

Euro Health Net



European partnership for
health, equity & wellbeing

**Turbulent seas,
widening gaps:
working for healthier,
fairer societies**

Annual report
June 2025 – May 2026

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EDITORIAL

EuroHealthNet's Annual Report 2025–26 demonstrates the many areas demanding our attention and action to improve health and achieve health equity. Persistent and newly emerging threats to health are numerous and interrelated, making it difficult to set priorities.

We are particularly proud of our flagship report on social inequalities in health. In cooperation with CHAIN, we analysed European Social Survey data and found that the overall health and wellbeing situation across Europe is concerning. On average, 1 in 3 people reported poor health, and those with lower levels of education were twice as likely to do so compared to those with higher levels. Health inequalities worsened in most European countries over the last decade. Our report was widely taken up and presented at events across several European States.

Health inequalities represent a huge loss of potential. Poor health and disease are a liability to the economy, and inaction is not an option. Over the course of 2025–26, EuroHealthNet showed the need for upstream, systemic approaches — creating environments that enable healthy living, addressing commercial drivers behind health-harmful products, and involving people in decision-making to ensure their needs are met. We are pleased to have established two new Thematic Working Groups on commercial determinants of health and on social participation.

We must equally address the harm to young people caused by social media. We are proud of our 'Mental Health' TWIG, which produced a joint statement on digitalisation and youth mental health: an area that will continue to require our sustained attention.

We also widely promoted the health promoting schools approach. EuroHealthNet successfully concluded the Schools4Health initiative, reaching over 1,700 students and 130 teachers across primary, secondary, and vocational schools in six countries. As a direct spin-off, we are now supporting WHO/Europe in revitalising the European Network for Health Promoting Schools.

We remained active on topics including healthy food systems, One Health, nature-based solutions, air pollution, healthy buildings, and social prescribing. We contributed to numerous EU policy processes, including the EU Safe Hearts Plan, the Anti-Poverty Strategy, the Affordable Housing Strategy, the European Child Guarantee, and the new EU long-term budget. EuroHealthNet's strength lies in its broad presence across topics, levels, and policy areas — acting as a catalyst translating evidence into practice and facilitates meaningful exchange.

The Executive Board and Partnership spent the year developing our 2026-31 strategy, and the new Strategic Development Plan will soon be adopted. We are grateful for the Operating Grant from the European Social Fund Plus, which allows us to look ahead with confidence — even in challenging times — knowing that many issues still need to be tackled head-on. A heartfelt thank you to all our members and the wonderful staff in the Brussels office for making it all happen!

Caroline Costongs
Director
EuroHealthNet



Suzanne Costello
President
EuroHealthNet



OUR EXECUTIVE BOARD



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Health and Social Manager for the Veneto Region, Italy



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Prof Marc Suhrcke

Head of the cross-departmental Research Programme on 'Health & Health Systems' at the Luxembourg Institute of Socio-Economic Research (LISER)



Dr Nadine Zillmann

Member of the Executive Board of the Austrian National Public Health Institute (GÖG) and responsible for Agenda for Health Promotion



Dr Mojca Gabrijelčič Blenkuš

Honorary Advisor - Head of the Health research and health development Centre at the National Institute of Public Health (NIJZ), Slovenia

OUR YEAR IN NUMBERS

86

Members, associate members, and observers from 33 European countries, of which 26 EU Member States

A total of

1,148

resources in our health inequalities database

2,812

Participations at EuroHealthNet's Annual Seminar and report launch

104

Occasions of being speakers, panellists or moderators at key events in 2025

1

Plenary at the 2025 European Public Health Conference

4

EuroHealthNet capacity-building workshops in 2025

2

Country Exchange Visits

18,698

Social media followers

10

Press releases and statements

20

Public policy briefings & consultation responses

2

editions of EuroHealthNet Magazine

357,800

Website views

19

Newsletters published

1

INTRO

People facing disadvantage consistently experience poorer health and shorter lives than those who are better off. Uncertain times — marked by threats to peace, a cost-of-living and housing crisis, and the increasingly tangible consequences of climate breakdown — only deepen these vulnerabilities.

While growing health inequalities have long been a concern, the EuroHealthNet-CHAIN report *Social Inequalities in Health in the EU* moves beyond general concern by systematically analysing trends over time. Drawing on the latest data from the European Social Survey (ESS), it provides a comparative picture of how health disparities have evolved over the past decade, revealing that progress has been limited and, in some cases, reversed. The findings underline the urgency of renewed and sustained action on health equity.

This annual report highlights how EuroHealthNet is intensifying its efforts by leveraging the latest data and the expertise within its membership to raise awareness and drive an evidence-based call to action for policies and practices centred on fairness, stability, health, and wellbeing for all.

The conclusion of EuroHealthNet's last Strategic Development Plan (SDP) 2021-2026 in May 2026 sparked a period of reflection on the Partnership's collective achievements and future ambitions, as well as changes and challenges in public health and the world at large. While health systems face increasing pressure from ageing populations and the growing prevalence of disease, governments are placing strong emphasis on defence and economic priorities, sometimes overlooking that a healthy population is key to a safe and thriving society. Members shared their strategies for addressing these challenges and discussed how the next Strategic Development Plan 2026-2031 can build on and reinforce the Partnership's work to drive lasting change. Over the last year, they co-created the new SDP, developed through continuous consultation and adopted at the 2026 General Council Meeting.

Using the analogy of the sea, the SDP 2026-2031 recognises the megatrends affecting public health, such as threats to democracy and peace, as well as intensifying challenges, including the growing impact of commercial determinants of health. A compass represents the values and tools that guide the Partnership throughout its work, including its vision for a wellbeing economy.

1.1 EuroHealthNet Annual Seminar 2025

2024 was the warmest year on record globally. In June 2025, EuroHealthNet's Annual Seminar '[Climate change and health - Using the health argument to mitigate and adapt to the impacts of climate change](#)' offered a forum to present the evidence on the health and health equity impacts of climate change, including the costs of inaction. The event was kindly hosted by the [Spanish Ministry of Health](#) and the [Permanent Representation of Spain in the European Union](#).

It brought together over 100 in-person participants in Brussels, as well as around 300 online participants. The seminar welcomed high-level experts, including from DG SANTE, the Health Emergency Preparedness and Response Authority (HERA), Members of the European Parliament, and representatives from the World Health Organization (WHO).

Building on the lessons from the seminar, EuroHealthNet called for an 'EU Strategy on Climate and Health' to coordinate EU adaptation and mitigation measures, promote climate justice, and robustly protect the most vulnerable among us ([press release](#)). EuroHealthNet stressed that such a strategy is essential for ensuring a competitive, prepared, and inclusive Europe.

In December 2025, [seven EU countries asked](#) the European Commission at a health ministers' meeting in Brussels to produce an EU Climate and Health Strategy in the second quarter of 2026.

The 2025 Seminar [report](#), recordings and presentations are all available [online](#).



EuroHealthNet President Suzanne Costello underlined our responsibility to address links between climate and health.



Session 1 discussed available tools and practices to get all sectors on board and force joint action for health.

As public health institutes throughout Europe face similar challenges, international collaboration is more important than ever. The Polish Institute of Public Health is delighted to host the 2026 EuroHealthNet Seminar and General Council meeting in Warsaw. A great opportunity to meet with public health experts from across Europe and discuss the future direction of the EuroHealthNet Partnership.

Bernard Waśko, Treasurer of EuroHealthNet - Director of the National Institute of Public Health in Poland

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Experts discussed policies across sectors and governance levels that can protect health in the face of climate change.



MEP Leire Pajín stressed the need to frame climate change as a crisis directly affecting real people's health.

1.2 General Council meeting 2025

In times of shifting priorities, health and social wellbeing can easily slide down the list of priorities for decision-makers. By enabling the exchange of knowledge and best practices, EuroHealthNet's Partnership and its annual General Council meeting help public health actors address this and maximise impact. On 12 and 13 June 2025, 70 participants representing 49 EuroHealthNet members, associate members, and observers were welcomed at the Scotland House in Brussels, Belgium, to debate developments in public health and discuss EuroHealthNet's activities, chaired by Suzanne Costello (All Island Institute of Public Health in Ireland), President of EuroHealthNet.



EuroHealthNet Director Caroline Costongs presented the Partnerships activities over the past 12 months,



The General Council meeting followed a packed agenda, chaired by EuroHealthNet's President, Suzanne Costello.



Members voted to accept the 2024-25 Annual Report and the nomination of two new Executive Board members.



The General Council adopted the new Ethical Framework and discussed its implementation.

Members co-created the first draft of EuroHealthNet's new Strategic Development Plan 2026-31 and discussed its alignment with WHO's second European Programme of Work (2026-2030), as well as Joint Actions such as the JA PreventNCD, to optimise and benefit from synergies.

Colleagues thanked the two outgoing members, Treasurer Lorna Renwick (Public Health Scotland) and Petra Plunger (Austrian National Public Health Institute), for their work and commitment as Executive Board members of EuroHealthNet. Marc Suhrcke, Research Programme Leader at the Luxembourg Institute of Socio-economic Research (LISER), and Bernard Waśko, Director of the Polish National Institute of Public Health, were welcomed as new Executive Board members.

Delegates unanimously adopted the [Annual Report 2024-2025](#) and EuroHealthNet's Ethical Framework and discussed how to implement the newly approved framework in practice, including through a new Ethics Advisory Panel composed of ethics-focused professionals within the Partnership.



70 Participants from 49 public health organisations gathered in the EU district in Brussels to discuss the Partnership's accomplishments and opportunities for collaboration in the ever-evolving public health landscape.

1.3 Report in Social Inequalities in Health in the EU

Persistent health inequalities remain a challenge across EU Member States. To shed light on their evolution, EuroHealthNet, in collaboration with the Centre for Health Equity Analytics (CHAIN), analysed data from the European Social Survey's module on Social Determinants of Health, conducted in 2014 and repeated in 2024.

The findings were presented in EuroHealthNet's flagship report, '[Social inequalities in health in the EU](#)', and showed stalled progress in improving health and reducing inequalities over the past ten years. One third of EU citizens report having poor health, and people from lower socioeconomic groups are twice as likely to experience poor health. Although gaps between countries have narrowed, this reflects a 'meeting in the middle' rather than an improvement for all countries: health is somewhat better in several Eastern European countries, but declined in parts of Northern and Western Europe. Similarly, within some countries, smaller gaps between high and low-socioeconomic groups often result from worsening health in one group rather than improvements across all groups. These trends of persistent and worsening health inequalities undermine economic competitiveness, shared values, and resilience to crises.

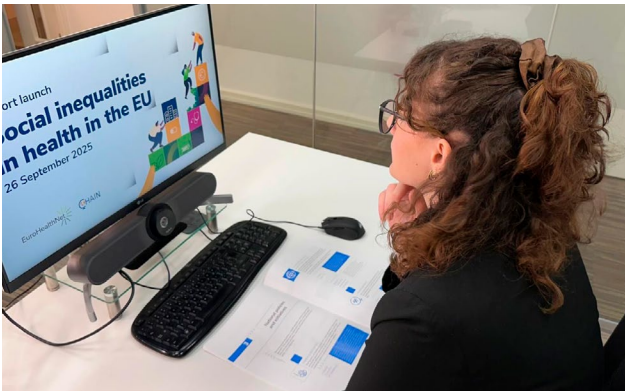
The flagship report on social inequalities in health urges action on both the European and national level. As part of the launch webinar, the breakout group on the Austrian context gave participants an opportunity to better understand national trends in health inequalities and discuss measures, like the Austrian programme for early childhood intervention, to reverse the trend of growing inequalities.

Dr. Nadine Zillmann, EuroHealthNet Executive Board member
Senior Health Expert and Executive Board member of the Austrian National Public Health Institute

A [summary report](#) aims to equip decision-makers with the essential information and recommendations, including an accessible introduction to health inequalities. The [technical report](#) offers an extensive analysis of the data, an overview of evidence on what can be done to improve health equity, a summary of current EU-level action, as well as recommendations to improve policies that address the root causes of health inequalities and to strengthen the focus on health equity in governance more broadly.



The report on social inequalities in the EU equips decision-makers with essential information and recommendations to address health inequalities. With its launch in the European Parliament, it spoke directly to high-level policymakers.



Over 800 people participated in the launch webinar, which dove deeper into the report's findings on the national level.



In the morning of its launch, EuroHealthNet and Sir Prof. Marmot presented the report to the EP SANT Committee.

The report was [launched with two public events](#): Findings were presented at a high-level event at the European Parliament on 25 September 2025, which featured Professor Sir Michael Marmot as a prominent speaker and attracted over 900 online participants. The event was followed by an online webinar on 26 September, with over 800 people participating. The report received wide media coverage, including by POLITICO and Le Monde. EuroHealthNet Director, Caroline Costongs, and Professor Sir Michael Marmot were also given the opportunity to [present the findings to the European Parliament Committee on Public Health \(SANT\)](#).

EuroHealthNet's report paints the most up-to-date picture of health inequalities in Europe that we've had in years. With the evidence in hand, we now have the important task of showing the urgency and potential of action to decision-makers. Presenting our findings to the Slovenian Ministry of Health, we made the essential connection between the research and policy for Slovenia.

Dr. Mojca Gabrijelčič Blenkuš, Honorary Advisor of EuroHealthNet
Head of the Health research and health development Centre at the National Institute of Public Health (NIJZ) in Slovenia



The high-level European policy debate was hosted by MEP Vytenis Andriukaitis on behalf of the European Parliament Interest Group on Health Inequalities, Prevention, and Risk Factors.

1.3.1 Taking the results forward

Following the launch of the report on ‘Social inequalities in health in the EU’, the findings were presented at national events in Norway, Austria, Italy, and Slovenia, where EuroHealthNet spoke at a gathering organised by the Slovenian Minister of Health and the State Secretary in January 2026.

During autumn 2025 and spring 2026, results were presented at conferences and meetings of, among others, the [EU Joint Action PreventNCD](#), the European Synergies in Cancer and NCD Prevention Conference, the European Cancer Organisation, the IANPHI network meeting of public health institutes, and EuroHealthNet’s TWIG on mental health. In addition, EuroHealthNet spoke about the report at the plenary and side sessions of the European Public Health Conference and at the European Health Forum Gastein.

