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Abstract

The Norwegian strategy for reducing health inequalities from 2007 has been recognised as one of the most ambitious and encompassing in Europe. By proposing action on the social determinants of health, such as income structure, employment opportunities and affordable child-care, the strategy was able to approach the entire social gradient rather than just the socially disadvantaged. In this article, we present the main features of the health equity strategy, and discuss possible obstacles to a successful implementation and a prolonged commitment to reducing health inequalities in Norway. We raise three major concerns: 1) a stubborn fundamental inequality structure, 2) a lack of focus on the gradient in the implementation of cross-sectoral reforms and 3) a possible re-orientation of policy away from redistribution and universalism.

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