of their health if he/she not acts as prescribed of the health care system and the health authorities. But why HP in Denmark in the nearly 30 years has not at any time reached the same deliberative and strong inter-secto position as for SD (in 1990-2000), we will have to seek outside our study to observe.

Maybe the HP and SD visionary policies are utopian visions that are aspirational and even inspirational, but are ultimately unattainable (Green & Tones, 2015). Humanity rarely, if ever, achieves such an envisioned stasis. People and systems are constantly engaged in a process of adaptation to their environments – to their physical, material, economic and social circumstances, illness and risk factors. An absolute health and ecological balance vision is thus a mirage (Schroeder, 2000) – it is momentary and unattainable, but worth pursuing. If health and ecological balance means anything, it resides in the pursuit, in engaging with these constantly changing and typically unpredictable environmental forces. A Luhmannian approach also shows that since HP and SD does not represent societal subsystems, but are policy programs, in this connection coupled to environmental respectively public health policies, they will remain to ideologies and in that feature strives to disturb a row of different functional systems and organizations systems.

Even though we have showed how these two political regimes operate within different policy styles and how international regimes and policy formulations also differ from national implementation, the raised questions demand further investigation and raise new questions. It is for example important to wonder how and why the ambitious and visionary international politics formulation are usually transformed to less ambitious and visionary when it

comes to the national or even local formulation and implementation? Moreover it is important to ask if and then how the two regimes different policy styles eventually can support each other in the future and establish a complementary development?

## Notes

- 1 “..regimes are institutions possessing norms, decision rules, and procedures which facilitate a convergence of expectations.” (Krasner, 1983)
- 2 This could as well have been one of the other Scandinavian countries then.
- 3 This aspect is in need of further investigation as the shift in styles of the political health programs, obviously in the latest two programs, is more an indication of a more narrow articulated political focus than an indication of a resignation of neoliberal steering.

## References

- Abel, T. (2007). Cultural capital in health promotion. In: McQueen, D. et. al.(eds.). *Health and Modernity, the role of theory in health promotion*. New York, Springer, pp. 43-73.
- Almlund, P. (2013). Negotiating and Communicating Climate. In: Almlund, P., Jespersen, P. H. and Riis, S. (eds.). *Rethinking Climate Change Research*, Farnham, Ashgate.