Over the next years, EuroHealthNet will partner with interested members to create country-level briefings on social inequalities in health. These briefings will incorporate data from the EuroHealthNet-CHAIN report, supplemented and validated by national sources, to offer a more detailed profile of the situation in the featured countries.



EuroHealthNet presented the findings of the report to the Slovenian Minister of Health and the State Secretary.



The results were presented at a consortium meeting of the Joint Action PreventNCD in Brussels in November 2025.



The report was well received at the 2025 IANPHI Europe Regional Network Meeting in Oslo, Norway.



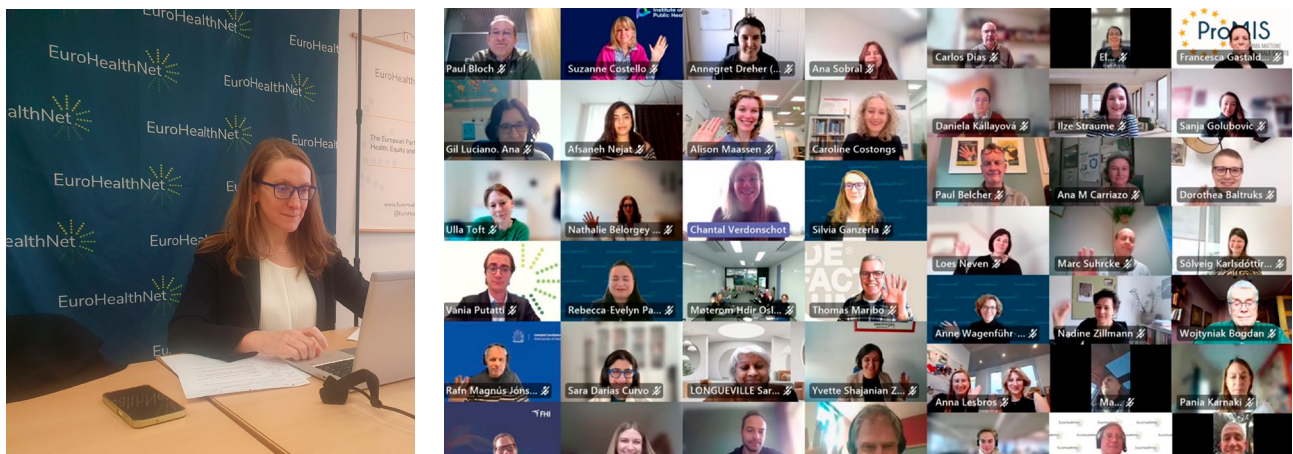
In June, participants at the National Health Promotion Conference in Austria caught a sneak peek at some of findings.

1.4 The 2026 Policy and Strategy Meeting

On 2 March 2026, EuroHealthNet members gathered online for a Policy and Strategy Meeting to explore the current policy landscape and strategise the Partnership's joint work for the year.

Participants exchanged views with representatives from WHO/Europe and the European Commission on priorities for health promotion, disease prevention, and tackling social inequalities in health. Discussions covered initiatives such as the EU Safe Hearts Plan for cardiovascular health, the upcoming EU Anti-Poverty Strategy, WHO Europe's Second European Programme of Work (2026–2030), and the next EU Multiannual Financial Framework (2028–2034).

In breakout groups, members discussed how EuroHealthNet can best support the Partnership in addressing shared challenges and maximise our collective impact. Specific challenges include securing funding amid competing priorities, promoting health as social vulnerabilities persist, and addressing commercial determinants of health, such as unhealthy food and tobacco.



EuroHealthNet's annual Policy and Strategy Meeting provides insights into policy developments and opportunities.

1.5 Thematic Working Groups

The EuroHealthNet Partnership contains a wealth of knowledge and experiences. EuroHealthNet's [Thematic Working Groups \(TWIGs\)](#) provide a platform for members, associate members, and external affiliated partners to share that expertise, work on joint strategies, build skills, and make public health budgets reach further. TWIGs are member-led: members choose the topic, set the agenda, chair meetings, and steer jointly agreed activities.

1.5.1 Supporting the health-promoting schools approach

The TWIG on 'Health Promoting Schools' (HPS) was launched in October 2025 to continue building on the efforts of [Schools4Health](#) – an EU-funded initiative coordinated by EuroHealthNet. This TWIG is led by the [Flanders Institute for Healthy Living](#) in Belgium, with support from the [Danish Committee for Health Education](#) and the [Regional Ministry for Health, Presidency and Emergencies](#) in Andalusia. EuroHealthNet members from the Dutch Institute for Public Health and Environment (RIVM), the National Institute of Public Health in Slovenia (NIJZ), the National Institute



of Public Health in Romania, Public Health Wales, the Ministry of Health in Slovakia and the National Public Health Institute in Czechia presented their work on child and adolescent health in schools, and explored how the TWIG could be used to facilitate further cooperation on the topic.

In 2026, the TWIG will host online sessions to share promising practices, strengthen knowledge and capacity around HPS, and seek funding opportunities for future initiatives. Ultimately, these efforts aim to support the revitalisation of the WHO-associated European Network of Health Promoting Schools.

1.5.2 Using social marketing to address addictions

Established in 2021, the TWIG on ‘Social Marketing to Address Addictions’ (SOMAD) has been a key working group for exchange and action in the past years, and was led by [Santé publique France](#) (SpF) and the [Trimbos Institute for Mental Health and Addiction](#) in the Netherlands in response to shared public health challenges related to addictions.

Early in 2026, the group decided to sunset the TWIG’s activities, and the co-chairs thank all participating organisations and individuals for their sustained engagement and valuable contributions, as well as EuroHealthNet for its coordination, support and facilitation throughout the lifetime of the TWIG. All key achievements of the TWIG are outlined in a [final report](#) and will be taken further by the new TWIG on commercial determinants of health.

The commercial determinants of health are at last recognised for their immense role in health outcomes. With this TWIG, EuroHealthNet members are building on this recognition by trying to identify concrete ways to better respond to the ways industry shapes both policy and everyday living environments.

Prof. Marc Suhrcke, EuroHealthNet Executive Board Member- Head of the cross-departmental Research Programme on ‘Health & Health Systems’ at the Luxembourg Institute of Socio-Economic Research (LISER)

1.5.3 Commercial determinants of health

Commercial determinants such as marketing, pricing, product design, and the availability of products – including those that harm health, like tobacco, alcohol, and unhealthy foods – affect the environments in which people live, learn, and work. They influence exposure to risk factors and can reinforce health inequalities, contributing to the rise in non-communicable diseases.

The new [TWIG on commercial determinants of health](#) (CDoH) represents a concrete step to strengthen collective capacity and to collect evidence to address the commercial factors that impact health, with a specific focus on the perspective of public health institutes in Europe. It aims to build shared policy intelligence and practical tools for action, strengthen institutional capacity across countries, and support the translation of CDoH evidence into policy and implementation at EU, national and local levels.

The group is led by the Trimbos Institute for Mental Health and Addiction in the Netherlands and Santé publique France, joined by the national public health institute of Belgium (Sciensano) and the Dutch Institute for Public Health and Environment (RIVM). Participation is open to other EuroHealthNet members.

1.5.4 Best Practice Portals

The Health Promotion and Disease Prevention Programme Registers ('Best Practice Portals') TWIG is a knowledge exchange platform between existing portals and portals under development. Members share experiences, identify and further develop common topics of relevance, initiate joint projects, and share findings through publications and conferences. This TWIG has become an important reference in all matters related to best practice portals for health in Europe.

In September 2025, the TWIG presented a workshop abstract at the [European Society for Prevention Research \(EUSPR\) conference](#) in Berlin, and in November 2025, a further workshop abstract was presented at the [European Public Health Conference \(EPHC\)](#) in Helsinki. Both contributions focused on best practice portals, reflecting the TWIG's continued engagement with leading European public health and prevention research forums.


Throughout 2025-26, the TWIG also continued its collaboration with the [EU Joint Action PreventNCD](#). TWIG members are actively supporting the creation of a meta-repository of best practice portals across Europe, building on their role as a pilot group for this initiative.

The Best Practice Portals TWIG is co-led by the [Dutch National Institute for Public Health and the Environment \(RIVM\)](#) and the [German Federal Institute of Public Health \(BIÖG\)](#), and currently has nine participating EuroHealthNet members.

1.5.5 Prevention of mental ill-health and promotion of mental wellbeing

Launched in mid-2023, the TWIG on prevention of mental ill-health and promotion of mental wellbeing aims to foster sustained international collaboration between public health institutions and professionals. The TWIG facilitates exchange on mental health, with a particular focus on its social determinants.

The TWIG is led by the Trimbos Institute for Mental Health and Addiction in the Netherlands. In 2025-26 the group focuses on two shared priorities. The first, population mental health measurement across the EU, links to the EuroHealthNet-led [REMESOS](#) initiative. The second is the effects of digital technology, and particularly social media, on young people's mental health.



April 2026

Beyond Phone Bans

A Shared Statement on Digitalisation and Youth Mental Health from the EuroHealthNet Thematic Working Group on Mental Health

Executive summary

Digital environments are increasingly central to young people's identity, relationships, and mental health. While they offer opportunities for learning, connecting, and seeking information (including on important topics such as health and politics), they also pose risks, such as increased risk of anxiety, depression, sleep disruption, exposure to disinformation and misinformation, and loneliness. Disparities in access to technology and digital literacy can further deepen inequality, leaving vulnerable youth more exposed to risks and less able to benefit from digital opportunities.

Artificial intelligence (AI) presents significant opportunities to drive innovation, efficiency, and insight; however, it also poses risks, including bias, privacy challenges, ethical concerns, and potential misuse. Addressing these challenges requires a comprehensive, evidence-based approach that goes beyond simple bans and integrates wellbeing-centric design, monitoring, literacy, and regulation. Policies must move beyond simplistic bans and screen-time limits to adopt systemic approaches that balance protection, participation, and empowerment, thereby contributing to flourishing.

This Joint Statement represents a collective position developed through consultation among experts from public health institutes, national and regional authorities, and research organisations across Europe engaged in promoting mental health and wellbeing.

The statement was collaboratively developed through a structured process that included discussions during EuroHealthNet's mental health working group meetings and iterative review rounds to ensure consensus and alignment with experts' priorities. Examples are provided based on experts' knowledge and experience.

The working group suggests **four priority actions** at EU and national level:

1. Recognise and monitor digital wellbeing as a pillar of child and youth mental health.
2. Provide comprehensive digital literacy education for all, including children, youth, parents, caregivers, and educators.
3. Empower and include children and young people in shaping safe digital environments via co-creation.
4. Strengthen policy and regulation through decisive legal action against providers breaching EU law.

The working group is calling on policymakers and public health authorities to adopt an integrated, evidence-based approach that embeds digital wellbeing within child and youth mental health policy, ensures equitable access, and empowers children and young people to participate actively in shaping the digital environments that affect their lives.

The terms 'young people' and 'youth' can encompass a wide age range. While some definitions limit it to those under 18, the WHO extends it up to 35 years. This document uses the terms youth and young people interchangeably, referring to ages 0-24, unless specified otherwise, e.g. when the term child is used.

Beyond Phone Bans: A Shared Statement on Digitalisation and Youth Mental Health from the EuroHealthNet Thematic Working Group on Mental Health 1

The TWIG has published a [joint statement on policy priorities for digitalisation and youth mental health](#), with specific recommendations and examples of evidence-based practices from members' countries. The statement argues that strategies should not be limited to simple phone or social media bans, but rooted in a comprehensive strategy that (1) recognises and monitors digital wellbeing as a pillar of youth mental health, (2) provide comprehensive digital literacy education for all age groups, (3) facilitates co-creation with children and young people, and (4) strengthening and enforcing laws regulating social media and digital services, particularly the EU Digital Services Act (DSA).

1.5.6 Creating healthy living environments

The 'Healthy Living Environments' TWIG was established in 2023, included 11 member institutions, and was co-led by the [German Federal Institute of Public Health \(BIÖG\)](#), the [Piedmont Regional Health Promotion Documentation Center \(DoRS\)](#), and the Italian [National Institute of Health \(ISS\)](#).

In 2025, the TWIG collaborated with Housing Europe on a workshop addressing the links between housing, communities, and mental health, including participatory approaches and potential funding opportunities.

As many TWIG members are also involved in the [EU Joint Action PreventNCD](#), partners agreed to sunset the TWIG and take its work forward under the umbrella of the Joint Action. It formally ceased meeting at the end of 2025, although members continue to share information on relevant calls and initiatives.

1.5.7 New TWIG on social participation

The new TWIG on social participation is led by the [Austrian National Public Health Institute](#), the [National Institute of Public Health in Slovenia \(NIJZ\)](#), [Santé publique France \(SpF\)](#), and the [Norwegian Directorate of Health](#).

It responds to the WHO resolution "Social Participation for Universal Health Coverage, Health and Wellbeing", which calls on Member States to systematically implement social participation and to build the capacities required to support it. Integrating participation within health systems makes health policies more responsive to people's needs, contributes to greater health equity, and strengthens trust in institutions.

The TWIG provides a platform for continuous knowledge exchange on promising approaches, methods, and good practices, while actively advocating for social participation at community, Service, political, and research levels.

