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# A colourful autumn for health policy

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EDITORIAL

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**After its election victory, the Støre government needs to find new ways to gain support in the Norwegian parliament. Health policy could become a bargaining chip in the coalition with the four supporting parties.**



Photo: Sturlason

The Labour Party won the most seats in the recent general election in Norway. Jonas Gahr Støre will therefore continue in government, and the Minister of Health and Care Services, Jan Christian Vestre, can pursue his ambition for a new health reform – 'Project X'. The goal is to make 'contact with the health and care services seamless' [\(1\)](#). But this will require cooperation. The election results have made the government dependent on a coalition with the Red Party (*Rødt*), Green Party (*MDG*), Socialist Left Party (*SV*) and Centre Party (*Senterpartiet*) – four parties of roughly equal size, but with rather different agendas.

Before the election, the health minister demonstrated resolve by pouring money into both public and private healthcare services as part of the 'Waiting Time Pledge'. This has had the desired effect on waiting-list figures. Beyond this positive development, however, health policy did not feature prominently in the election campaign – nor was it expected to. Given the geopolitical situation and the opposition's flagship policies, health may well remain overshadowed by other political issues in the coming parliamentary term.

As can be seen from the platforms of the supporting parties in the patchwork coalition, it is clear they want a hand on the wheel in shaping health policy. This creates opportunities to strengthen the public health service, but also poses a risk to its long-term sustainability. The supporting parties should therefore play their health policy cards wisely.

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Several of the supporting parties back the continuation of local hospital services. It is important here to learn from the past as well as look to the future: the fight to maintain maternity services at Kristiansund Hospital in 2022 showed how misguided national political interference can be (2). Directives and additional funding will have little impact if the Norwegian parliament once again ignores the fact that the sustainability of a health service depends on the expertise a health authority can offer.

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So when the Centre Party, Socialist Left Party and Red Party continue to fight for the full range of emergency services at local hospitals across the country, it is an opportunity to emphasise the importance of essential broad-based expertise in smaller hospitals (3–5). It is encouraging that both the Labour Party and Centre Party highlight the need for more generalist expertise in their programmes (3, 6). Since 2019, when the regulations on specialty training removed the distinction between main and sub-specialisations for doctors, steadily fewer have chosen to specialise in internal medicine and general surgery (7, 8). Newly qualified doctors should therefore be directed primarily to the specialties that are actually needed in our hospitals, rather than those that perform well in the private healthcare market. Hopefully, there may be opportunities for negotiation here that help ensure a sustainable public specialist health service, including in smaller hospitals.

Universal access to a public dental health service is a key health policy of both the Red Party and Socialist Left Party. In an agreement with the Labour Party, the four supporting parties have already secured a parliamentary decision to extend rights in the public dental health service to include 25–28-year-olds in the 'fluoride generation'. However, the dentists themselves have criticised the agreement: they do not support this group-based extension of rights, as it does not benefit those most in need (9).

What about the health authority model? Following the Centre Party's exit from the government in January, the Hurdal Platform's pledge to review changes to the model has been reframed as the Labour Party's objective of a comprehensive health reform. Could now be the time to look beyond local hospitals and the health authority model, while the four smaller parties and one large party shape their framework for cooperation?

At the same time, three of the four supporting parties' programmes include a commitment to scrap the entire health authority model (3–5). It will probably not be long therefore before the first tough rounds of negotiation begin: the Centre Party's parliamentary group has already expressed its desire to abolish the health authority model, so that hospitals 'are once again placed under clear democratic oversight' (9). In addition, they have secured Kjersti Toppe, deputy chair and doctor, as chair of the

Standing Committee on Health and Care Services [\(9\)](#). With a potential health reform still taking shape, it might have been wiser to keep plans regarding the health authority model under wraps for a while longer.

Which health policy issues the supporting parties choose to advocate for – either individually or collectively – is therefore far from certain. Nevertheless, the election result does not allow for alternative government options. This could bode well for 'Project X' and the work already underway in the Health Reform Committee [\(1\)](#). In the shadow of the election campaign, the first of '10–12 innovative trials' were rolled out as a preview of the announced reform [\(10\)](#). In a timely reform effort, we can only wish everyone involved – in the trials and the reform committee – good luck. The final outcome will depend on a variety of factors, not least the patchwork of colours representing the differing positions of the parties.

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