- Andersen, N. Å. (2004). Supervisionsstaten og den politiske virksomhed. In: Frankel, C. (ed.) *Virksomhedens politisering*. Frederiksberg: Forlaget Samfundslitteratur.
- Bulkeley, H. (2010). Cities and the Governing of Climate Change. *Annual Review of Environment and Resources*, 35, 229-253
- Clausen, L & Tække, J. (2011). *Medicinsk offentlighed: bidrag til en fremmedbeskrivelse af sundhedssystemet*. Paper til det 7. Skandinaviske Luhmann Seminar: Luhmann og sundhedssystemet, den 9. dec., 2011.
- Commission of the European Communities (1990). *Green paper on the urban environment*. Brussels, Office for Official Publications of the European Communities, 1990, (CB-CO-90-276-EN-C).
- Dryzeck, J. (2005) *The Politics of the Earth – Environmental Discourse*, Oxford, Oxford University Press.
- Engberg, J. (1999). *Det Heles Vel : Forureningsbekæmpelsen i Danmark fra Loven om Sundhedsvedtægter i 1850'erne til Miljøloven 1974*, København, Miljøkontrollen.
- Flyvbjerg, B. (2004). *Five misunderstandings about Case-Study Research*. Department of Development and Planning. Aalborg, UNI.PRINT, Aalborg University.
- Flyvbjerg, B. (1999). Socrates Didn't Like the Case Method. Why Should You?. *Soochow Journal of Philosophical Studies*, 4, 101-115.
- Flyvbjerg, B. (1991). *Rationalitet og Magt*. Bind 1: Det konkrete videnskab. København, Akademisk Forlag.
- Foucault, M. (2004). *The Birth of Biopolitics*. New York, Palgrave Macmillan.
- Foucault, M. (1991) Governmentality. In: *The Foucault Effect: Studies in Governmentality*, Burchell, G. et al. (eds.). Hempel Hempsted: Harvester Wheatshead.
- Green, J. & Tones, K. (2010) *Health Promotion – Planning and Strategies*. London, Sage.
- Grin, J. (2010). Understanding Transition from a Governance Perspective. In: Grin, J., J. Rotmans, J. S. (eds.) *Transition to Sustainable Development. New Directions in the Study of Long Term Transformative Change*. Routledge.
- Hansen, K. C. (1999). Lægeforeningens kommentar til regeringens folkesundhedsprogram 1999-2008. *Ugeskrift for læger*, 161, 43.
- Hass, P. M. (1989): Do regimes matter? Epistemic communities and mediteranian pollution. *International Organization*, 43(3), 349-375.
- Holm, J. (2010): Local Experimentation and Deliberation for Sustainable Development
- Local Agenda 21 Governance. In: Nielsen, K.A., Elling, B., Figueroa, M. & Jelsø, E. (eds.) *A New Agenda for Sustainability*. Farnham, Ashgate, p. 205-227.
- Holm, J. (2004). Participation and Consensus-seeking for Sustainable Development? In: Gustavo R., Lund, S. & Michael, M. (eds.) *Debating Participation*. Copenhagen, Royal Danish Academy of Fine Arts, School of Architecture.
- Holm, J. (2001): Denmark: The Participatory and Consensus Seeking Approach of the Danish La21. In: Lafferty, W.M. (ed.): *Sustainable Communities in Europe*. London: Earthscan Publications Ltd, p. 58-82.