2

POLICY

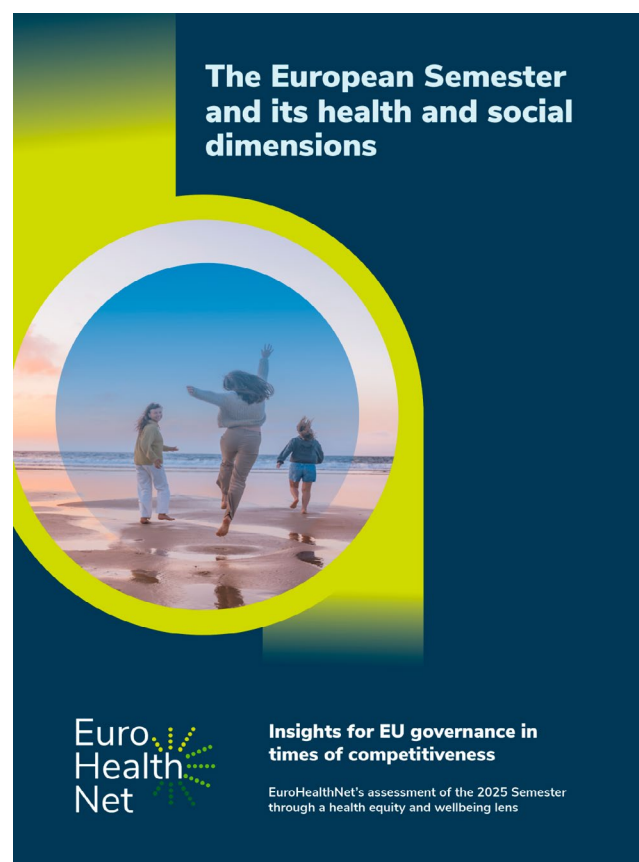
EuroHealthNet’s Policy Platform monitors regional, national and European policies by looking at a broad spectrum of social, environmental, and commercial determinants that affect people’s wellbeing. The Platform represents members’ expertise in policy dialogues to promote health equity across the European Union (EU).

Our work at the EU level focuses on various processes and initiatives. These include the European Pillar of Social Rights, the European Semester, the EU budget post-2027, initiatives on food and agriculture, as well as the green, demographic and digital transitions. Our ultimate goal is to highlight the core principles of health, equity, and wellbeing at all levels of governance.

2.1 The European Semester and its health and social dimension

EuroHealthNet has closely followed and engaged with the Semester throughout its evolution, consistently calling for stronger alignment between economic governance and social and public health priorities. While progress has been uneven, the Semester increasingly recognises social policy as a foundation for resilience and shared prosperity.

The 2025 Semester marks a new phase, shaped by reformed economic governance, the rollout of the Social Convergence Framework, and a renewed emphasis on competitiveness. This raises critical questions about the EU’s vision of competitiveness and whether it fully accounts for health, equity and planetary wellbeing, particularly as health inequalities persist across Europe.



EuroHealthNet’s [2025 European Semester Analysis](#) explores how the Semester’s new priorities and procedures shape the balance between economic, social and health objectives. It first examined the Competitiveness Compass and the broader narrative it sets for the 2025 cycle, then reviewed key elements of the 2025 Spring Package to see how these priorities are implemented. Finally, it considered how the new economic governance and Social Convergence Frameworks influence the way social and health dimensions are perceived. Recognised for its expertise on the European Semester, EuroHealthNet has notably been invited to speak at several events, including as a keynote speaker, and also actively contributed to DG Employment strategic dialogues with CSOs.

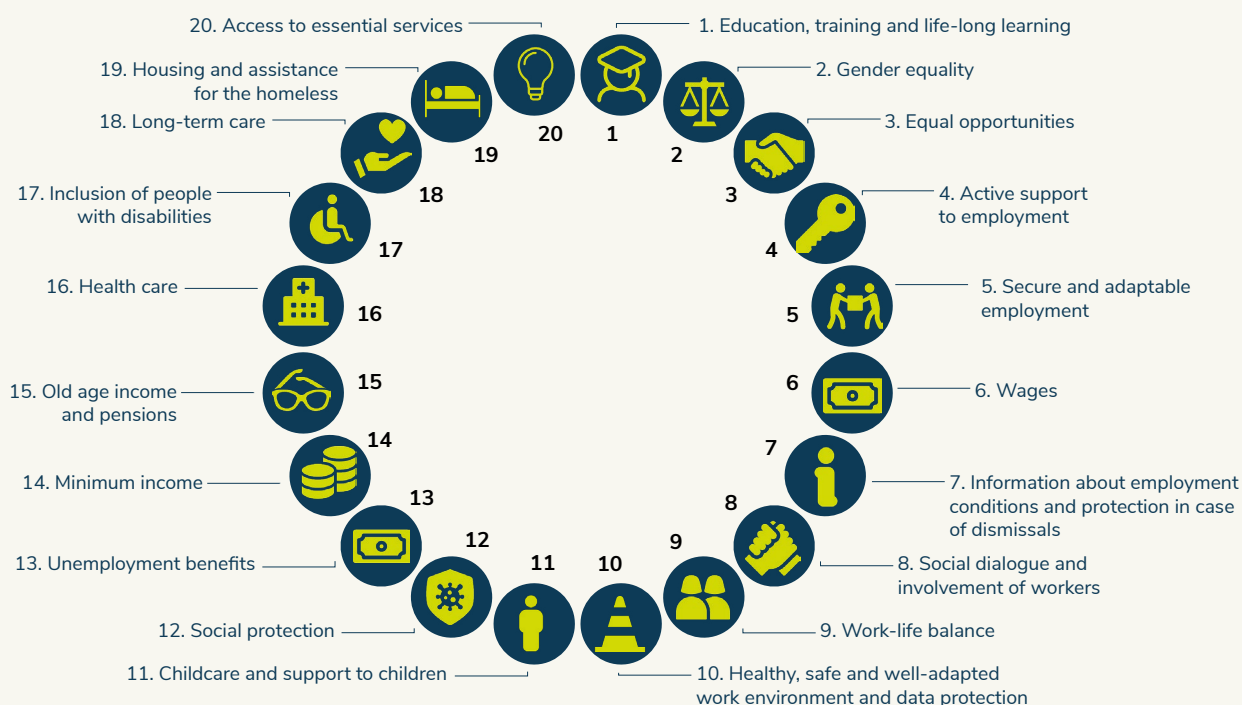
2.2 The European Pillar of Social Rights (EPSR): an opportunity for public health action

By spurring action on key social factors – including job and financial security, education, and access to services – the European Pillar of Social Rights addresses the root causes of health and social inequalities. Its 20 principles set out action at the EU, national, regional, and even local levels, helping to create a healthier Europe.

The [European Pillar of Social Rights Flashcard Tool](#) helps public health professionals and decision-makers contribute to implementing the Social Pillar. Each flashcard explains how a particular principle connects to public health, shows concrete good practice examples from across Europe, including from EuroHealthNet members, and highlights relevant EU initiatives and resources.

Over the course of 2025, EuroHealthNet published the remaining flashcards. In early 2026, the older flashcards were reviewed, and the tool was relaunched with a campaign. Throughout 2026, EuroHealthNet will continue to update the flashcards to reflect new policy developments, raise awareness among the wider public and showcase new practices implemented by members that help advance the EPSR principles at national and local levels.

The 20 principles of the European Pillar of Social Rights



2.3 Providing expert analysis

The Policy Platform delivers expert analysis and insights on current and emerging issues, informing both the public health community and EuroHealthNet members. By focusing on skill development and capacity building, our goal is to support public health professionals and their organisations prepare for future policy changes and related challenges.

2.3.1 Policy Précis

EuroHealthNet’s Policy Précis series aim to summarise and explain high-level, technical, and complex EU policy developments in a simple and accessible way. Practice examples and pathways for progress by public health actors are exemplified to inspire action at the EU, national, and regional level.



MAKING PHYSICAL ACTIVITY ACCESSIBLE TO ALL

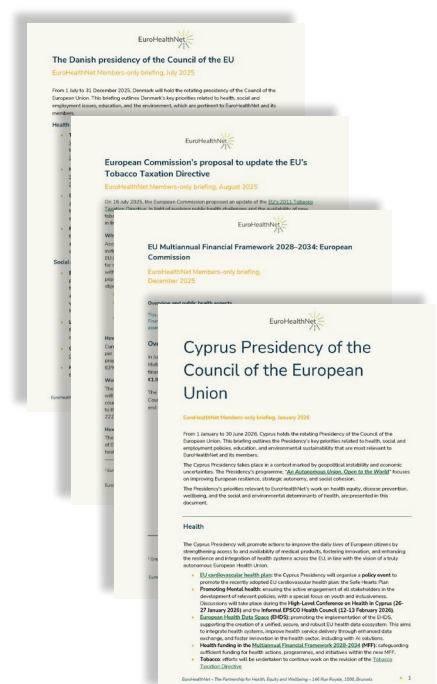
The [Policy Précis on physical activity](#) outlines the importance of movement for physical and mental health. Despite strong evidence of its benefits, 45% of Europeans never exercise, with persistent gaps by income, gender, and age.

The Policy Précis provides data and evidence, along with concrete examples and policy recommendations across three levers: health-promoting schools, active mobility infrastructures, and social prescribing. It calls on EU institutions to embed equity targets into monitoring, integrate physical activity into health systems, and secure stable cross-sectoral funding, including through the next EU long-term budget (Multiannual Financial Framework).

2.3.2 Delivering intelligence to members of the Partnership

EuroHealthNet’s members-only briefings are an exclusive service, providing timely insights into key policy topics. The briefings help strengthen advocacy efforts and engagement in political debates. The topics covered over the last 12 months include:

- July 2025: the Danish presidency of the Council of the EU – public health aspects
- August 2025: the European Commission’s proposal to update the EU’s Tobacco Taxation Directive
- December 2025: the EU Multiannual Financial Framework 2028–2034
- January 2026: the Cypriot presidency of the Council of the EU



In January 2026, EuroHealthNet also organised an informal, members-only Policy Chat about the EU Safe Hearts Plan for cardiovascular health. Members received a quick introduction and analysis of the initiative, could ask questions and engage in discussion.

2.4 Engaging with policymakers

A key part of EuroHealthNet’s policy work is engaging with EU-level decision-makers. This includes facilitating dialogue between policymakers and our members, disseminating the latest evidence, and helping to inform new policy initiatives, both through one-on-one meetings and policy forums.

On 2 March 2026, our members-only online Policy and Strategy meeting offered a platform to discuss how the Partnership can best engage in EU policymaking, including on when it comes to cardiovascular health, eradicating poverty, securing health and social inclusion in the future EU long-term budget 2028-2034, and young people and children’s wellbeing. The key risks and opportunities were presented in our Policy and Strategy Action plan for 2026.

EuroHealthNet frequently provides input and feedback on proposed policy frameworks and actions through [consultations](#) held by the European Commission, WHO, and other institutional stakeholders. By harnessing the collective expertise, insights, and best practices within the Partnership, EuroHealthNet aims to strengthen policy responses and support informed decision-making.

2.4.1 Supporting evidence-based policymaking

POLICY BRIEF: STRENGTHENING HEALTH IN THE EUROPEAN CHILD GUARANTEE

The European Child Guarantee aims to ensure that every child in Europe at risk of poverty or social exclusion has access to the most basic rights, such as healthcare and education.

Child wellbeing must be at the heart of policies to eradicate child poverty and social exclusion. We appreciated the opportunity to present our vision of a European Child Guarantee that improves children’s health and wellbeing across the continent to the European Commission.

Pia Sundell, Vice President of EuroHealthNet, Finnish Federation for Social Affairs and Health (SOSTE) Executive Director for the Finnish Children’s Welfare Association

EuroHealthNet’s [policy brief on the European Child Guarantee](#) presents six clear suggestions for improving children’s health and wellbeing in a policymaker-friendly format. It was developed following a direct request from the European Commission’s Directorate-General for Employment and Social Affairs and Inclusion (DG EMPL).

The Policy brief was widely disseminated through EuroHealthNet’s channels. In February 2026, the EuroHealthNet policy team presented the brief at a European Commission dialogue with civil society to inform the new EU initiative on the European Child Guarantee.



EUROHEALTHNET’S VISION FOR IMPROVING CARDIOVASCULAR HEALTH FOR ALL

In 2024, the European Commission announced its plan to develop an EU cardiovascular health strategy to address cardiovascular diseases, the leading cause of death in the European Union. EuroHealthNet welcomed the initiative, especially seeing that the burden of cardiovascular disease has a strong inequality dimension: People with a lower socioeconomic status are 68% more likely to develop a cardiovascular condition.

With its [policy brief](#), EuroHealthNet sets out its vision for the strategy, which was soon called the EU Safe Hearts Plan. It presents comprehensive policy suggestions for integrating cardiovascular health in all policy sectors, creating enabling environments for cardiovascular health, and strengthening equity-based and innovative approaches.



The policy brief was widely disseminated and presented at the stakeholders’ meeting organised by the European Commission’s Directorate-General for Health and Food Safety (DG SANTE). When the plan was published in December 2026, EuroHealthNet issued a [press release](#) welcoming the plan and calling for stronger measures to address the root causes of cardiovascular disease.

A STRONGER EUROPEAN PILLAR OF SOCIAL RIGHTS FOR HEALTH EQUITY AND WELLBEING IN EUROPE

The European Pillar of Social Rights established 20 key principles to foster fair and well-functioning labour markets and social protection systems, paving the way for a healthier Europe. Published in October 2025, EuroHealthNet’s [policy brief](#) presents recommendations to strengthen the implementation of the Social Pillar in the upcoming renewal of the Action Plan.



The brief recommends a ‘whole of government’ approach across all 20 principles of the EPSR and to strengthen cross-sectoral cooperation and partnership work with sectors such as public health, food, education, climate, environment, and digital. It highlights the need for concrete actions to implement Principle 16 on access to healthcare, supporting the right to health for all and was presented during the civil society dialogue organised by the European Commission, Directorate-General on Employment, Social Affairs and Inclusion (DG EMPL).

EUROHEALTHNET'S VISION TO ERADICATE POVERTY BY 2050

The upcoming EU Anti-Poverty Strategy will aim to address the root causes of poverty, which still affects nearly 95 million people in Europe. EuroHealthNet has contributed to the preparation of the Strategy by producing a [policy brief](#) outlining its vision for eradicating poverty in Europe by 2050.

The brief's main message is that the EU Anti-Poverty Strategy must place the reduction of health inequalities among its core objectives to be impactful. This requires strong actions for health promotion, disease prevention, and access to healthcare for all, with targeted support for those in greater need.



AN EU LONG-TERM BUDGET BUILT ON HEALTH PROMOTION

EuroHealthNet's [statement](#) on the next EU long-term budget, 2028-2034 – known as the Multiannual Financial Framework (MFF) – emphasised the importance of maintaining a strong focus on supporting health promotion, disease prevention and social inclusion in future EU funds.

