



POST-GROWTH HEALTH: REDEFINING HEALTH AND HEALTHCARE POLICIES FOR THE 21ST CENTURY

Axe Politiques environnementales*

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This year 2026 marks the anniversary of two foundational texts - the WHO and Ottawa Charters - which shaped a global definition of health and health systems. However, these charters, strongly enrooted in the dominant Global North socio-economic model, do not explicitly address two major 21st-century challenges: ecological crises and social inequalities. While the health effects, both positive and negative, of continued economic growth have been well documented, the implications of transitioning to a post-growth economy for health and the organization of healthcare services remain largely unexplored.

Based on a literature review, this project aims to fill that gap by shaping the foundations, objectives, and evaluation criteria for health and healthcare services that operate within a post-growth framework, broadly defined as well-being within planetary boundaries. Bringing together a research team from different disciplinary backgrounds and drawing on a practitioner-researcher collaboration, it proposes a redefinition of health that fully incorporates socio-environmental determinants and outlines pathways for transforming healthcare services in a post-growth perspective.

A literature review to address a double-blind spot

Economic growth, understood as the increase of Gross domestic product (GDP) in real terms, is an unacknowledged underlying assumption in health and healthcare studies. It takes two forms: health status is supposed to be closely linked to income per capita (Preston, 1975; Preston 2007; Pritchett and Summers, 1996), and the viability of health systems is supposed to depend on economic growth (health expenditure being measured in share of GDP and per capita health expenditure growth being measured against GDP growth, see OECD, 2025).

Theoretically, these two assumptions have been challenged in several publications at least since the 1970s. Yet, post-growth studies have not focused enough so far on health and healthcare systems: a key recent paper in the field (Kallis et al. 2024) does not connect post-growth with health and health system.

Post-growth is defined as
“the science of wellbeing
within planetary boundaries”

The literature review addresses this double blind-spot by raising the following questions:

- 1) How can pro-growth health and healthcare systems be characterized and how do they compare with pre-growth versions?
- 2) How can post-growth health and healthcare systems be defined and envisioned?
- 3) What observable premises of the transition from pro-growth to post-growth health and healthcare exist?
- 4) What are the key challenges in transitioning from pro-growth to post-growth health and healthcare?

3 main objectives

- 1) *Characterizing* the evolution of health conceptions and health systems across three phases, pre-growth, pro-growth and post-growth, tracing how dominant definitions of health, the objectives of care systems and their economic underpinnings have shifted in time.
- 2) *Identifying* what political, socio-economic, institutional and epistemic conditions grounded this evolution, enabled its institutionalization and prevented its transformation up until today.
- 3) *Mapping* the emerging post-growth health field, bringing to light its theoretical foundations and early empirical manifestations, while outlining its current limits and the transformative challenges that lie ahead.

Methodology

The project adopts a narrative and critical approach, mobilizing a purposive and iterative method (Grant & Booth, 2009) to identify the sources, guided by three main objectives (above) and refined through successive readings & feedback from the scientific board.

215 sources have been identified so far, spanning from 1942 to 2025. They are heterogeneous in nature, including academic articles (theoretical and empirical), reports from international organizations (e.g., WHO, World Bank, OECD) and publications from research institutes, professional bodies and advocacy organizations (e.g., British Medical Association, Institute of Health Equity).

This diversity reflects both the breadth of the growth, health and health systems' issue (simultaneously a scientific, political and institutional question), its multiscalar nature and the need to capture both dominant framings and the alternative voices challenging them.

A systemic view of pregrowth, progrowth and postgrowth health and healthcare :

	Pregrowth health and health systems	Progrowth health and health systems	Postgrowth health and health systems
Conceptions of health (objectives)			
Health and care systems			
Governance			
Financing mechanisms			
Core institutions			
Beneficiaries			

A scientific board of academics and practitionners

- **BRUNN Matthias**, Political science and psychiatrist, Researcher affiliated with LIEPP.
- **GAILLE Marie**, CNRS Research Director in Philosophy, SPHERE (Université Paris Cité, Université Paris 1 Panthéon Sorbonne)
- **PARRIQUE Thimothée**, Researcher in ecological economics and post-capitalist theories; HEC Lausanne - La Faculté des Hautes Etudes Commerciales de l'Université de Lausanne
- **ROSCHNIK Sonia**, Executive Director, Geneva sustainability centre, International Hospital Foundation (Switzerland)
- **SLAMA Remy**, Environmental epidemiologist, Research Director at INSERM, CERES, ENS-PSL, Paris.
- **STEINBERGER Julia**, Professor of Ecological Economics and Industrial Ecology, Institute of Geography and sustainability, Université de Lausanne (Switzerland)

Next Steps

- 1) Outline and Draft summary : March 2026
- 2) 1st meeting of Scientific board (March 27)
- 3) Presentation of preliminary findings : AIRE day (May 27), LIEPP days (June 3), Earth summit (June 4)
- 4) Draft review (July 2026)
- 5) 2nd meeting of Scientific board (September 2026)
- 6) Final draft (October 2026)
- 7) Workshop (Fall 2026 / early 2027)

* The project is at the intersection of LIEPP's environmental, health, and socio-fiscal policy research groups. It was selected under LIEPP's 2025 call for projects and also benefits from the support of UNISANTE (University of Lausanne).

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