- Holm, J., Søndergaard, B. & Stauning, I. (2014) Kommunernes rolle i klimaomstilling af Byggeriet. In: Holm, J., Jensen, J.O., Stauning, I. & Søndergaard, B. (eds.) *Bæredygtig omstilling i bolig og byggeri*, København, Frydenlund Academic.
- Holm, J. & I. Stauning (2007): Hvordan skal vi bygge og bo? Miljøomstilling i byggeriet. In: Jensen, A., Andersen, J., Hansen, O.E., Nielsen, K.A. (eds.) *Planlægning i teori og praksis*. Frederiksberg, Roskilde Universitetsforlag.
- Holm, J., Petersen, L. K., Læssøe, J., Remmen, A. & Hansen, C. J. (eds.) (2007). *Økologisk modernisering på dansk: Brud og bevægelser i miljøindsatsen*. København, Frydenlund.
- Holm, J., Søndergaard, B. & Hansen, O.E. (2010) Design and Sustainable Transition. In: Simonsen, J., Bærenholdt, J.O., Büscher, M. & Scheuer, J. D. (eds.): *Design Research: Synergies from Interdisciplinary Perspectives*. Routledge, pp. 123-138.
- Holm, J., Stauning, I. & Søndergaard, B. (2011) Local climate mitigation and eco-efforts in housing and construction as situated transition places. *European Policy and Governance*, 21, 183-98.
- Jensen, S. & Dryzek, J.S. (2014): Deliberative Cultures, *Political Theory*, 42(1), 3-25.
- Jänicke, Martin (2003). *The "Rio Model" of Environmental Governance – A general Evaluation*, Berlin, FFU-report.
- Kemp, R. (1994) Technology and the transition to environmental sustainability. the problem og technological regime shifts. In: *Futures*, 26(10), 1023-1046.
- Kemp, R. & Loorbach, D. (2006) Transition management: a reflexive governance Approach. In: Voß, J.-P., Bauknecht, D. & Kemp, R. (eds.) *Reflexive Governance for Sustainable Development*. Edward Elgar, pp. 103-130.
- Kern, K. (2010). *Climate Governance in the EU Multi-level System: The Role of Cities*. Paper presented at the Fifth Pan-European Conference on EU Politics, University Fernando Pessoa and Faculty of Economics of Porto University, Porto, Portugal.
- Kickbusch, I. (2007). The Health Society. In: McQueen, D. et al. (eds.) *Health and Modernity, the role of theory in health promotion*. New York, Springer, pp. 144-161.
- Kjær, A.M. (2012) Rhodes' contribution to governance theory: Praise, criticism and the future governance debate. *Public Administration*, 89(1), 101-113.
- Kneer, G. & Nassehi, A. (1997). *Niklas Luhmann – Introduktion til Teorien om Sociale Systemer*. København: Hans Reitzel.
- Krasner, S. D. (1983) Regimes and the Limits of Realism: Regimes as Autonomous Variables. In: Krasner, S.D. (ed.) *International Regimes*, Ithaca, Cornell University Press.
- Lafferty, W. M. & Eckersberg, K. (eds.) (1998) *From the Earth Summit to Local Agenda 21: Working Towards Sustainable Development*. London, Earthscan.
- Lafferty, W.M. (2001), *Sustainable Communities in Europe*, London, Earthscan.
- Lafferty, W. M. & Meadowcroft, J. (2000). *Implementing Sustainable Development. Strategies and Initiatives in High Consumption Societies*. Oxford, Oxford University Press.
- Lau, C.B. & Dybbroe, B. (2012) Kommunal sundhedsfremme i borgerens hverdag – ud fra en settings- og empowerment-tilgang. In: Dybbroe, B., Land, B. & Jensen, S.B. (eds.). *Sundhedsfremme- et kritisk perspektiv*, Frederiksberg, Samfundslitteratur, pp. 177-189.
- Lau C. B., Holm, J., Andersen, J. & Dybroe, B. (2012) *Strategier for integreret sundhedsfremme*. Roskilde Universitetsforlag.
- Luhmann, N. (2007). *Indføring i Systemteorien*. Forlaget Unge Pædagoger.
- Luhmann, N. (2002). *Risk. A Sociological Theory*. New York, Aldine de Gruyter.
- Luhmann, N. (1997). *Iagttagelse og Paradoks*. København, Gyldendal.
- Luhmann, N. (1996) *Social Systems*. Stanford University Press.
- Luhmann, N. (1992). Operational closure and structural coupling: The differentiation of the legal system. *Cardozo law review*. 13, 1419-1441.
- Luhmann, N. (1990). Der medizinische Code. In: Luhmann, N. *Soziologische Aufklärung 5. Konstruktivistische Perspektiven*. Westdeutscher Verlag, Opladen, p. 79-195.
- Luhmann, N. (1989). *Ecological Communication*. Polity Press.
- Lupton, D. (1999). *Risk*. Routledge.
- Mik-Meyer, N & Villadsen, K. (2007). *Magtens former. Sociologiske perspektiver på statens møde med borgeren*. København, Hans Reitzels Forlag.
- Miljøministeriet (1988). Regeringens Handlingsplan for Miljø og Udvikling.
- Mol, A. P. J. et al. (2009) Ecological Modernisation: Three Decades of Policy, Practice and Theoretical Reflection. In: Mol, A. P. J., Sonnenfeld, D. A., & Spaargaren, G. (eds.). *The Ecological Modernisation Reader: Environmental Reform in Theory and Practice*. Routledge.