EuroHealthNet presented the statement during debates on the future of the MFF 2028-2034, for example, at several hearings of the European Committee of the Regions (CoR) and the European Parliament. In addition, EuroHealthNet engaged in the debate on new indicators to better incorporate health, health equity, health promotion, and disease prevention measures into the MFF Performance Regulation of KPIs.

Based on the statement, we contributed to several joint statements with European civil society, including on the importance of [stand-alone budgets](#) for social priorities and regional development, and the need to [earmark health and social spending](#) to prevent it from being redirected to other priorities.

BUILDING ON OUR PREVIOUS WORK ON AGEING

In April 2025, a new EuroHealthNet [policy brief](#) focused on promoting healthy ageing through the effective implementation of the European Long-Term Care Strategy. The brief finds that the increasing need for long-term care is not caused by population ageing, but rather ageing in poor health.

Since then, EuroHealthNet has continued its work on healthy ageing, building on the brief. During a [EuroHealthNet-WHO webinar](#), the policy brief was presented to an audience of National Coordinators responsible for implementing the Long-Term Care Council Recommendations. The European Commission also invited EuroHealthNet to present its work on smart investment in healthy ageing intervention during the annual meeting with the National Coordinators on long-term care.



2.4.2 Meetings with European policymakers

Throughout the year, EuroHealthNet engaged in strategic meetings with key policymakers from across EU institutions. EuroHealthNet works particularly closely with the European Commission Directorate-Generals for Employment, Social Affairs and Inclusion (DG EMPL), and Health and Food Safety (DG SANTE), as well as with European Parliament Members of the Committee for Public Health (SANT) and the Member States' representatives for health policies, known as health attaches.

The preparation of topical policy briefs, clearly outlining EuroHealthNet's position, evidence, and recommendations on a particular topic – section 2.4.1. of this report – increased our level of engagement on crucial EU policy dossiers on cardiovascular health plan, housing, poverty, child health and wellbeing, and implementation of the European Pillar of Social Rights.

In May 2026, EuroHealthNet met with Olivér Várhelyi, the European Commissioner for Health and Animal Welfare, to discuss how the EU can help find new ways to invest in disease prevention and health promotion and better involve young people in shaping public health policies.

EuroHealthNet also engaged in prominent European events, such as the DG EMPL mutual-learning on long-term care, and one on demographic change, longevity and healthy ageing at the European Commission [implementation dialogue](#) with Commissioner Šuica, contributing to improving EU policies on demographic change.

EuroHealthNet colleagues also spoke at high-level events in the European Parliament on promoting [women's health](#) and on pushing for a strong disease-prevention approach across all European Policies – through the [Exposome Alliance](#).



EuroHealthNet works closely with DG EMPL to address socioeconomic determinants of health through EU action.



In May 2026, EuroHealthNet met with EU Commissioner Olivér Várhelyi to discuss opportunities to promote health.

2.4.3 European Health Forum Gastein

EuroHealthNet was actively engaged in the [European Health Forum Gastein \(EHFG\) 2025](#), which brought together policymakers, researchers, and health professionals around the theme of ‘Rethinking solidarity in health: healing Europe’s fractured social contract’.

EuroHealthNet and its associate member, the DEFACTUM Department of the Central Denmark Region, co-organised and moderated a workshop on [‘Health for people in vulnerable situations: New approaches to tackling health and inequality in the European social pillar’](#), exploring fresh thinking on how the European social pillar can better address health inequalities for those most at risk. A summary of key points is available in this [report](#) from DEFACTUM.

Building on its work on climate and health, EuroHealthNet also spoke at a session on [protecting the health of the most vulnerable from climate threats](#), co-organised by the European Climate and Health Observatory and the European Commission’s Directorate-General for Research and Innovation. This session underscored [the urgent need for a dedicated EU Climate and Health Strategy](#), a call EuroHealthNet continues to champion.

A further session co-organised by EuroHealthNet on [social, green, and arts prescriptions for health](#) spotlighted evidence-based, non-medical approaches to health and wellbeing, and how these can be scaled across Europe. The session was accompanied by a [dedicated article](#) in the EuroHealth Special Issue on the EHFG, further exploring these community-based approaches and highlighting projects such as [SP-EU](#) and [RESONATE](#).

EuroHealthNet’s presence at Gastein reflects its ongoing commitment to shaping European health policy debates at the highest level. Since 2024, EuroHealthNet Director Caroline Costongs has served on the EHFG Advisory Committee, further strengthening this collaboration.



EuroHealthNet spoke about the impact of climate change, building on its call for a EU Climate and Health Strategy.



EuroHealthNet and DEFACTUM discussed what EU ambitions on healthcare can mean for health equity.

2.4.4 The European Parliament Interest Group on health inequalities

EuroHealthNet supports the [European Parliament Interest Group on Health Inequalities, Prevention and Risk Factors](#), whose objective is to create a space for high-level political debate on addressing health inequalities and promoting health. In 2025, EuroHealthNet organised the event, which featured Professor Sir Michael Marmot as the keynote speaker and [launched](#) the EuroHealthNet-CHAIN report on ‘Social inequalities in health in the EU’. In April 2026, we organised a [political debate](#) on healthy food.

2.5 Our partnerships and alliances

EuroHealthNet has continued to build on existing collaborations and cultivate new opportunities by joining new platforms or alliances over the past year.

2.5.1 EuroHealthNet's strategic partnership with WHO/Europe

EuroHealthNet continues to deepen its collaboration with WHO/Europe under the current [Memorandum of Understanding](#), working closely across technical units, regional and country offices, and collaborating centres to advance equity, prevention, and population health across Europe.

At the [75th session of the WHO Regional Committee for Europe](#) in Copenhagen (October 2025), EuroHealthNet submitted three written statements on: the State of Health in the European Region (Agenda item 2c), the Child and Adolescent Health Strategy (Agenda item 8), and the Ageing is Living Strategy (Agenda item 10) — reinforcing its voice as a key non-state actor in shaping WHO/Europe's policy agenda.

In July 2025, EuroHealthNet co-authored a [WHO publication on 'Policy Pathways: Implementing the global framework on well-being at country level'](#), providing concrete guidance for ministries of health on transitioning towards wellbeing societies. The publication sets out five strategic pathways — spanning climate-resilient health systems, social protection, universal health coverage, equitable economies, and digital inclusion — to help governments adopt whole-of-society approaches that prioritise health, equity, and sustainability.



EuroHealthNet made a statement about the new WHO Child and Adolescent Health Strategy at the RC75.



Hans Kluge, Regional Director of WHO/Europe, addressed participants at the launch of the health inequalities report.

SHARED WHO PRIORITIES: ADVOCATING FOR CHILDREN AND YOUNG PEOPLE

As the EU4Health-funded [Schools4Health](#) initiative drew to a close, EuroHealthNet convened an [expert meeting](#) bringing together health and education stakeholders to build momentum for the health-promoting schools approach across Europe. This directly contributed to a significant regional milestone: in [February 2026, WHO/Europe convened national focal points from ministries of health and education across all 53 Member States](#) — alongside WHO, UNICEF, and UNESCO — to launch a revitalised WHO-associated European Network for Health Promoting Schools under the new WHO Child and Adolescent Health Strategy. EuroHealthNet's expert meeting helped lay the groundwork for this network by providing practical evidence and cross-country experience at a pivotal moment.

PROMOTING HEALTHY AGEING WITH WHO

EuroHealthNet hosted a [webinar on 'Healthy Ageing: A Pathway to Reducing Long-Term Care Needs'](#) in October 2025, bringing together the European Commission, WHO/Europe, and EuroHealthNet members to make the case that growing long-term care needs are driven not by ageing itself, but by ageing in poor health — and are therefore preventable. The webinar presented recommendations for strengthening implementation of the EU Council Recommendation on long-term care and showcased good practices from across Europe, feeding into the broader WHO Decade of Healthy Ageing, and the forthcoming WHO European Ageing is Living Strategy.

ALIGNING WITH THE SECOND WHO EUROPEAN PROGRAMME OF WORK

With the European Programme of Work (EPW) 2020–2025 now concluded, WHO/Europe's Second European Programme of Work (EPW2) sets the framework guiding regional health action in the years ahead. EuroHealthNet is committed to providing strong support to EPW2's priorities, ensuring that equity, prevention, and innovation remain central to Europe's health agenda. As a natural next step in this enduring partnership, EuroHealthNet will look to renew its Memorandum of Understanding with WHO/Europe to reflect the renewed priorities and ambitions of this new programme period.

2.5.2 Contributing to the EU Health Policy Platform

EuroHealthNet regularly uploads news and shows leadership at the European Commission's EU Health Policy Platform, contributing to key stakeholder networks, including the 'NCDs Healthier Together' initiative, the 'Beating Cancer Stakeholder Contact Group,' and the 'Climate and Health Education in Europe' network. By offering an online forum for discussion, the Health Policy Platform fosters online collaboration between civil society actors across Europe to strengthen their policy impact.

2.5.3 Taking part in Civil Society Dialogues

As an EU civil society stakeholder, EuroHealthNet regularly engages in the Civil Society Structural Dialogue, led by DG EMPL. These are opportunities to gain insights into EU policy development on employment, social, and skills dossiers. It also allows us to provide our views, input, and evidence to the policymaking process, both by engaging in discussion and by submitting written input.

Over the last year, for example, we provided input on the new EU Anti-Poverty Strategy, EU Affordable Housing Plan, on the initiative to strengthen the European Child Guarantee, on the social aspects of the European Semester. We called for these initiatives to adopt a Wellbeing Economy approach and put health equity and health promotion at their centre. In July 2025, EuroHealthNet engaged in a dialogue on DG EMPL’s communications activities, presenting how its [Flashcard Tool](#) is helping the implementation of the European Pillar of Social Rights

2.5.4 Collaboration with other organisations and European networks

EuroHealthNet partners with leading organisations and European networks to develop impactful policy and advocacy papers. These collaborations reinforce the link between public health, social inclusion, and poverty reduction, driving progress at both EU and Member State levels. Our most prominent collaborations include:

- The [EU4Health Civil Society Alliance](#)
- The [EU Alliance for Investing in Children](#)
- The European Care Alliance
- The EUFunds4Social
- The [European Exposome Alliance](#)
- The [EU Food Policy Coalition](#)
- The [Wellbeing Economy Alliance](#) (WEAll)
- [The Wellbeing Economy Forum in Iceland](#)
- Advisory Board of European Health Forum Gastein
- International Conference Council of the European Public Health Conference
- Mental Health Policy Hub
- EU Health Policy Platform - Beating Cancer Stakeholder Contact Group
- The [Smoke Free Partnership](#)
- [The Alliance for Digital Rights and Health](#)
- The [Global Climate and Health Alliance](#)
- The European Commission e-health stakeholder group
- The [Mission Board on Vaccination in Europe](#)



Addressing media at the launch of the Exposome Alliance, which connects policymakers, civil society, and researchers

We leverage these alliances to share intelligence on policymaking as well as raise awareness with joint statements and initiatives. Over the last year, our collaboration has covered topics such as [child poverty](#), [health and wellbeing in EU funds post 2027](#), [European climate action](#), [EU funds for social inclusion](#), and [healthy diets through the EU Safe Hearts Plan](#), [tobacco taxation](#) and [a stronger EU tobacco directive](#).

3

PRACTICE

The Practice Platform supports members by fostering expertise, inspiring professionals, as well as leveraging the latest evidence to advance public health, health promotion, disease prevention and reduce health inequalities. EuroHealthNet organises capacity-building opportunities, mutual learning, informational sessions, and international exchanges to empower experts with enhanced skills and knowledge.

We collaborate with stakeholders across social, digital, educational, environmental, and financial sectors to foster cross-sectoral synergies. Our active participation in European projects enables us to effectively support initiatives that enhance societal resilience and wellbeing.

3.1 Building capacity to address societal challenges

3.1.1 Country Exchange Visit: Social participation and youth engagement for better health

Social participation empowers individuals, communities, and civil society by ensuring their voices are heard throughout the policy cycle and at all levels of governance. EuroHealthNet, in partnership with the Slovenian National Institute of Public Health (NIJZ), organised a successful [Country Exchange Visit](#) in Ljubljana in June 2025. The purpose was to explore effective strategies and tools for engaging people, communities, and civil society in participatory governance in health. The Slovenian experience demonstrates that meaningful participation is achievable when supported by enabling environments, long-term investment, and political will. Its success stems from long-term, trust-based collaboration between government, public health institutions, and NGOs. A [report](#) offers an in-depth overview of the strategies and activities discussed, along with key lessons learned.

Members involved:

- Austrian National Public Health Institute (GÖG)
- Basque Government, Department of Health
- Institute for Health and Welfare, Finland
- National Institute for Public Health and the Environment, RIVM
- National Center of Public Health and Analyses, Bulgaria
- Research Institutes of Sweden; Social & Health Impact Center (SHIC)
- Western Norway University of Applied Sciences
- Public Health Center of the MOH of Ukraine



Hosted by NIJZ, members explored strategies for involving people, communities, and civil society in governance.

3.1.2 Country Exchange Visit: Improving health for highly vulnerable populations

Health inequalities remain a significant challenge across Europe, particularly for those on the margins of society, such as Roma communities and other highly vulnerable groups.

On 24–25 November 2025, EuroHealthNet, in collaboration with the Institute of Preventive Medicine, Environmental and Occupational Health (Prolepsis), hosted a Country Exchange Visit in Athens, Greece, to discuss effective approaches for improving the health and wellbeing of groups experiencing severe exclusion.

Discussions highlighted that the challenges being faced, whether homelessness, poor health among Roma communities, barriers faced by migrants and refugees, or gaps in service access, stem fundamentally from poverty and structural disadvantage. Addressing stigma, strengthening coordination, and ensuring accountability emerged as central themes.

The [report](#) from this exchange summarises key insights, challenges, and calls for action.

Members involved:

- The Austrian National Public Health Institute
- The Polish National Institute of Public Health NIH - National Research Institute
- The Health and Europe Centre/Kent County Council, England
- Public Health Wales
- The German Federal Institute of Public Health (BIÖG)
- Public Health Scotland
- The Riga City Council Department of Welfare, Latvia
- National Institute for Public Health and the Environment (RIVM), the Netherlands



Members were hosted by Prolepsis to learn about strategies to reach groups experiencing severe exclusion.

3.1.3 Country Exchange Visit: Active and healthy ageing

The European population is ageing rapidly. By 2050, the number of people aged 65 and over is expected to rise by 41%, and those aged 80 and above will almost double. Ensuring that people not only live longer but also live healthier, more active, and fulfilling lives has become a key objective.



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Investing in active and healthy ageing creates a win-win for everyone in society: it helps older people live longer and in good health, and it also relieves pressure on the health systems and informal carers. The Veneto region enjoyed hosting a Country Exchange Visit, sharing our community-based initiatives that help people live long, active, and fulfilling lives.

Lisa Leonardini, EuroHealthNet Executive Board member Health and Social Manager for the Veneto Region in Italy

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On 26–27 March 2026, EuroHealthNet, in collaboration with the Veneto Region, hosted a Country Exchange Visit in Venice and Padova, Italy, focusing on policies and practices that support healthy and active ageing. The visit included exchanges on European and national policies and examples of community-based initiatives. Participants also paid a visit to the WHO European Office for Investment for Health and Development to discuss innovative financing approaches to healthy ageing and to the Museum of the History of Medicine in Padova to observe activities related to active ageing, social inclusion, and urban health.

The [report](#) brings together mutual learnings and highlights the Partnership’s contribution to the wider debate on health throughout the life-course.

Members involved:

- Finnish Institute for health and welfare (THL)
- The Slovenian National institute of public health (NIJZ)
- Kent County Council - The Health and Europe Centre, England
- The German Federal Institute of Public Health (BIÖG)
- The Austrian National Public Health Institute (GÖG)
- The National Institute for Public Health and the Environment (RIVM), the Netherlands
- The Public Health Center of the Ministry of Health, Ukraine
- The Regional Ministry of Health, Presidency and Emergencies, Andalusia, Spain
- Maastricht University, the Netherlands

The prevalence of obesity and diseases is growing across Europe, reducing the quality of life and increasing the demand for care. The Slovakian Ministry of Health is looking forward to hosting a Country Exchange Visit this October, to showcase its strategy for obesity prevention and physical activity and to learn from experts across Europe.

Daniela Kállayová, EuroHealthNet Executive Board member
Senior Public Health Officer at the Ministry of Health of the Slovak Republic

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3.1.4 Connecting public health professionals with experts on EU funding and tools

EuroHealthNet’s public [Guide to the National Focal Points for EU programmes, instruments and networks](#) aims to provide support to public health professionals in identifying possible funding opportunities.

In 2025, the guide was expanded to include National Focal Points for the Citizens, Equality, Rights and Values (CERV) programme and the European Environment Information and Observation Network (EIONet), as well as information on national single portals. The members-only service was updated to facilitate contact with national contact points supporting the WHO European strategy on child and adolescent health and wellbeing.

Beyond the guide, EuroHealthNet has provided support to its members in applying for the EU’s Technical Support Instrument (TSI), which offers technical expertise to reform national services.

Gathering members and National Focal points on Long-Term Care, EuroHealthNet organised a [webinar](#) on 9 October 2025 to address the role of healthy ageing in reducing long-term care needs. This was built on EuroHealthNet’s [policy brief on healthy ageing](#).



3.1.5 Offering expertise on financing health promotion

EuroHealthNet continues to support its members and the wider public health community to explore innovative financing models for health promotion and disease prevention.

In 2026, the [Guide on Financing Prevention and Health Promotion](#) underwent a re-development, now featuring a new design and expanded content. The updated guide includes new case studies, seven information briefs outlining implementation steps for smart capacitating investment, and arguments to help make the economic case for prevention and health promotion. As Invest4Health comes to a close, the guide offers opportunities to host and further expand the initiative's knowledge on innovative approaches to finance health promotion.

In parallel, EuroHealthNet is working with its Partnership to strengthen awareness of social investment and build capacity to access funding to address social and health inequalities.

3.2 Ensuring the conditions for good health throughout the life course

3.2.1 Schools4Health: paving the way towards health-promoting schools

Led by EuroHealthNet, [Schools4Health](#) (2023-2025) was an EU-funded initiative that aimed to strengthen and sustain health-promoting school approaches (HPS) in 16 schools across Europe. With the support of 11 partner organisations, these schools implemented good practices in healthy nutrition, physical activity, and mental health as entry points to implement the HPS approach. Over the three years, these efforts reached over 1,700 students and 132 teachers across primary, secondary, and vocational schools.



 **Schools4Health**

The end of the project was marked by a three-day event that brought together schools, students, partners, policymakers, and high-level stakeholders to reflect on lessons learned and define the next steps to make every school a health-promoting school. A pre-conference meeting was organised by the Flanders Institute for Healthy Living on 1 December, where participating schools (teachers, principals, and students) and Schools4Health partners discussed practical actions to strengthen the HPS approach in their settings.

This was followed by a [public conference](#) on 2 December 2025 in Brussels, organised by EuroHealthNet, which gathered 96 participants in person and 197 online. The conference reflected the outputs from the Schools4Health project across its policy, practice, and engagement pillars. Representatives from WHO/Europe, UNESCO, UNICEF, and the European Commission, together

with national, regional, and local health institutes and schools, discussed how HPS initiatives can make tangible improvements in academic performance, mental and physical health, social inclusion, and equity.



Schools4Health's conference drew attention to the need for collaboration and policies at all levels to implement HPS.



Decision-makers discussed the policies, investments, and initiatives needed to improve school environments.

A high-level policy expert meeting was also held on 3 December, gathering 41 experts from the EuroHealthNet membership and beyond. Participants highlighted progress and gaps in advancing the HPS approach and reaffirmed their commitment to revitalise a WHO-associated European Network of Health Promoting Schools. A [press release](#) shared the main lessons from the event and set out concrete recommendations for policy action.

Throughout the project, a [series of policy briefs, infographics, toolkits, and reports](#) were developed.

Members involved:

- The Flanders Institute for Healthy Living, Belgium
- The Hungarian National Public Health Centre of Hungary (NNGYK)
- The Slovenian National Institute of Public Health (NIJZ)
- The Institute of Preventive Medicine, Environmental and Occupational Health (Prolepsis), Greece
- The Regional Ministry of Health and Consumers of Andalusia (CSJA), Spain
- The Riga City Council Department of Welfare, Latvia
- The National Institute for Public Health and the Environment (RIVM), the Netherlands



3.3 Stepping up health promotion through collaboration

3.3.1 REMESOS: for resilient and mentally healthy societies



Remesos
Resilient & Mentally Healthy Societies

The new [Resilient and Mentally Healthy Societies \(REMESOS\)](#) initiative [kicked off](#) in September 2025. Over three years, the consortium will focus on identifying the most suitable way of measuring and monitoring population mental health in Europe, as well as implementing a community mental health intervention.

EuroHealthNet is responsible for the overall leadership of the project, as well as three research endeavours reviewing existing mental health measurement tools in Europe, comparing two of the largest datasets that include various dimensions of mental health (EHIS and ESS), as well as finding consensus for the most feasible tool among stakeholders – spanning policy professionals, practitioners, civil society, patients, and more.

EuroHealthNet Members involved:

- The Institute of Preventive Medicine, Environmental and Occupational Health (Prolepsis), Greece
- The Trimbos Institute for Mental Health and Addiction, the Netherlands
- The Slovenian National Institute of Public Health (NIJZ)
- The Danish Committee for Health Education
- Maastricht University, Care and Public Health Research Institute (CAPHRI)

3.3.2 Icehearts Europe: team sports as a tool for social wellbeing



Concluding in 2025, [Icehearts Europe](#) aimed to contribute to policy changes at the national and EU levels by scaling up the [Finnish Icehearts model](#) to the European level. The model uses team sports to provide children with a role model and a sense of belonging, and supports them in forming lasting relationships. To scale up the model, the project brings together five grassroots sports partners alongside stakeholders from the sports, health, and educational sectors.

In the early stages of the project, EuroHealthNet and its member, the Finnish National Institute for Health and Welfare (THL), conducted a situation analysis and needs assessment, which project partners used to implement the programme.

EuroHealthNet then supported the implementation phase and disseminated the project's outputs via its channels and in relevant conferences and policy events. During the final phase, EuroHealthNet and THL conducted an additional situation analysis and needs assessment with potential future adopters of the Icehearts model beyond the project.

3.3.3 SPRING 3.0: play and sports for the inclusion of refugees



Launched in 2025, the EU-funded [SPRING 3.0](#) project promotes wellbeing and mental health among children, adolescents, and caregivers in Southeastern Turkey, supporting recovery following the 2023 earthquake and the Syrian war. The project applies a socio-sport methodology developed by Fútbol Más, aiming to strengthen socio-emotional skills, promote social inclusion, and train facilitators to deliver Sport for Development programmes.

Now in its second year, EuroHealthNet has completed the Situation Analysis and Needs Assessment (SANA), which provided the evidence base to tailor the programme to the needs of the target communities. EuroHealthNet also developed the project's monitoring and evaluation framework and is currently assessing the impact of the intervention. The project aims to reach 750 children, while ongoing monitoring tracks changes in wellbeing and socio-emotional skills.

3.3.4 RIVER-EU: reducing inequalities in vaccine uptake



The RIVER-EU project, which aims to improve equitable access to vaccination for underserved communities, has come to a close after five years of collaboration. EuroHealthNet led the project's communication, dissemination, and exploitation activities, ensuring that evidence and promising practices reach policymakers, practitioners, and members across Europe.

EuroHealthNet has supported RIVER-EU's contribution to the wider policy debate. Together with the sister projects RISE-Vac and AcToVax4NAM, EuroHealthNet led the development of [a health policy paper published in The Lancet Primary Care](#). Members, including the Greek Prolepsis Institute and the Institute of Health (ISS) of Italy, contributed as co-authors.

EuroHealthNet organised the [RIVER-EU closing events](#). These included satellite events across country partners, including members the Finnish National Institute for Health and Welfare (THL) and the Prolepsis Institute, allowing for community-level meetings that closed the research loop. The programme culminated in a final conference in Brussels at the European Economic and Social Committee (EESC), followed by an invitation-only policy exchange with representatives from the European Commission, European Parliament, European Centre for Disease Prevention and Control (ECDC), and national public health authorities to discuss how RIVER-EU's results can be taken up.

Members involved:

- The Finnish National Institute for Health and Welfare (THL)
- The Institute of Preventive Medicine, Environmental and Occupational Health (Prolepsis), Greece



3.3.5 Invest4Health: novel finance models for health



As the Horizon Europe [Invest4Health](#) initiative enters its final phase, it is delivering new evidence and practical guidance on how to finance health promotion and disease prevention more sustainably. The project has [advanced the concept of Smart Capacitating Investment \(SCI\)](#), which reframes prevention as a long-term investment in people, partnerships, and community capacity rather than a cost.

Through research, regional testbeds, and stakeholder engagement, Invest4Health has shown how innovative financing approaches can help pool resources across sectors, align incentives, and support outcome-oriented investment in prevention. Several EuroHealthNet members, including the National Institute of Health of Italy and the NOVA National School of Public Health (Portugal), benefited from the project's capacity-building activities, strengthening their ability to design and implement innovative financing approaches.

The project ended in May 2026 with a [final conference](#). A key legacy of the project is a set of information briefs translating project findings into practical guidance for policymakers and practitioners. The insights from these briefs form part of the 'Getting started' pathway of EuroHealthNet's renewed [Guide on Financing Prevention and Health Promotion](#).



3.3.6 SP-EU: Using social prescribing to promote and improve access to health



Social prescribing connects people to non-clinical community services, such as social activities, peer support, or volunteering, to address social determinants of health, improve wellbeing, and reduce pressure on health systems.

[Social Prescribing EU](#) (SP-EU) explores how this approach can benefit vulnerable groups, including LGBTIQ individuals, refugees, first-generation immigrants, and older adults living alone, using Randomised Controlled Trials (RCTs) across eight European countries.

EuroHealthNet leads the project's policy work and will organise eight national policy roundtables to explore how social prescribing can be embedded into sustainable health and care systems. It has further increased the project's visibility by presenting SP-EU at major health policy conferences, including a session on [social prescribing at the European Health Forum Gastein](#), the European Public Health Conference, and the European Forum for Primary Care, which has generated [strong interest and media coverage](#).

One of the national policy dialogues will take place in Portugal, organised together with EuroHealthNet member NOVA National School of Public Health. Another member, the Austrian National Public Health Institute (GÖG), is also part of the consortium.

3.3.7 BeWell: building digital and green skills in the health workforce



[BeWell](#) aims to promote the upskilling and reskilling of the European health workforce within the context of the digital and green transition. As a partner in the project, EuroHealthNet has been closely involved in the skills strategy development. This

was supported by the 'Theory of Change' evaluative framework - a tool developed by EuroHealthNet in a year-long co-creative process with the consortium. EuroHealthNet has also co-authored three articles focusing on:

- The BeWell skills strategy and theory of change;
- Building a climate-smart health workforce;
- The future of the BeWell initiative.

These articles will be featured in the EuroHealth journal, published by the European Observatory on Health Systems and Policies, ahead of the final conference on 7 May 2026.

The article on 'building a climate-smart health workforce' was led by EuroHealthNet member, the Austrian National Public Health Institute (GÖG).



At the final BeWell conference, EuroHealthNet spoke about the implementation of the new skills strategy.

3.3.8 Joint Action PreventNCD



The [European Joint Action Prevent Non-Communicable Diseases](#) (JA PreventNCD) is designed to support European countries in implementing strategies and policies to reduce the burden of cancer and non-communicable diseases (NCDs), focusing on both personal and societal risk factors. Many competent authorities and partners of the Joint Action are members of EuroHealthNet. The project's primary goal is to develop a coordinated approach to enhance the impact of NCD preventive actions, which aligns with the objectives of Europe's Beating Cancer Plan, the EU's 'Healthier Together' initiative on NCDs, and the EU Safe Hearts Plan. Tackling social inequalities by addressing the root causes of NCD risk factors and adopting a life course approach is a key transversal objective.