- Olsson, Ulf (2009): Sundhedsoplysning – frigørelse eller manipulation? In: Stinne
- Glasdam (ed.): *Folkesundhed i et kritisk perspektiv*. København, Dansk Sygeplejeråd.
- O’Riordan, T. & le Quéré, C. (2013). A science agenda for sustainability and human prosperity, *British Academy Review*, 22 (Summer 2013).
- Pelikan, Jürgen (2007): Understanding Differentiation of Health. In: McQueen, D. et al. (eds.) *Health and Modernity, the role of theory in health promotion*. New York, Springer, pp. 74-102.
- Porter, Christine (2007): Ottawa to Bangkok: changing health promotion discourse. In: *Health promotion International*, 22(1), 72-79.
- Regeringen (2014a): *Jo før – jo bedre. Tidlig diagnose, bedre behandling og flere leveår for alle*, Copenhagen, Danish Government.
- Regeringen (2014b): Et bæredygtigt Danmark – udvikling i balance. Copenhagen, Danish . Government
- Regeringen (2009a). *Sundhedspakke 2009. Godt på vej mod et sundere Danmark – 8 store skridt der gør et godt sundhedsvæsen endnu bedre*. Copenhagen, Ministeriet for Sundhed og Forebyggelse.
- Regeringen (2009b): *Vækst med omtanke*. Copenhagen, Danish Government.
- Regeringen (2002a). Sund hele livet – de nationale mål og strategier for folkesundheden 2002-10. Copenhagen, Indenrigs- og Sundhedsministeriet.
- Regeringen (2002b): *Fælles fremtid – udvikling i balance*. Copenhagen, Miljøstyrelsen.
- Regeringen (2001): *Udvikling med omtanke – fælles ansvar*. Copenhagen, Miljøstyrelsen.
- Rhodes, R.A. (1996): The New Governance: Governing without Government. *Political Studies*, 44(4), 652-667.
- Schroeder, Jonathan Edward (2000): The consumer in society: Utopian visions revisited, *Marketing Intelligence & Planning*, 18(6-7), 381-387.
- Sundhedsministeriet (1999). *Regeringens folkesundhedsprogram 1999-2008. Et handlingsorienteret program for sundere rammer i hverdagen*. Copenhagen
- Sundhedsministeriet (1989). *Regeringens forebyggelsesprogram*. Copenhagen.
- The World Commission on Environment and Development. (1986) *Our Common Future*, Oxford, Oxford University Press.
- UN (1992a). *The Rio Declaration on Environment and Development*. United Nations Environment Programme (UNEP). [Online] Available from: <http://www.unep.org/Documents.Multilingual/Default.asp?documentid=78&articleid=1163> [Accessed 15th December 2015].
- UN (1992b). Agenda 21, Earth Summit. United Nations Program of Action from Rio United Nations. [Online] Available from: <http://www.unep.org/Documents.Multilingual/Default.asp?documentid=52> [Accessed 15th December 2015].
- UN. (1997) *Earth Summit. UN Conferencen on Environment and Development*. United Nations. Department of Public Information. [Online] Available from: <http://www.un.org/geninfo/bp/enviro.html> [Accessed at 15th December 2015].
- UN. (2015) *Transforming our world: The 2030 Agenda for Sustainable Development*. Resolution adopted by the General Assembly on 25 September 2015. United Nations A/RES/70/1. [Online] Available from: [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E) [Accessed 21st April 2015].
- Vallgård, S. (2003a) *Folkesundhed som politik - Danmark og Sverige fra 1930 til i dag*, Aarhus, Aarhus Universitetsforlag.
- Vallgård, S. (2003b). Studier af magtudøvelse. Bidrag til en operationalisering af Michel Foucaults begreb *Governmentality*. In: Christiansen, P. M. & Tøgeby, L. (eds.) *På sporet af magten*. Aarhus, Aarhus Universitetsforlag.
- Weaver, P., Jansen, L., Van Grotveld, G., Van Spiegel, E. & Vergragt, P. (2000) *Sustainable Technology Development*. Sheffield, U.K., Greenleaf Publishing.
- WHO (1946): Constitution of the World Health Organization. Geneva, WHO. [Online] Available from: [http://www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf) [Accessed 21st April 2015].
- WHO. (1986) Ottawa Charter for Health Promotion. WHO Regional Office for Europe, Copenhagen. *Health Promot. Int.*, 1 (4), 405.
- WHO. (2013) *The Helsinki statement on Health in All Policies*, The 8th Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013. [Online] Available from: [http://www.who.int/healthpromotion/conferences/8gchp/statement\\_2013/en/](http://www.who.int/healthpromotion/conferences/8gchp/statement_2013/en/) [Accessed 15th December 2015].
- Yin, R. K. (1994). *Case Study Research: Design and Methods*. Thousand Oaks, Sage.