EuroHealthNet has been involved in various activities and events, supporting the JA's work around healthy living environments and super-setting approaches, and the transfer and sustainable integration of the results and outcomes of the Joint Action PreventNCD into various EU policy processes.



The Joint Action PreventNCD is the most ambitious European initiative against non-communicable diseases to date. EuroHealthNet, drawing on over 25 years of experience, has played a key role in translating findings into actionable measures and facilitating their uptake among stakeholders and policymakers at both European and national levels.

Yvette Shajanian Zarneh, EuroHealthNet Executive Board member - Head of Unit Q1 - Task Planning, Strategy, Knowledge Transfer, International Relations at the Federal Institute of Public Health (BIÖG) in Germany

Over the last year, EuroHealthNet contributed, among other things, to the General Assembly in Poland, to the in-person Executive Committee meeting and related conference in Brussels to take stock of progress and discuss strategic directions for the period ahead. In addition, EuroHealthNet supported a practice session on 'Sustainable implementation of public health actions matters - The case of JA PreventNCD' at the 2025 European Public Health Conference in Helsinki.

4

RESEARCH

EuroHealthNet’s Research Platform provides and builds on cutting-edge evidence to support the development of health-promoting, equitable policies and practices.

The platform takes part in various EU-funded research projects across areas of thematic relevance to the Partnership. It collaborates with universities across Europe to identify and address some key questions, enabling a transition towards a greener, healthier, more equitable future for people and the planet.

Our Research Platform closely follows the EU research landscape, informing members of funding opportunities and promoting the sharing of good practices.

4.1 Flagship report: Mapping social inequalities in health in Europe

A big achievement of the Research Platform was the publication of the EuroHealthNet-CHAIN Flagship report ‘[Social inequalities in health in the EU – are countries closing the gap](#)’ in September 2025. The report analyses trends in health, mental health, and inequalities between 2014 and 2024, using data from the European Social Survey. It paints a stark picture: there has been no progress in reducing health inequalities in Europe over the last year.

In 2024, one in three people reported their health as less than good, with people with low education twice as likely to do so. While health outcomes are becoming more similar across European countries, this is a result of countries ‘meeting in the middle’, rather than all countries improving. The analysis further confirmed that health is not just the result of genetics, healthcare, or our behaviours. It is particularly driven by social disadvantages, with economic insecurity, and limited control over one’s life and playing key roles. (see also section 1.3)

The report was [launched in September 2025](#) with an event in the European Parliament and an online webinar.



It was an honour to present at the launch of EuroHealthNet’s flagship report, speaking about the links between the report and the ISS-led work on social inequalities that is part of the Joint Action PreventNCD. This sparked an important conversation on the much-needed measures that go beyond the health sector to address social determinants.

Raffaella Bucciardini, EuroHealthNet Executive Board member
Head of the Health Equity ISS Operative Unit at the Italian Institute of Health

4.2 Providing a space to learn about funding opportunities and form consortia

EuroHealthNet's annual [Information and matchmaking](#) webinar equips the Partnership with insights into European funding opportunities and provides a platform for forming consortia among members and other stakeholders. In October 2025, the webinar brought together 77 participants and focused on the Horizon Europe 2026 Work Programme.



The session offered expert insights, practical guidance, and interactive matchmaking to help members explore upcoming opportunities. Participants received EuroHealthNet's analysis of developments related to the next EU research and innovation framework (FP10) within the broader Multiannual Financial Framework (MFF) 2028–2034, as well as practical tips for developing and managing lump-sum budgets. The event also included breakout matchmaking discussions on selected calls related to health promotion and health equity, enabling members to exchange ideas and explore potential collaborations.

4.3 Generating evidence and tools for climate change, food systems, and the potential of nature-based prescribing

4.3.1 BEST-COST: estimating the socioeconomic costs of air and noise pollution



[BEST-COST](#) sets out to improve methodologies to measure the socioeconomic cost of environmental stressors, focusing on air and noise pollution. Results from this project will help to harmonise the socioeconomic assessments of pollution across Europe and reduce the health impacts of pollution and the resulting inequalities through curated policy initiatives.

EuroHealthNet led the stakeholder engagement to involve experts in key discussions around the health impacts of environmental stressors. It supported a consensus meeting on [cost monetisation](#) in October, in which researchers in environmental health had an opportunity to discuss BEST-COST's methods. EuroHealthNet also organised an online '[ideathon](#)' to exchange with experts on transferring the BEST-COST methods to different environmental stressors. The ideathon engaged with the EuroHealthNet Research Platform to explore how improved research methods can be applied across different environmental health areas.

In addition to regularly updating the [website](#) and [social media](#), EuroHealthNet developed a [factsheet](#) and [video](#) on the environmental burden of disease and disseminated two editions of the [BEST-COST newsletter](#).

EuroHealthNet also led the communications of METEOR, the cluster of five Horizon Europe projects to which BEST-COST belongs, by regularly updating the [website](#) and [social media](#), and disseminating the [second newsletter](#).

**Members involved:**

- The National Institute for Public Health and the Environment (RIVM), the Netherlands
- The Finnish National Institute for Health and Welfare (THL)
- The Egas Moniz Higher Education Cooperative, Portugal
- Santé publique France
- The Norwegian University of Science and Technology (NTNU)

4.3.2 BlueAdapt: reducing climate-based risks in blue environments



[BlueAdapt](#) assesses and quantifies the risks to human health posed by climate change effects on coastal waters. Through 7 national-level case studies investigating potential facilitators and barriers to action, BlueAdapt will develop tools for policymakers and citizens, such as early-warning systems and safe-swimming apps.

EuroHealthNet supports the development of policy and communication tools based on BlueAdapt research. This past year, EuroHealthNet wrote a [policy brief](#) on 'One Health', and supported the development of a [video](#) and [infographic](#) to outline the main takeaways on how a One Health Framework can support policy initiatives to promote health equity within environmental public health. EuroHealthNet also organised an online policy workshop with key EU-level stakeholders to discuss the uptake of the One Health policy recommendations.



EuroHealthNet developed a [policy brief on climate change and health inequalities](#) for the Climate-Health Cluster, the cluster of six Horizon Europe projects to which BlueAdapt belongs.

The Italian National Institute of Health is a EuroHealthNet member involved in the project.

4.3.3 FEAST: facilitating a transition to healthy and sustainable diets



[FEAST](#) supports the transition towards healthier and more sustainable European food systems by replicating best practices and co-designing novel solutions with food system stakeholders, including diverse vulnerable groups.

EuroHealthNet co-leads the FEAST policy work package. In 2025, the team led a large, in-depth [policy analysis](#) examining power dynamics among stakeholders in the food system and analysing how their framings shape food system policies, which often act as barriers or facilitators to the transition towards healthier and more sustainable diets.

Working with FEAST, EuroHealthNet also organised a [policy dialogue](#) with the [European Parliament Interest Group on Health Inequalities, Prevention and Risk Factors](#). The event, 'Healthy diets by design: EU rules and investments that protect health', was organised on 21 April 2026 and was co-hosted by MEP Manuela Ripa and MEP Vytenis Povilas Andriukaitis.



The FEAST policy dialogue on creating healthy food environments through EU policies and investments gathered European Parliament members, policymakers, researchers, and civil society.

4.3.4 RESONATE: resilience through nature-based therapies



[RESONATE](#) brings together experts in nature-based therapies (NbTs) to demonstrate nature’s biopsychosocial resilience-building capacities and how to implement locally acceptable and inclusive NbTs to help build more resilient communities in urban, rural, and coastal settings.

EuroHealthNet’s role is to improve understanding of the health equity impacts of NbTs through Health Impact Assessments (HIA) to ensure that NbTs are implemented equitably. Over the past year, the team completed the data-collection phase of the HIA by conducting a total of nine in-person workshops with local stakeholders in Italy, Austria, Spain, Sweden, Denmark and the Netherlands.

In addition, EuroHealthNet is researching prescribers’ perceptions of the factors influencing the uptake of nature-based therapies. Complementing a 2024 literature review, we conducted 30 interviews with health and social care professionals in Europe and Canada to understand barriers and facilitators they face in their practice. This will feed into a guide for health professionals on how to start or scale up the use of NbT prescriptions.

4.4 European Public Health Conference 2025



The [European Public Health Conference](#) is an annual high-profile event for researchers, attracting an average of 2,000 participants. In 2025, the conference took place in Helsinki, Finland. As every year, a EuroHealthNet delegation attended and engaged with the public health research community on matters of EU policy, health equity, and determinants of health across different topics.

EuroHealthNet organised one of the plenary sessions, on ‘Tackling political and commercial determinants of health through policy and governance’. Moderated by Director Caroline Costongs, the panel of high-level speakers unpacked how political systems, corporate influence, lobbying, and weak governance structures can reinforce unhealthy policy environments, while looking towards opportunities for public health actors to engage with a constantly moving political environment.

The panel included:

- Sandro Galea, University of Washington
- Anna Gilmore, University of Bath
- Mika Salminen, Finnish Institute for Health and Welfare (THL)
- Dora Gudrun Gudmundsdottir, Directorate of Health, Iceland
- Aki Lindén, Member of Parliament, Finland

Working with the plenary speakers, EuroHealthNet also wrote [an article](#) on the topic in a special issue of Eurohealth to coincide with the conference. A [recording of the plenary](#) has also been made available

A EuroHealthNet parallel session on 'Climate, Health, and the Built Environment' to showcased its [video series](#) highlighting different ways buildings play an influential role on health and climate. EuroHealthNet also spoke in several other sessions throughout the conference in connection to its projects, including on best practice portals and health impact assessments, school health literacy, and sustainable implementation of public health interventions.

At its exhibition booth, EuroHealthNet provided an accessible and personal way for visitors to learn about the Partnership, connect with stakeholders from the European public health community, and profiled itself as an expert in public health, health promotion, and health equity.



NIJZ, Sciensano and EuroHealthNet held a workshop on sustainability in the context of JA PreventNCD



EuroHealthNet members held a workshop on climate-friendly buildings, based on its #BuildForHealth video series.



Caroline with plenary speakers Anna Gilmore, Mika Salminen, Dora Gudrun Gudmundsdottir, and Aki Lindén.



At its exhibition booth, conference participants were welcomed by the EuroHealthNet staff.

5

COMMUNICATION

The EuroHealthNet communications team amplifies the Partnership's messages and expertise. It disseminates reliable, evidence-based, and timely information to the community working on public health, social equity, and determinants of health and beyond. It similarly creates connections between people, resources, and initiatives to facilitate advocacy for a healthier and fairer Europe.

5.1 Connecting experts and facilitating exchange

5.1.1 Facilitating international exchange between communication professionals

EuroHealthNet's Communications Network brings together communication professionals from member organisations, providing a platform to exchange resources, experiences, and best practices. Meetings allow members to share their work, learn from one another, and stay up to date on EuroHealthNet's latest outputs, thereby supporting the wider dissemination of messages across EU Member States. The Network also strengthens members' skills through practice-oriented resources, capacity-building materials, mutual learning and tailored training.

As information overload, misinformation and disinformation become more common, public health messages will only be heard if there is trust between the public and us. The in-person meeting of the communications network in Brussels built relationships among communication professionals across Europe, enabling them to exchange resources and experiences to ensure that public health messages reach the right audience at the right time.

Dr Sumina Azam, Vice President of EuroHealthNet
National Director of Policy and International Health at Public Health Wales



EuroHealthNet's Communications Network met for a 2-day meeting in Brussels and a visit to the European Parliament.

In March 2026, for the first time in over five years, members met in person in Brussels. The [event](#) offered an opportunity to connect, collaborate, and celebrate the impact of public health communications across Europe, stronger together for public health.

The programme included a visit to the Hemicycle of the European Parliament to explore how public health is communicated at the EU level, alongside an expert panel with representatives from the European Commission and the European Environmental Bureau. Participants exchanged knowledge on communications strategies and stakeholder engagement.

Sessions also explored how to turn NCD prevention strategies into effective communications across Europe, presented by Communications co-leads the Directorates of Health of Iceland and Norway, followed by insights into national-level health communications from the Norwegian Directorate of Health.

Members participating:

- The Austrian National Public Health Institute (GÖG)
- The Andalusian Ministry of Health, Spain
- The All Island Institute of Public Health, Ireland
- The Documentation Center for Health Promotion in the Piedmont Region of Italy (DoRS), Italy
- The German Federal Institute of Public Health
- The Health and Europe Centre, England
- The Icelandic Directorate of Health, Division of Public Health
- The Bulgarian National Center for Public Health and Analysis
- The Slovenian National Institute of Public Health (NIJZ)
- The Hungarian National Center for Public Health
- The Norwegian Directorate of Health
- The Prolepsis Institute (Greece)
- Public Health Wales
- Santé publique France

5.1.2 Sharing the latest opportunities with members

Network Intelligence is a unique, members-only mailing that shares opportunities and EU calls for engagement directly with delegates across Europe. It helps members forge connections, strengthen competencies, and bring EU action into their daily work.

Each edition highlights ongoing calls and opportunities for members' expert input, showing how current EU developments relate to their work through timely, member-only policy briefings. This approach enables members to contribute to policymaking and engage effectively with decision-making at the EU level.

In 2025, EuroHealthNet published nine editions of Network Intelligence, reaching over 14,000 recipients, a dramatic 70.5% increase compared with 2022. At the start of 2026, the newsletter continues to serve as a key tool for connecting, informing, and empowering members across Europe, reaching 3,000 recipients to date (March 2026).



5.2 Sharing the stories behind the developments in health equity, public health & healthcare

[EuroHealthNet Magazine](#) facilitates the exchange of international experiences, best practices, and perspectives, highlighting key health and social challenges across Europe. The magazine is a bi-annual publication with an annual circulation of 50,000 readers worldwide — amplifying voices from communities, research, and the frontlines, making sure all perspectives of Europe’s inequality challenges are heard.

The 2025 autumn/winter edition explored how our material and online environments impact our mental and physical health, and what actors throughout Europe are doing to create healthier living environments. The spring/summer edition of 2026 focused on effective public health communications, exploring topics such as trust, accessible services, and campaigns.



To boost engagement, we also launched a [Flipzine](#), replicating the experience of a printed magazine online, allowing readers to leaf through pages interactively. Edition 25, on the wellbeing economy, was professionally printed and was well-received at the General Council meeting, the European Public Health Conference, and in bilateral meetings.

Online traffic grew strongly, with web visits increasing from 9.8K to 24K and mobile visits from 3.9K to 8K, reflecting heightened visibility. Readers were particularly engaged with in-depth, topical analytical content on social determinants of health, food culture, oral health, and wealth inequality.

5.3 Disseminating reliable, evidence-based, and timely information

5.3.1 The European information hub on health inequalities

Health Inequalities Portal

EuroHealthNet’s [Health Inequalities Portal](#) remains a signpost for anyone looking to learn about health inequalities. In addition to introductions to the topics of health promotion, health equity, and determinants of health, it is a great repository of publications and tools; its [resource database](#) of scientific evidence, effective practices, and policy initiatives now counts 1,148 entries. In 2025, the website received 90,000 views.

With a built-in machine translation feature, the portal is accessible in all EU languages, ensuring wider reach and usability. By continuously updating its content, EuroHealthNet strives to strengthen knowledge-sharing and action towards a fairer, healthier Europe.

5.3.2 Sharing the latest on health equity, wellbeing, and their determinants



EuroHealthNet's [Health Highlights](#) is a monthly public newsletter providing key updates on health equity, wellbeing, and the social determinants of health. It covers the most important developments in public health, as well as the latest from within the EuroHealthNet Partnership, news from the EU institutions, and the most relevant new publications.

In 2025, EuroHealthNet published 10 newsletters to its ever-expanding list mailing list. Each edition of the newsletter is available on [the website](#) as well as social media, helping to reach a broader audience

Since 2022, the number of Health Highlight subscribers has almost tripled, from 6,383 to 18,032 in December 2025.

5.3.3 Expanding our reach

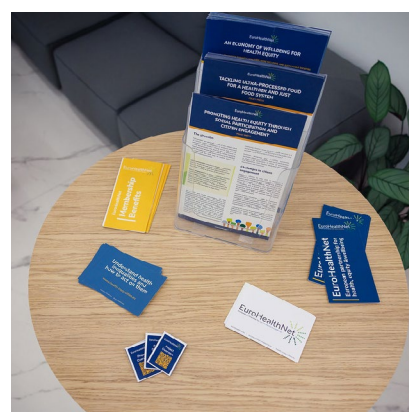
The impact of EuroHealthNet's outputs ultimately depends on its reach and dissemination. To widen its reach, EuroHealthNet regularly mapped its stakeholders and the media landscape while strengthening its contact database. These efforts resulted in a 26% growth of our contact base, from 19,408 in 2024 to 24,853 in 2025.

EuroHealthNet maintained an active presence on social media, namely [LinkedIn](#), [BlueSky](#), [YouTube](#) and [Instagram](#). In December 2025, EuroHealthNet had 18,698 social media followers, representing a 19.7% increase over 2024 and a 71.6% increase over 2022.

5.3.4 Making our work accessible to all

EuroHealthNet is committed to ensuring that information and resources are accessible to all, as this is fundamental to building fair and inclusive societies. To support this, EuroHealthNet continually enhances the machine translation feature on its websites, offering content in all EU languages and Ukrainian to reach broader and more diverse audiences.

We also assess the readability and clarity of our publications, using simpler language and explaining key concepts to ensure our work is accessible to non-native English speakers and those unfamiliar with public health.

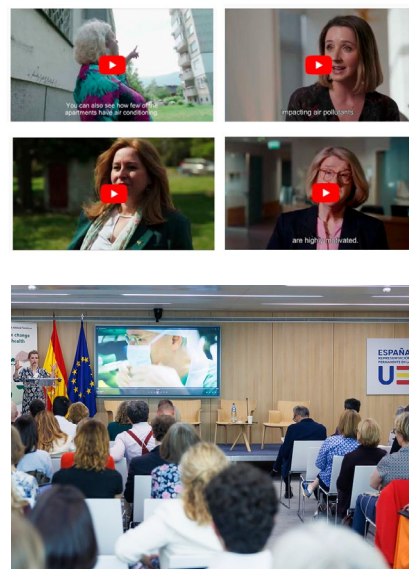


Accessibility goes beyond language. EuroHealthNet also works to accommodate people with sensory impairments through features on our websites that let users customise how information is presented. We carefully consider design elements such as colour contrast and font size in all our publications to ensure they are easy to read.

5.4 Health, equity, and the built environment video series

EuroHealthNet concluded its video series project on '[Climate, health, and the built environment](#)'. The series included four videos, each highlighting how different built environments pose a threat to our health and the climate and showcasing solutions replicable across Europe. Working with members, EuroHealthNet disseminated four videos as part of a #BuildForHealth campaign, featuring examples from Austria, Bulgaria, Ireland and Spain of innovative solutions to mitigate these threats and improve people's wellbeing. The topics include:

- [Sustainable healthcare facilities in Austria](#)
- [Heatwaves in schools in Spain](#)
- [Energy poverty in Bulgaria](#)
- [Transition from solid fuels to more climate and health-friendly alternatives in Ireland](#)



Buildings have a big impact on our health: we spend a large part of our time indoors, and heating and cooling buildings often cause pollution. With this video series, EuroHealthNet shone a much-needed light on the links between buildings and health in the context of climate change. The National Center of Public Health and Analysis was grateful for the opportunity to make a video about energy poverty in Bulgaria.

Prof. Plamen Dimitrov, EuroHealthNet Executive Board member
Director of the National Center of Public Health and Analyses in Bulgaria



In addition to online dissemination campaigns, the videos were shown at the EuroHealthNet 2025 Annual Seminar, the [European Public Health Conference](#), the Schools4Health Final Conference, and the 31st International Conference on Health Promoting Hospitals and Health Services. In March 2026, the videos were disseminated via a 'climate mailing' that shared EuroHealthNet's most important climate outputs in response to the European Climate Pact annual event.

Members involved:

- The Austrian National Public Health Institute (GÖG)
- The Bulgarian National Center of Public Health and Analyses (NCPHA)
- The All Island Institute of Public Health, Ireland
- The Ministry of Health of Spain

5.5 Euronews video on community-level care in Greece

In January 2026, Euronews published a [short documentary](#) about a community-based initiative in Greece that provides primary care, referrals, and mental health support through a local unit that reaches vulnerable people directly while reducing pressure on hospitals. By addressing unequal access to healthcare, this initiative is addressing a key driver of health inequalities.



EuroHealthNet Director Caroline Costongs was featured speaking about the importance of equal access to healthcare, linking it to Principle 16 of the European Pillar of Social Rights, which aims to guarantee healthcare for all.

5.6 Working with the media

Over the last year, EuroHealthNet's work has featured on platforms such as [POLITICO](#), [DODS](#), the [EU Health Policy Platform](#), as well as national and regional media. It established new ties with other media, including the European Correspondent and EUObserver.



EuroHealthNet's work attracts media attention on the EU and national level. Here we pitched our findings on health inequalities to Slovenian media.

EuroHealthNet proactive approach towards the media means going beyond sending [press releases](#) to share our positions, to also proactively approach the media with quotes commenting on policy developments and alerting them of our work in advance. The results have been two-fold: not only were these quotes regularly featured in news items, but they also raised our profile with journalists, leading them to contact us for input more often.

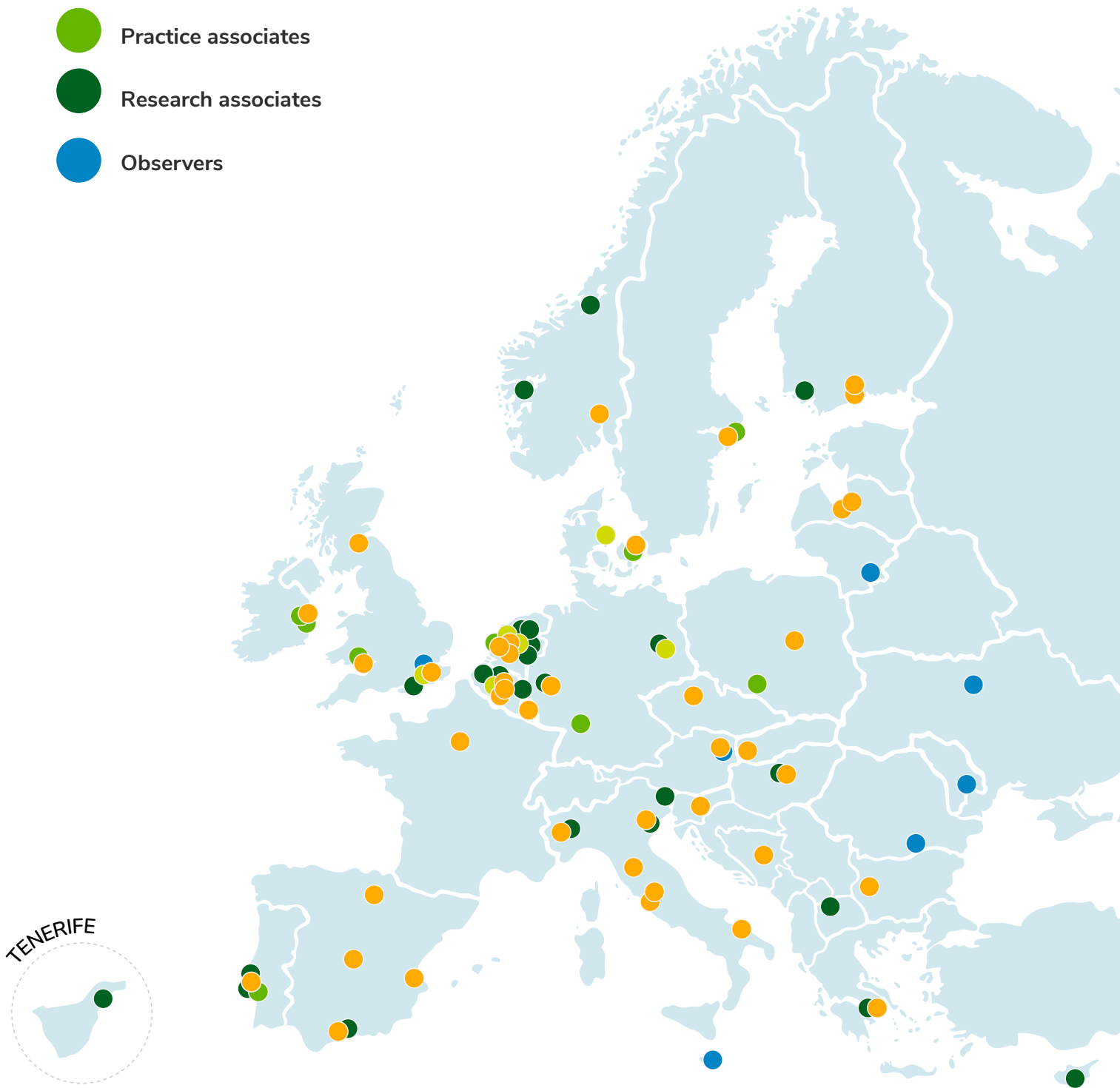
This worked out particularly well for the launch of the 'Social inequalities in health in Europe' report in September 2025, when media were notified of its publication weeks ahead, and sent a copy of the report and press release under embargo a couple of days before, leading to prominent coverage, including by POLITICO and Le Monde.

6

HOW WE WORK

The EuroHealthNet Partnership

- Members
- Policy associates
- Practice associates
- Research associates
- Observers



EuroHealthNet is a not-for-profit partnership of organisations, institutes, and authorities working on public health, disease prevention, the promotion of health and wellbeing, and the reduction of inequalities.

We aim to tackle health inequalities within and between European States through action on the social determinants of health.

EuroHealthNet activities take place across three platforms: Policy, Practice, and Research. In addition, a core team unifies the platforms and builds connections between them, facilitating the exchange of knowledge and experience, including through communication activities.

The five priority areas and the two cross-cutting topics central to our work are outlined in our [Strategic Development Plan 2021-26](#). Throughout 2025-2026 the Partnership reviewed this plan and co-created a new Strategic Development Plan for 2026-2031 to be adopted in June 2026.

6.1 The EuroHealthNet Partnership

Members of the EuroHealthNet Partnership are national public health institutes, academic and research centres, national and regional health authorities and government departments. We would not be able to deliver results that help create healthier, fairer futures for all without them.

6.1.1 Members

EuroHealthNet Members are accountable public bodies with responsibilities and/or expertise in public health, health promotion, health inequalities, disease prevention, or other relevant fields. They set the direction of the Partnership and work together to achieve health equity.

- **Austria** - Austrian National Public Health Institute (GÖG)
- **Belgium** - Flanders Institute for Healthy Living
- **Belgium** - Sciensano
- **Belgium** - Walloon Agency for a Life of Quality (AVIQ)
- **Bosnia and Herzegovina** - Institute for Public Health
- **Bulgaria** - National Center of Public Health and Analyses (NCPHA)
- **Czechia** - National Institute of Public Health (SZU)
- **Denmark** - Steno Diabetes Center Copenhagen (SDCC)
- **England** - Health and Europe Centre, NHS Kent & Medway
- **Finland** - Finnish Federation for Social Affairs and Health (SOSTE)



- **Finland** - National Institute for Health and Welfare (THL)
- **France** - French Public Health Agency (SpF)
- **Germany** - Federal Institute of Public Health (BIÖG)
- **Greece** - Prolepsis Institute
- **Hungary** - National Center for Public Health and Pharmacy (NNGYK)
- **Ireland** - All Island Institute of Public Health (IPH)
- **Italy** - National Federation of Nursing Professions (FNOPI)
- **Italy** - National Institute of Health (ISS)
- **Italy** - Piedmont Regional Health Promotion Documentation Center (DoRS) – ASL TO3
- **Italy** - Tuscany Region
- **Italy** - Veneto Region
- **Latvia** - Centre for Disease Prevention and Control of Latvia
- **Latvia** - Riga City Council Department of Welfare
- **Luxembourg** - Luxembourg Institute of Socio-Economic Research (LISER)
- **Netherlands** - National Institute for Public Health and the Environment (RIVM)
- **Netherlands** - Pharos Dutch Centre of Expertise on Health Disparities
- **Netherlands** - Trimbos Institute
- **Norway** - Norwegian Directorate of Health
- **Poland** - National Institute of Public Health NIH – National Research Institute
- **Portugal** - National Institute of Health Doutor Ricardo Jorge
- **Scotland** - Public Health Scotland
- **Slovakia** - Ministry of Health of the Slovak Republic
- **Slovenia** - National Institute of Public Health (NIJZ)
- **Spain** - Regional Ministry of Health, Presidency and Emergencies of Andalusia (CSPEJA)
- **Spain** - Department of Health, Basque Government
- **Spain** - Foundation for the Promotion of Health and Biomedical Research of Valencia Region (FISABIO)
- **Spain** - Ministry of Health
- **Sweden** - Public Health Agency of Sweden
- **Wales** - Public Health Wales



Our Member SOSTE visited the office for a conversation on strengthening the voice of public health in EU policymaking.



Two new members joined the Executive Board: Prof Marc Suhrcke from LISER and Bernard Waśko from NIPH-NIH.

* EuroHealthNet Partner

6.1.2 Associate Members

Associate members are universities, civil society organisations, foundations and other bodies. They identify with EuroHealthNet's mission and take part in our work that is most relevant to them. Associate members join one or more of the three EuroHealthNet platforms.



EuroHealthNet welcomed its new member, the European Federation of National Organisations working with the Homeless (FEANTSA).

RESEARCH ASSOCIATE MEMBERS

- **Belgium** - Antwerp Health Law and Ethics Chair (AHLEC)
- **Belgium** - University of Applied Sciences VIVES
- **Cyprus** - Health Services Research Centre
- **Denmark** - DEFACTUM Department of the Central Denmark Region
- **England** - University of Brighton, School of Health Sciences
- **England** - London School of Hygiene and Tropic Medicine (LSHTM), Commercial Determinants Research Group
- **Finland** - Faculty of Medicine at the University of Turku
- **Germany** - Centre for Health and Society, Medical Faculty, Heinrich-Heine University Düsseldorf
- **Germany** - German Alliance in Climate Change and Health (KLUG)
- **Germany** - German Collaborative Network for Equity in Health
- **Greece** - IASIS NGO
- **Hungary** - Centre for Epidemiology and Surveillance, Semmelweis University
- **Italy** - LINKS Foundation
- **Italy** - University of Trieste, Department of Medicine, Surgery, and Health Sciences
- **Italy** - Venice's Social Community Cooperative Society
- **Netherlands** - Avans University of Applied Sciences, Centre of Expertise Perspective in Health
- **Netherlands** - Maastricht University, Care and Public Health Research Institute (CAPHRI)
- **Netherlands** - Radboud University Medical Center
- **Netherlands** - University of Applied Sciences Arnhem and Nijmegen, School of Sports And Exercise
- **North Macedonia** - Institute of Public Health of the Republic of North Macedonia
- **Norway** - Norwegian University of Science and Technology (NTNU), Faculty of Social and Educational Sciences
- **Norway** - Western Norway University of Applied Sciences
- **Poland** - Medical University of Silesia
- **Portugal** - Egas Moniz Higher Education Cooperative
- **Portugal** - National School of Public Health, NOVA University Lisbon
- **Spain** - Andalusian School of Public Health
- **Spain** - University of La Laguna
- **Sweden** - RISE Research Institutes of Sweden, Business and Innovation Area Health and Life Science
- **Wales** - Cardiff Metropolitan University, Centre for Health, Activity and Wellbeing Research (CAWR)

POLICY ASSOCIATE MEMBERS

- **Belgium** - European Federation of National Organisations Working with the Homeless (FEANTSA)
- **Cyprus** - Health Services Research Centre
- **Denmark** - DEFACTUM Department of the Central Denmark Region
- **England** - London School of Hygiene and Tropical Medicine (LSHTM), Commercial Determinants Research Group
- **Europe** - Council of Occupational Therapists for the European Countries (COTEC)
- **Europe** - European Institute of Women's Health (EIWH)
- **Finland** - Faculty of Medicine at the University of Turku
- **Germany** - German Alliance in Climate Change and Health (KLUG)
- **Germany** - German Collaborative Network for Equity in Health
- **Netherlands** - Dutch Association of Mental Health and Addiction Care (De Nederlandse ggz)
- **Netherlands** - FNO Provide Opportunities
- **Sweden** - Swedish Association of Local Authorities and Regions (SALAR)
- **Wales** - Cardiff Metropolitan University, Centre for Health, Activity and Wellbeing Research (CAWR)

PRACTICE ASSOCIATE MEMBERS

- **Denmark** - Danish Committee for Health Education
- **England** - London School of Hygiene and Tropical Medicine (LSHTM), Commercial Determinants Research Group
- **Europe** - Council of Occupational Therapists for the European Countries (COTEC)
- **Europe** - European Public Health Nutrition Alliance (EPHNA)
- **Europe** - Special Olympics Europe Eurasia
- **Finland** - Faculty of Medicine at the University of Turku
- **Germany** - Centre for Health and Society, Medical Faculty, Heinrich-Heine University Düsseldorf
- **Germany** - German Collaborative Network for Equity in Health
- **Netherlands** - Radboud University Medical Center
- **Poland** - Medical University of Silesia
- **Portugal** - Egas Moniz Higher Education Cooperative
- **Portugal** - Nossa Senhora do Bom Sucesso Foundation
- **Sweden** - Swedish Association of Local Authorities and Regions (SALAR)
- **Wales** - Cardiff Metropolitan University, Centre for Health, Activity and Wellbeing Research (CAWR)

6.1.3 Observers

- **Austria** - Federal Ministry for Social Affairs, Health, Care and Consumer Protection
- **Belgium** - Federal Public Service Health, Food Chain Safety and Environment
- **England** - Department of Health and Social Care
- **Lithuania** - Ministry of Health
- **Malta** - Public Health Regulation Department
- **Moldova** - Ministry of Health
- **Romania** - The National Institute of Public Health
- **Ukraine** - Ministry of Health



6.2 Financing and funding

EuroHealthNet's funding comes from the following three sources:

- Member and associate member fees
- A core operating grant from the European Social Fund+ (ESF+)
- Co-funded EU project grants or specific funded work

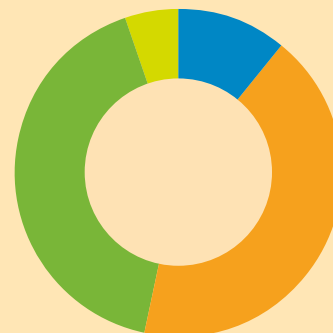
We continue to make efforts to increase the share of funding from direct participation. We do not accept funding from 'for profit' bodies.

In addition to internal financial management and planning, an external accountant prepares the annual financial and balance reports, which are then certified by a separate auditing firm. The General Council approves the financial reports at its annual meeting.

EuroHealthNet works in a transparent, ethical, and independent way. We have a code of conduct for the organisation and membership, and ethical guidelines for partnership building. Procurement, risk management, human resource, and financial rules are set out in EuroHealthNet's 'How We Work' document, available upon request. We consider environmental impacts of all actions and procurement decisions.

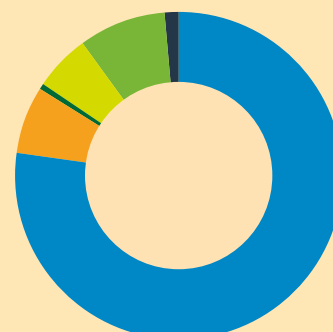
Income 2025

● Members & partners fees	€ 235,500
● ESF core grant	€ 876,900
● Other project grants	€ 903,300
● Tenders & misc	€ 109,800
Total	€ 2,125,500



Expenditure 2025

● Employees	€ 1,616,100
● External services	€ 143,000
● Depreciation	€ 9,300
● General operations	€ 116,500
● Projects deliverables	€ 181,000
● Misc.	€ 26,600
Total	€ 2,092,500



6.3 Building a diverse workforce and inclusive workplace

Since its adoption by EuroHealthNet's General Council on 1 June 2022, the office took forward its [Workplace Gender, Equality and Diversity \(GED\) Policy](#).

Applicants to our Partnership are required to confirm that they respect EuroHealthNet's GED policy. EuroHealthNet's new Ethical Framework was adopted at the General Council meeting in June 2025. To take the Ethical Framework further and implement it in practice, EuroHealthNet is in the process of establishing an Ethics Advisory Panel which will provide independent and informed advice on ethical matters relevant to EuroHealthNet's work and that of our member organisations, helping ensure that our actions consistently reflect our shared values and commitments.

6.4 Using external evaluation to make our Partnership thrive

The independent evaluation and impact assessment of EuroHealthNet programming and activities was conducted by Dominique Danau of SAGO Research, in close cooperation with senior management and the Executive Board.

EuroHealthNet's 2025 evaluation report and the 2022-2025 impact assessment demonstrate a well-established and recognised organisation within the health community and beyond. The evidence shows that EuroHealthNet is a strategic, enabling actor that adds significant value to its members and to the broader public health community in Europe. Its impact lies in its ability to connect policy, practice and research, and its work clearly contributes to shaping discourse, building capacity and informing policy.

It successfully increased awareness and engagement with the European Pillar of Social Rights (EPSR) among its members and strengthened their capacity to implement related principles at national and local levels. Tools such as Flashcards, Policy Précis, along with events and matchmaking sessions, were widely used and appreciated, enhancing members' knowledge, legitimacy, and ability to act. Furthermore, EuroHealthNet has been instrumental in informing EU-level policy discourse, particularly on prevention, the Wellbeing Economy, and the social determinants of health.

6.5 Join us

EuroHealthNet's mission is to help build a sustainable, fair, and inclusive Europe through healthier communities by tackling health inequalities within and between European States. If you share our vision of a fairer, healthier, and sustainable future and are working on the determinants of health and/or social and health inequalities, join us!



6.5.1 Who can become a member?

Full membership is open to accountable public bodies with responsibilities and/or expertise in public health, health promotion, health inequalities, disease prevention, or other relevant fields. They are mostly national, regional, or local institutes, authorities, and government departments.



Non-statutory bodies, such as universities, non-governmental and civil society organisations, and other international networks, can join the EuroHealthNet Partnership as associate members. Associate members can become part of one or more of our three platforms (Policy, Practice and Research).

To find out how you can become a [member](#) and the [benefits](#) of being one, or if you have any further questions, please contact David Hargitt via d.hargitt@eurohealthnet.eu. Together, we can help build a sustainable, fair, and inclusive Europe.

6.6 It wouldn't be possible without you

Our work would not be possible without the continued commitment and support of our members and associate members and the European Commission's ESF+ Operating Grant (2026-2029). Thanks to you, we continue to deliver results that will create healthier and fairer futures for all.

Our team has continued to expand over the past year, welcoming our new Policy Officer, Rebecca-Evelyn Papp, as well as Sébastien Libert, who joined our team temporarily as Senior Project Coordinator (maternity cover). We said goodbye to our dear colleagues, Samuele Tonello and Simina Peterfi, and wish them all the best in their future endeavours. Finally, we thank our interns, Anna Lesbros and Sára Tóvári, who enriched our team with enthusiasm and fresh perspectives.

EuroHealthNet also worked with consultants and external suppliers, and we remain extremely grateful for their support. We thank Paul Belcher and Dorota Sienkiewicz for their advice on EuroHealthNet's policy work. Thanks also to our financial support, accountant, Frédéric Demaude and financial auditors, Vandelanotte. In addition, we express our gratitude to our technical support, Connectis, and our external design consultants, graphic designer Wim Vandersleyen, web designer PurplePlanet, videographer IzzyWorks, and creative digital agency Boostern.

It would not be possible without you, and we thank you all.

Our year in pictures



Caroline with Sir Prof Michael Marmot and MEP Vytenis Andriukaitis at the launch of its health inequalities report.



Programme Mgr. Anne Wagenführ-Leroyer met the Social and Labour Minister of the Rhineland-Palatinate Region.



The Communications Network meeting saw a panel with the European Commission & European Environmental Bureau.



EuroHealthNet is a partner of the the Wellbeing Economy Forum 2026. In the picture on the left: Yvette Shajanian Zarneh and Prof Anna Gilmore. In the picture on the right: Dorota Sienkiewicz, Henk Hilderink, Lars Münter, Vania Putatti, and Mojca Gabrijelčič Blenkuš.



Practice Coordinator Lina Papartytė spoke about banks' social responsibilities at the Council of Europe Development Bank.



Caroline with Gerlinde Rohrauer-Näf and Executive Board members Dr Nadine Zillmann at the National Health Promotion Conference.



At 2025 Team Away Day, the team took a survival training, learning how to build shelter, navigate terrain, and find food.



Policy Mgr. Silvia Ganzerla spoke at an European Parliament event on women's health, stressing gender-related health inequalities.



Caroline Costongs with Dr Hans Kluge, Regional Director of WHO/Europe, and Charlotte Marchandise of EUPHA.



Caroline and Sir Prof Michael Marmot presented the flagship report on social inequalities in health to the EP committee on public health.



EuroHealthNet's Alison Maassen, Simina Peterfi, Chantal Verdonschot, Eleanor Morrissey, Anne Wagenführ-Leroyer & Executive Board member Yvette Shajanian Zarneh at the 2025 Seminar on climate change and health.



EuroHealthNet's Policy Officer Rebecca E Papp met with Nina Bavčar Čargo of the Youth Health Organization.



Chantal, Anna, and Sára during a visit to the European Parliament.



A delegation from the Health Promotion Administration of the Ministry of Health and Welfare in Taiwan visited the office.

Euro Health Net

European partnership for
health, equity & wellbeing

EuroHealthNet's mission is to help build healthier communities and tackle health inequalities within and between European States.

We are a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

Our work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities. The Partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

eurohealthnet.eu

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